



# 1/1/14 - 3/1/14

## RATE SUMMARY

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**Instructions:** RATES ARE BASED ON EMPLOYEE RESIDENTIAL ZIP CODE/COUNTY. OUT-OF-STATE EMPLOYEES WILL BE RATED BY THEIR EMPLOYERS ZIP CODE.

County and Zip Code rating areas may be found on the "Rate Index" and "Zip Code Detail" pages.

Identify the correct rating area for each employee.

Go to the correct rating area page and locate the carrier, plan, network and age of employee (and dependent if applicable).

If Employee has dependent, add the employee rate to the dependent rate for the total premium.

NOTE: Dependent Child Rating: If Employee has more than three (3) dependent children under the age of 21, premium rates are charged for the three (3) oldest children only.

For dependent children ages 21-25, premium rates are charged individually based on age of dependent

Sample Rating Scenario (rates below are fictitious for this example only):

EE + Spouse + 5 children under age 21+ 2 children age 22 and 23 = total premium

\$100 (EE) + \$90 (SP) + \$50 (CH #1 age 20) + \$50 (CH #2 age 19) + \$55 (CH #3 age 0-18 includes pediatric dental/vision) + \$60 (CH age 22) + \$65 (CH age 23) = \$470.00

HEALTH CARE SERVICE PLAN RATE INDEX FOR 1/1/14-3/1/14

EFFECTIVE DATE	1/1/14 - 3/1/14	Area 1 ALPINE AMADOR BUTTE CALAVERAS COLUSA DEL NORTE GLENN HUMBOLDT LAKE LASSEN MENDOCINO MODOC NEVADA PLUMAS SHASTA SIERRA SISKIYOU SUTTER TEHAMA TRINITY TUOLUMNE YUBA	Area 2 MARIN NAPA SOLANO SONOMA	Area 3 EL DORADO PLACER SACRAMENTO YOLO	Area 4 SAN FRANCISCO	Area 5 CONTRA COSTA	Area 6 ALAMEDA	Area 7 SANTA CLARA	Area 8 SAN MATEO	Area 9 MONTEREY SAN BENITO SANTA CRUZ	Area 10 MARIPOSA MERCED SAN JOAQUIN STANISLAUS TULARE	Area 11 FRESNO KINGS MADERA	Area 12 SAN LUIS OBISPO SANTA BARBARA VENTURA	Area 13 IMPERIAL INYO MONO	Area 14 KERN	Area 15 LOS ANGELES	Area 16 LOS ANGELES	Area 17 RIVERSIDE SAN BERNARDINO	Area 18 ORANGE	Area 19 SAN DIEGO
<b>AETNA</b>																				
HMO BASIC									X	X										
HMO DEDUCTIBLE					X		X	X	X	X		X	X	X		X	X	X	X	X
AETNA VALUE NETWORK						X	X	X	X	X	X	X	X	X		X	X	X	X	X
<b>ANTHEM BLUE CROSS</b>																				
PRUDENT BUYER - SMALL GROUP		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
ADVANTAGE PPO		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
SELECT HMO						X		X	X	X	X	X	X	X			X	X	X	X
SELECT PPO		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
<b>HEALTH NET</b>																				
FULL		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
SALUD Y MAS							X	X	X	X	X	X	X	X	X	X	X	X	X	X
WHOLECARE						X		X	X	X	X	X	X	X		X	X	X	X	X
<b>KAISER PERMANENTE</b>																				
FULL		X								X	X	X	X	X	X	X	X	X	X	X
<b>SHARP</b>																				
PREMIER																				X
PERFORMANCE																				X
<b>WESTERN HEALTH ADVANTAGE</b>																				
FULL							X	X	X	X										

Exclusions and ZIP Code detail can be found on printed pages 3-4

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### CaliforniaChoice® ZIP Code Detail by Rating Area Key - For effective dates 1/1/14-3/1/14

#### Aetna - HMO Basic

**Area 7: Santa Clara** (except 94550, 95020-95021, 95023, 95033, 95037-95038, 95046, 95076)

**Area 8: San Mateo** (except 94020-94021, 94060, 94074, 94303)

**Area 15: Los Angeles** (ZIPs starting with 906-912, 915, 917, 918, 935, except 90704, 93510, 93532, 93534-93536, 93539, 93543-93544, 93550-93553, 93563, 93584, 93586, 93590-93591, 93599), **Orange** (90620-90624, 90630-90633, 90680, 90720-90721, 90740, 90742-90743), **Riverside** (91752), **San Bernardino** (91701, 91708-91710, 91729-91730, 91737, 91739, 91743, 91758-91759, 91761-91764, 91784-91786)

**Area 16: Los Angeles** (ZIPs not in Area 15, except 90101, 90189, 90263, 91301-91302, 91310, 91321-91322, 91350-91351, 91354-91355, 91372, 91376, 91380-91387, 91390), **Orange** (92801-92809, 92811-92812, 92814-92817, 92821-92823, 92825, 92831-92838, 92840-92846, 92850, 92856-92857, 92859, 92861-92871, 92885-92887, 92899), **Riverside** (92320, 92860, 92877-92883), **San Bernardino** (92301, 92307-92308, 92313, 92316-92318, 92321-92322, 92324-92326, 92329, 92331, 92334-92337, 92339-92340, 92344-92346, 92350, 92352, 92354, 92357-92359, 92368-92369, 92371-92378, 92382, 92385, 92391-92395, 92399)

**Area 17: Riverside** (except 91758, 92235-92236, 92252, 92256, 92267-92268, 92274, 92276-92278, 92280, 92282, 92284-92286, 92301, 92304-92305, 92307, 92309-92310, 92312-92314, 92316-92318, 92320-92323, 92326-92327, 92329, 92334, 92359, 92366, 92368, 92536, 92539, 92549, 92561, 92860, 92877-92879) **San Bernardino** (92400-92408, 92410-92416, 92418)

**Area 18: Orange** (except 90620-90624, 90630-90633, 90638, 90680, 90720-90721, 90740, 90742-90743, 92801-92809, 92811-92812, 92814-92817, 92821-92823, 92825, 92831-92838, 92840-92846, 92850, 92856-92857, 92859, 92861-92871, 92885-92887, 92899)

**Area 19: San Diego** (except 91905, 91934, 92004)

#### Aetna - HMO Deductible

**Area 1: Nevada** (95724, 95728, 95924, 95945-95946, 95949, 95959, 95975, 95977)

**Area 2: Solano** (except 94503, 95616, 95618, 95690, 95694)

**Area 3: El Dorado** (except 95629, 95720, 96141, 96148, 96150-96152, 96154-96157), **Placer** (except 95631, 95656, 95721, 95735, 96140, 96142-96143, 96145-96146, 96158, 96161), **Sacramento** (except 94571, 95668), **Yolo** (except 95912)

**Area 5: Contra Costa** (except 94551, 94706-94708)

**Area 6: Alameda** (except 94505, 94514, 95377, 95391)

**Area 7: Santa Clara** (except 94550, 95023, 95033, 95076)

**Area 8: San Mateo** (except 94303)

**Area 9: Monterey** (95076)

**Area 10: Mariposa** (95329), **Merced** (except 93610, 93622), **San Joaquin** (except 94514, 95632, 95690), **Tulare** (except 93201, 93207-93208, 93212, 93215, 93218, 93238, 93244, 93260-93262, 93267, 93270, 93272, 93527, 93603, 93631, 93633, 93641, 93646, 93654, 93666, 93670, 93673)

**Area 11: Fresno** (except 93210, 93618, 93620), **Madera** (except 93601, 93620, 93623, 93645, 93653, 93669)

**Area 12: San Luis Obispo** (except 93252, 93426), **Ventura** (except 90265, 91304, 91307, 91311)

**Area 14: Kern** (except 93536)

**Area 15: Los Angeles** (ZIPs starting with 906-912, 915, 917, 918, 935), **Orange** (90620-90624, 90630-90633, 90680, 90720-90721, 90740, 90742-90743), **Riverside** (91752), **San Bernardino** (91701, 91708-91710, 91729-91730, 91737, 91739, 91743, 91758-91759, 91761-91764, 91784-91786, 93562, 93592)

**Area 16: Los Angeles** (ZIPs not in Area 15, except 90101, 90189), **Orange** (92801-92809, 92811-92812, 92814-92817, 92821-92823, 92825, 92831-92838, 92840-92846, 92850, 92856-92857, 92859, 92861-92871, 92885-92887, 92899), **Riverside** (92320, 92860, 92877-92883), **San Bernardino** (92301, 92304-92305, 92307-92318, 92321-92322, 92324-92327, 92329, 92331, 92333-92342, 92344-92347, 92350, 92352, 92354, 92356-92359, 92365-92366, 92368-92369, 92371-92378, 92382, 92385-92386, 92391-92395, 92397-92399)

**Area 17: Riverside** (except 91752, 92028, 92225-92226, 92320, 92324, 92373, 92399, 92860, 92877-92883), **San Bernardino** (92253, 92262, 92276, 92285-92286, 92400-92402, 92406-92407, 92410-92416, 92418, 92420, 92423, 92427, 92502, 92504, 92506)

#### Aetna HMO Deductible (Continued)

**Area 18: Orange** (except 90620-90624, 90630-90633, 90638, 90680, 90720-90721, 90740, 90742-90743, 92801-92809, 92811-92812, 92814-92817, 92821-92823, 92825, 92831-92838, 92840-92846, 92850, 92856-92857, 92859, 92861-92871, 92885-92887, 92899)

#### Aetna Value Network

**Area 2: Napa** (95473)

**Area 3: Placer** (except 95631, 95668, 96140-96141, 96143, 96145-96146, 96148, 96161), **Sacramento** (except 94571), **Yolo** (except 95912)

**Area 5: Contra Costa** (except 94551, 94706-94708)

**Area 6: Alameda** (except 94505, 94514, 95377, 95391)

**Area 7: Santa Clara** (except 94550, 95023, 95033, 95076)

**Area 8: San Mateo** (except 94303)

**Area 9: Monterey** (95076)

**Area 10: Mariposa** (95329), **Merced** (95380), **San Joaquin** (except 94514, 95632, 95690) **Stanislaus** (except 95322)

**Area 14: Kern** (except 93536)

**Area 15: Los Angeles** (ZIPs starting with 906-912, 915, 917, 918, 935), **Orange** (90620-90624, 90630-90633, 90680, 90720-90721, 90740, 90742-90743), **Riverside** (91752), **San Bernardino** (91701, 91708-91710, 91729-91730, 91737, 91739, 91743, 91758-91759, 91761-91764, 91784-91786, 93562, 93592)

**Area 16: Los Angeles** (ZIPs not in Area 15, except 90101, 90189), **Orange** (92801-92809, 92811-92812, 92814-92817, 92821-92823, 92825, 92831-92838, 92840-92846, 92850, 92856-92857, 92859, 92861-92871, 92885-92887, 92899), **Riverside** (92320, 92860, 92877-92883), **San Bernardino** (92301, 92304-92305, 92307-92308, 92310-92318, 92321-92322, 92324-92327, 92329, 92331, 92333-92342, 92344-92347, 92350, 92352, 92354, 92356-92359, 92365-92366, 92368-92369, 92371-92378, 92382, 92385-92386, 92391-92395, 92397-92399)

**Area 17: Riverside** (except 91752, 92028, 92225-92226, 92239, 92320, 92324, 92373, 92399, 92860, 92877-92883), **San Bernardino** (92252, 92256, 92268, 92277-92278, 92284-92286, 92401-92408, 92410-92413, 92415, 92418, 92423, 92427)

**Area 18: Orange** (except 90620-90624, 90630-90633, 90638, 90680, 90720-90721, 90740, 90742-90743, 92801-92809, 92811-92812, 92814-92817, 92821-92823, 92825, 92831-92838, 92840-92846, 92850, 92856-92857, 92859, 92861-92871, 92885-92887, 92899)

#### Anthem Blue Cross - Select HMO

**Area 1: Nevada** (except 95602, 95724, 95728, 96111, 96160-96162)

**Area 2: Solano** (except 94503, 95616, 95618, 95690, 95694), **Sonoma** (except 94515)

**Area 3: Placer** (except 95668, 95715, 96140-96141, 96143, 96145-96146, 96148, 96161), **Sacramento** (except 94571) **Yolo** (except 95645, 95912)

**Area 5: Contra Costa** (except 94551, 94706-94708)

**Area 6: Alameda** (except 94505, 94514, 95377, 95391)

**Area 7: Santa Clara** (except 94550, 95023, 95033, 95076)

**Area 8: San Mateo** (except 94303)

**Area 10: Mariposa** (95329), **Merced** (except 93610, 93622), **San Joaquin** ( except 94514, 95632, 95690), **Tulare** (except 93212, 93215, 93238, 93527, 93631, 93641, 93646, 93654)

**Area 11: Fresno** (except 93245, 93618, 93620)

**Area 12: Ventura** (except 90265, 91304, 91307, 91311, 93013, 93252)

**Area 13: Imperial** (except 92004, 92222, 92225, 92266, 92274, 92283)

#### Anthem Blue Cross - Select HMO (Continued)

**Area 14: Kern** (except 93536, 93555-93556, 93558)

**Area 15: Los Angeles** (ZIPs starting with 906-912, 915, 917, 918, 935, except 90704)

**Area 16: Los Angeles** (ZIPs not in Area 15, except 90090, 90189)

**Area 17: Riverside** (except 92028, 92225-92226, 92239), **San Bernardino** (except 91759, 91766, 91792, 92242, 92267, 92280, 92304, 92309-92310, 92317, 92321-92323, 92325-92327, 92332, 92338, 92352, 92363-92366, 92378, 92385, 92391, 93516, 93555, 93562, 93592)

**Area 18: Orange** (except 90638)

**Area 19: San Diego** (except 91901, 91905-91906, 91916-91917, 91934-91935, 91948, 91962-91963, 91980, 92004, 92036, 92059, 92061, 92066, 92086)

#### Anthem Blue Cross - Prudent Buyer - Small Group

**Area 1: Amador** (except 95629), **Calaveras** (except 95230, 95236), **Mendocino** (except 95425), **Nevada** (except 95602), **Sutter** (except 95626, 95645, 95648, 95668, 95836-95837), **Tuolumne** (except 95311, 95329)

**Area 2: Solano** (except 95616, 95618, 95690, 95694)

**Area 3: El Dorado** (except 95629), **Placer** (except 95668, 96161), **Sacramento** (except 94571), **Yolo** (except 95912)

**Area 5: Contra Costa** (except 94551, 94706-94708)

**Area 6: Alameda** (except 94505, 94514, 95377, 95391)

**Area 7: Santa Clara** (except 94550, 95023, 95033, 95076)

**Area 8: San Mateo** (except 94303)

**Area 9: Monterey** (except 93451), **San Benito** (except 93210)

**Area 10: Mariposa** (except 93601, 93653, 95321), **Merced** (except 93610, 93622), **San Joaquin** (except 94514, 95632, 95690), **Tulare** (except 93212, 93215, 93238, 93527, 93631, 93641, 93646, 93654)

**Area 11: Fresno** (except 93618, 93620), **Madera** (except 93623)

**Area 12: San Luis Obispo** (except 93426), **Ventura** (except 90265, 91304, 91307, 91311, 93252)

**Area 13: Imperial** (except 92004, 92225, 92274), **Inyo** (except 93527)

**Area 14: Kern** (except 93536)

**Area 15: Los Angeles** (ZIPs starting with 906-912, 915, 917, 918, 935)

**Area 16: Los Angeles** (ZIPs not in Area 15, except 90090)

**Area 17: Riverside** (except 92028), **San Bernardino** (except 91759, 91766, 91792, 93516, 93555)

**Area 18: Orange** (except 90638)

#### Anthem Blue Cross - Advantage PPO

**Area 1: Amador** (except 95629), **Calaveras** (except 95230, 95236), **Mendocino** (except 95425), **Nevada** (except 95602), **Sutter** (except 95626, 95645, 95648, 95668, 95836-95837), **Tuolumne** (except 95311, 95329)

**Area 2: Solano** (except 95616, 95618, 95690, 95694)

**Area 3: El Dorado** (except 95629), **Placer** (except 95668, 96161), **Sacramento** (except 94571), **Yolo** (except 95912)

**Area 5: Contra Costa** (except 94551, 94706-94708)

**Area 6: Alameda** (except 94505, 94514, 95377, 95391)

**Area 7: Santa Clara** (except 94550, 95023, 95033, 95076)

**Area 8: San Mateo** (except 94303)

\*\*\*Please see previous page for complete county listing\*\*\*

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**CaliforniaChoice® ZIP Code Detail by Rating Area Key - For effective dates 1/1/14-3/1/14**

**Anthem Blue Cross - Advantage PPO (Continued)**

**Area 9: Monterey** (except 93451), **San Benito** (except 93210)

**Area 10: Mariposa** (except 93601, 93653, 95321), **Merced** (except 93610, 93622), **San Joaquin** (except 94514, 95632, 95690), **Tulare** (except 93212, 93215, 93238, 93527, 93631, 93641, 93646, 93654)

**Area 11: Fresno** (except 93618, 93620), **Madera** (except 93623)

**Area 12: San Luis Obispo** (except 93426), **Ventura** (except 90265, 91304, 91307, 91311, 93252)

**Area 13: Imperial** (except 92004, 92225, 92274), **Inyo** (except 93527)

**Area 14: Kern** (except 93536)

**Area 15: Los Angeles** (ZIPs starting with 906-912, 915, 917, 918, 935)

**Area 16: Los Angeles** (ZIPs not in Area 15, except 90090)

**Area 17: Riverside** (except 92028), **San Bernardino** (except 91759, 91766, 91792, 93516, 93555)

**Area 18: Orange** (except 90638)

**Anthem Blue Cross - Select PPO**

**Area 1: Amador** (except 95629), **Calaveras** (except 95230, 95236), **Mendocino** (except 95425), **Nevada** (except 95602), **Sutter** (except 95626, 95645, 95648, 95668, 95836-95837), **Tuolumne** (except 95311, 95329)

**Area 2: Solano** (except 95616, 95618, 95690, 95694)

**Area 3: El Dorado** (except 95629), **Placer** (except 95668, 96161), **Sacramento** (except 94571), **Yolo** (except 95912)

**Area 5: Contra Costa** (except 94551, 94706-94708)

**Area 6: Alameda** (except 94505, 94514, 95377, 95391)

**Area 7: Santa Clara** (except 94550, 95023, 95033, 95076)

**Area 8: San Mateo** (except 94303)

**Area 9: Monterey** (except 93451), **San Benito** (except 93210)

**Area 10: Mariposa** (except 93601, 93653, 95321), **Merced** (except 93610, 93622), **San Joaquin** (except 94514, 95632, 95690), **Tulare** (except 93212, 93215, 93238, 93527, 93631, 93641, 93646, 93654)

**Area 11: Fresno** (except 93618, 93620), **Madera** (except 93623)

**Area 12: San Luis Obispo** (except 93426), **Ventura** (except 90265, 91304, 91307, 91311, 93252)

**Area 13: Imperial** (except 92004, 92225, 92274), **Inyo** (except 93527)

**Area 14: Kern** (except 93536, 93558)

**Area 15: Los Angeles** (ZIPs starting with 906-912, 915, 917, 918, 935)

**Area 16: Los Angeles** (ZIPs not in Area 15, except 90090)

**Area 17: Riverside** (except 92028), **San Bernardino** (except 91759, 91766, 91792, 93516, 93555)

**Area 18: Orange** (except 90638)

**Health Net - Full**

**Area 1: Amador** (except 95629), **Calaveras** (except 95230, 95236), **Mendocino** (except 95425), **Nevada** (except 95602), **Sutter** (except 95626, 95645, 95648, 95668, 95836-95837), **Tuolumne** (except 95311, 95329)

**Area 2: Solano** (except 95616, 95618, 95690, 95694)

**Area 3: Placer** (except 96161), **Sacramento** (except 94571), **Yolo** (except 95912)

**Area 5: Contra Costa** (except 94551, 94706-94708)

**Area 6: Alameda** (except 94505, 94514, 95377, 95391)

**Area 7: Santa Clara** (except 94550, 95023, 95033, 95076)

**Area 8: San Mateo** (except 94128, 94303)

**Health Net - Full (Continued)**

**Area 9: Monterey** (except 93451), **San Benito** (except 93210)

**Area 10: Mariposa** (except 93601, 93653, 95321), **Merced** (except 93610, 93622), **San Joaquin** (except 94514, 95632, 95690), **Tulare** (except 93212, 93215, 93238, 93527, 93631, 93641, 93646, 93654)

**Area 11: Fresno** (except 93618, 93620), **Madera** (except 93623)

**Area 12: San Luis Obispo** (except 93252, 93426), **Ventura** (except 90265, 91304, 91307, 91311)

**Area 13: Imperial** (except 92004, 92225, 92274), **Inyo** (except 93527)

**Area 14: Kern** (except 93536)

**Area 15: Los Angeles** (ZIPs starting with 906-912, 915, 917, 918, 935)

**Area 16: Los Angeles** (ZIPs not in Area 15)

**Area 17: Riverside** (except 92028), **San Bernardino** (except 91759, 91766, 91792, 93516, 93555)

**Area 18: Orange** (except 90638)

**Health Net - Salud Y Mas**

**Area 14: Kern** (93217, 93263, 93300-93309, 93311-93314)

**Area 15: Los Angeles** (ZIPs starting with 906-912, 915, 917, 918, 935, except 93510, 93532, 93534-93536, 93539, 93543-93544, 93550-93553, 93563, 93584, 93586, 93590-93591, 93599)

**Area 16: Los Angeles** (ZIPs not in Area 15, except 90090, 91310, 91321-91322, 91350-91351, 91354-91355, 91380-91387, 91390)

**Area 17: Riverside** (91752, 92320, 92501-92509, 92513-92519, 92521-92522, 92551-92557, 92570-92571, 92599, 92860, 92877-92883), **San Bernardino** (except 91759, 91766, 91785, 91792, 92242, 92252, 92256, 92267-92268, 92277-92278, 92280, 92284-92286, 92301, 92304-92305, 92307-92312, 92314-92315, 92323, 92327, 92329, 92332-92333, 92338-92342, 92347, 92356, 92363-92366, 92368, 92371-92372, 92386, 92392-92395, 92397-92398, 93516, 93555, 93562, 93592)

**Area 18: Orange** (except 90638)

**Area 19: San Diego** (except 91905-91906, 91916, 91934, 91962-91963, 91980, 92004, 92036, 92066, 92086)

**Health Net - WholeCare**

**Area 1: Nevada** (except 95602, 95977, 96111, 96160-96162)

**Area 2: Solano** (except 95616, 95618, 95690, 95694)

**Area 3: El Dorado** (except 95656, 95720-95721, 95735, 96142, 96150-96152, 96154-96158), **Placer** (except 96140-96141, 96143, 96145-96146, 96148, 96161), **Sacramento** (except 94571), **Yolo** (except 95912)

**Area 5: Contra Costa** (except 94551, 94706-94708)

**Area 6: Alameda** (except 94505, 94514, 95377, 95391)

**Area 7: Santa Clara** (except 94550, 95023, 95033, 95076)

**Area 8: San Mateo** (except 94128, 94303)

**Area 10: Merced** (except 93610, 93622), **San Joaquin** (except 94514, 95632, 95690), **Tulare** (except 93212, 93215, 93238, 93527, 93631, 93633, 93641, 93646, 93654)

**Area 11: Fresno** (except 93618, 93620), **Madera** (except 93623)

**Area 12: Ventura** (except 90265, 91304, 91307, 91311, 93252)

**Area 14: Kern** (except 93527-93528, 93536, 93554-93556, 93558)

**Area 15: Los Angeles** (ZIPs starting with 906-912, 915, 917, 918, 935, except 90895, 91199)

**Area 16: Los Angeles** (ZIPs not in Area 15, except 90090)

**Area 17: Riverside** (except 92028, 92225-92226, 92239, 92248, 92599), **San Bernardino** (except 91759, 91766, 91792, 92242, 92267, 92280, 92304, 92309-92310, 92323, 92331-92332, 92338, 92363-92364, 92366, 93516, 93555, 93562, 93592)

**Health Net - WholeCare (Continued)**

**Area 18: Orange** (except 90638)

**Kaiser Permanente**

**Area 1: Amador** (95640, 95669), **Sutter** (95659, 95668, 95674, 95676), **Yuba** (95692, 95903, 95961)

**Area 2: Marin** (except 94998), **Sonoma** (except 95412, 95480, 95497), **Solano** (except 95616, 95618, 95690, 95694)

**Area 3: El Dorado** (except 95629, 95636, 95656, 95684, 95709, 95720-95721, 95726, 95735, 96142, 96150-96152, 96154-96158), **Placer** (except 95631, 95668, 95701, 95713-95715, 95717, 96140-96141, 96143, 96145-96146, 96148, 96161), **Sacramento** (except 94245, 94299, 94571), **Yolo** (except 95606, 95627, 95637, 95653, 95679, 95912, 95937)

**Area 4: San Francisco** (except 94153-94154, 94171)

**Area 5: Contra Costa** (except 94551, 94706-94708)

**Area 6: Alameda** (except 94505, 94514, 95377, 95391)

**Area 7: Santa Clara** (except 94550, 95023, 95033, 95076)

**Area 8: San Mateo** (except 94303)

**Area 9: Santa Cruz** (95033)

**Area 10: Mariposa** (93623), **Merced** (95380), **San Joaquin** (except 94514, 95632, 95690), **Tulare** (93261, 93618, 93666, 93673)

**Area 11: Fresno** (except 93210, 93234, 93245, 93605, 93608, 93618, 93620-93622, 93628, 93634, 93640-93642, 93664), **Kings** (except 93202, 93204, 93212, 93239, 93246, 93266), **Madera** (except 93610, 93623)

**Area 12: Ventura** (except 90265, 91304, 91307, 91311, 93023-93024)

**Area 13: Imperial** (92275)

**Area 14: Kern** (except 93255, 93283, 93516, 93523-93524, 93527-93528, 93536, 93554-93556, 93558, 93596)

**Area 15: Los Angeles** (ZIPs starting with 906-912, 915, 917, 918, 935, except 90704)

**Area 16: Los Angeles** (ZIPs not in Area 15)

**Area 17: Riverside** (except 92028, 92225-92226, 92239, 92536, 92539, 92549, 92561), **San Bernardino** (except 91759, 91766, 91792, 92242, 92267, 92280, 92301, 92304, 92309-92312, 92323, 92327, 92332, 92338, 92342, 92347, 92356, 92363-92366, 92368, 92398, 93516, 93555, 93562, 93592)

**Area 18: Orange** (except 90638)

**Area 19: San Diego** (except 91905-91506, 91934, 91948, 92004, 92036, 92066, 92070)

**Sharp - Premier Network**

**Area 19: San Diego** (except 92003-92004, 92007-92011, 92013, 92018, 92023-92030, 92033, 92046, 92049, 92051-92052, 92054-92061, 92065, 92068-92070, 92075, 92078-92079, 92081-92085, 92088, 92096)

**Western Health Advantage**

**Area 2: Solano** (except 94510, 94571, 94589, 94591-94592, 95690)

**Area 3: El Dorado** (except 95629, 95720-95721, 95735, 96142, 96150-96152, 96154-96158), **Placer** (except 95701, 95714-95715, 95717, 96140-96141, 96143, 96145-96146, 96148, 96161), **Yolo** (except 95616, 95618, 95694)

\*\*\*Please see page 2 for complete county listing\*\*\*

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USE EMPLOYEE RESIDENT ZIP CODE FOR RATING

AREA 5

Rates effective 1/1/14-3/1/14

Table for Bronze rating, showing carrier, network, plan, and rates for ages 0-18 to 64+.

Table for Silver rating, showing carrier, network, plan, and rates for ages 0-18 to 64+.

Table for Gold rating, showing carrier, network, plan, and rates for ages 0-18 to 64+.

Table for Platinum rating, showing carrier, network, plan, and rates for ages 0-18 to 64+.

Health Care Service Plan rates will vary by county

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USE EMPLOYEE RESIDENT ZIP CODE FOR RATING

AREA 6

Rates effective 1/1/14-3/1/14

Bronze			AGE -->	0-18	19-20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64+
CARRIER	NETWORK	PLAN																																															
Aetna	HMO Deductible	HMO A	181.54	181.54	285.89	285.89	285.89	285.89	287.04	292.76	299.62	310.77	319.92	324.49	331.35	338.21	342.50	347.08	349.36	351.65	353.94	356.22	360.80	365.37	372.23	378.81	387.96	399.39	412.83	428.84	446.85	467.44	487.74	510.61	533.19	558.07	583.22	610.38	637.54	666.99	696.72	728.46	744.18	775.92	803.36	821.37	843.96	857.68	
Anthem Blue Cross	Prudent Buyer - Small Group	EPO A	206.02	206.02	320.83	320.83	320.83	322.09	328.38	335.93	348.20	358.27	363.30	370.84	378.39	383.11	388.15	390.66	393.18	395.70	398.21	403.24	408.28	415.83	423.06	433.12	445.71	460.49	478.11	497.92	520.57	542.90	568.06	592.91	620.28	647.95	677.84	707.72	740.12	772.83	807.75	825.04	859.97	890.15	909.98	934.82	949.92		
Health Net	Full	PPO A	161.64	161.64	254.56	254.56	254.56	255.58	260.67	266.78	276.70	284.85	288.92	295.03	301.14	304.96	309.03	311.07	313.10	315.14	317.18	321.25	325.32	331.43	337.29	345.43	355.62	367.58	381.84	397.87	416.20	434.27	454.64	474.75	496.90	519.30	543.48	567.66	593.88	620.36	648.61	662.61	690.87	715.30	731.34	751.45	763.67		
Kaiser Permanente	Full	HMO A	139.48	127.99	201.56	201.56	201.56	201.56	202.37	206.40	211.24	219.10	225.55	228.78	233.61	238.45	241.47	244.70	246.31	247.92	249.54	251.15	254.37	257.60	262.44	267.07	273.52	281.58	291.06	302.35	315.04	329.56	343.87	359.99	375.92	393.45	411.19	430.34	449.49	470.25	491.21	513.59	524.67	547.04	566.40	579.09	595.02	604.68	
Kaiser Permanente	Full	HMO B	131.49	120.00	188.98	188.98	188.98	188.98	189.74	193.52	198.05	205.43	211.47	214.50	219.03	223.57	226.40	229.43	230.94	232.45	233.96	235.47	238.50	241.52	246.06	250.40	256.45	264.01	272.89	283.48	295.38	308.99	322.41	337.53	352.45	368.90	385.53	403.48	421.43	440.90	460.55	481.53	491.92	512.90	531.04	542.95	557.88	566.94	
Kaiser Permanente	Full	HMO C	129.49	118.00	185.82	185.82	185.82	185.82	186.57	190.28	194.74	201.99	207.94	210.91	215.37	219.83	222.62	225.59	227.08	228.56	230.05	231.54	234.51	237.48	241.94	246.22	252.16	259.60	268.33	278.74	290.44	303.82	317.02	331.88	346.56	362.73	379.08	396.73	414.39	433.53	452.85	473.48	483.70	504.33	522.16	533.87	548.55	557.46	

Silver			AGE -->	0-18	19-20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64+
CARRIER	NETWORK	PLAN																																															
Aetna	HMO Deductible	HMO A	231.95	231.95	365.27	365.27	365.27	366.74	374.04	382.81	397.05	408.74	414.59	423.35	432.12	437.60	443.44	446.36	449.29	452.21	455.13	460.98	466.82	475.59	483.99	495.68	510.29	527.46	547.91	570.92	597.22	623.16	652.38	681.24	713.01	745.16	779.86	814.56	852.18	890.17	930.72	950.81	991.35	1026.42	1049.43	1078.29	1095.82		
Anthem Blue Cross	Select HMO	HMO A	277.93	277.93	434.07	434.07	434.07	434.07	435.78	444.34	454.60	471.28	484.97	491.82	502.08	512.36	518.78	525.62	529.04	532.46	535.89	539.31	546.15	553.00	563.26	573.10	586.79	603.90	624.00	647.97	674.91	705.71	736.08	770.30	804.11	841.32	878.96	919.60	960.24	1004.30	1048.79	1096.28	1119.80	1167.28	1208.35	1235.31	1269.10	1289.63	
Anthem Blue Cross	Advantage PPO	PPO A	240.89	240.89	375.74	375.74	375.74	375.74	377.21	384.60	393.47	407.87	419.70	425.61	434.47	443.34	448.88	454.80	457.75	460.71	463.67	466.61	472.53	478.44	487.31	495.80	507.63	522.41	539.77	560.46	583.74	610.34	636.57	666.12	695.31	727.45	759.95	795.05	830.15	868.21	906.63	947.63	967.95	1008.96	1044.43	1067.70	1096.89	1114.63	
Anthem Blue Cross	Select PPO	PPO B	230.50	230.50	359.37	359.37	359.37	359.37	360.78	367.84	376.31	390.08	401.38	407.03	415.50	423.98	429.27	434.93	437.75	440.57	443.40	446.22	451.87	457.52	465.99	474.12	485.41	499.54	516.13	535.91	558.15	583.57	608.64	636.88	664.78	695.49	726.57	760.11	793.64	830.01	866.73	905.92	925.34	964.53	998.43	1020.67	1048.57	1065.52	
Anthem Blue Cross	Prudent Buyer - Small Group	EPO A	250.30	250.30	390.56	390.56	390.56	390.56	392.09	399.78	409.00	423.99	436.28	442.43	451.65	460.88	466.64	472.79	475.86	478.94	482.01	485.09	491.24	497.38	506.60	515.45	527.74	543.11	561.17	582.69	606.90	634.57	661.85	692.59	722.95	756.38	790.20	826.69	863.20	902.79	942.74	985.40	1006.53	1049.19	1086.08	1110.29	1140.65	1159.09	
Health Net	Full	PPO A	194.61	194.61	306.47	306.47	306.47	306.47	307.69	313.82	321.18	333.13	342.94	347.84	355.20	362.55	367.15	372.05	374.50	376.95	379.41	381.86	386.76	391.66	399.02	406.07	415.88	428.13	442.54	459.70	479.01	501.07	522.83	547.35	571.56	598.22	625.19	654.31	683.42	714.99	746.86	780.88	797.73	831.75	861.17	880.48	904.69	919.40	
Kaiser Permanente	Full	HMO A	165.59	154.10	242.68	242.68	242.68	242.68	243.65	248.50	254.33	263.79	271.56	275.44	281.27	287.09	290.73	294.61	296.55	298.50	300.44	302.38	306.26	310.14	315.97	321.55	329.32	339.02	350.43	364.02	379.31	396.78	414.01	433.43	452.60	473.71	495.07	518.12	541.18	566.17	591.41	618.35	631.69	658.63	681.93	697.22	716.39	728.04	
Kaiser Permanente	Full	HMO B	176.66	165.17	260.12	260.12	260.12	260.12	261.16	266.36	272.60	282.75	291.07	295.23	301.47	307.72	311.62	315.78	317.86	319.94	322.02	324.10	328.27	332.43	338.67	344.65	352.98	363.38	375.61	390.17	406.56	425.29	443.76	464.57	485.12	507.75	530.64	555.35	580.06	606.85	633.90	662.78	677.08	705.96	730.93	747.31	767.86	780.36	
Kaiser Permanente	Full	HMO C	172.01	160.52	252.79	252.79	252.79	252.79	253.81	258.86	264.93	274.79	282.88	286.92	292.99	299.06	302.85	306.89	308.91	310.94	312.96	314.98	319.03	323.07	329.14	334.95	343.04	353.15	365.03	379.19	395.12	413.32	431.27	451.49	471.46	493.45	515.70	539.71	563.73	589.77	616.06	644.12	658.02	686.08	710.35	726.28	746.25	758.37	

Gold			AGE -->	0-18	19-20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64+
CARRIER	NETWORK	PLAN																																															
Aetna	Aetna Value Network	HMO A	256.51	256.51	403.96	403.96	403.96	403.96	405.57	413.65	423.35	439.10	452.03	458.49	468.19	477.88	483.94	490.40	493.63	496.87	500.10	503.33	509.79	516.26	525.95	535.24	548.17	564.33	583.31	605.93	631.38	660.47	689.15	721.47	753.38	788.52	824.07	862.45	900.82	942.43	984.44	1029.28	1051.50	1096.34	1135.12	1160.57	1192.48	1211.87	
Aetna	Aetna Value Network	HMO B	251.96	251.96	396.80	396.80	396.80	396.80	398.38	406.32	415.84	431.32	444.01	450.36	459.89	469.41	475.36	481.71	484.88	488.06	491.23	494.41	500.76	507.10	516.63	525.75	538.45	554.32	572.97	595.19	620.19	648.76	676.93	708.68	740.02	774.54	809.46	847.16	884.85	925.72	966.99	1011.03	1032.86	1076.90	1114.99	1139.99	1171.34	1190.39	
Anthem Blue Cross	Select HMO	HMO A	324.76	324.76	507.83	507.83	507.83	507.83	509.84	519.86	531.90	551.46	567.52	575.54	587.57	599.61	607.13	615.16	619.17	623.18	627.19	631.20	639.23	647.25	659.30	670.82	686.88	706.94	730.51	758.60	790.20	826.30	861.91	902.04	941.65	985.30	1029.42	1077.08	1124.72	1176.38	1228.53	1284.21	1311.79	1367.46	1415.61	1447.20	1486.83	1510.90	
Anthem Blue Cross	Select HMO	HMO B	337.99	337.99	528.66	528.66	528.66	528.66	530.75	541.19	553.74	574.11	590.82	599.18	611.71	624.26	632.09	640.45	644.63	648.81	652.98	657.17	665.52	673.87	686.42	698.43	715.15	736.04	760.59	789.85	822.75	860.36	897.46	939.24	980.51	1025.95	1071.92	1121.55	1171.18	1224.98	1279.31	1337.28	1366.02	1424.00	1474.15	1507.06	1548.32	1573.40	
Anthem Blue Cross	Advantage PPO	PPO A	296.83	296.83	463.84	463.84	463.84	463.84	465.67	474.82	485.80	503.64	518.29	525.61	536.59	547.57	554.43	561.76	565.41	569.08	572.74	576.39	583.71	591.04	602.02	612.54	627.18	645.48	667.00	692.61	721.43	754.38	786.87	823.47	859.62	899.42	939.69	983.16	1026.63	1073.75	1121.34	1172.13	1197.30	1248.08	1292.00	1320.83	1356.97	1378.94	
Anthem Blue Cross	Select PPO	PPO B	269.85	269.85	421.34	421.34	421.34	421.34	423.01	431.31	441.26	457.45	470.7																																				

USE EMPLOYEE RESIDENT ZIP CODE FOR RATING

AREA 7

Rates effective 1/1/14-3/1/14

Bronze		AGE -->	0-18	19-20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64+
CARRIER	NETWORK	PLAN																																														
Aetna	HMO Deductible	HMO A	183.13	183.13	288.39	288.39	288.39	288.39	289.55	295.31	302.24	313.48	322.71	327.33	334.25	341.17	345.49	350.11	352.42	354.72	357.03	359.34	363.95	368.57	375.49	382.12	391.35	402.89	416.44	432.59	450.76	471.52	492.00	515.07	537.85	562.94	588.32	615.72	643.12	672.82	702.81	734.83	750.69	782.70	810.38	828.55	851.34	865.18
Anthem Blue Cross	Prudent Buyer - Small Group	EPO A	194.79	194.79	303.13	303.13	303.13	303.13	304.32	310.26	317.38	328.96	338.46	343.20	350.34	357.46	361.91	366.66	369.03	371.41	373.78	376.16	380.90	385.65	392.78	399.61	409.11	420.98	434.94	451.56	470.26	491.63	512.71	536.45	559.91	585.74	611.85	640.05	668.26	698.82	729.70	762.65	778.97	811.92	840.42	859.12	882.58	896.82
Health Net	Full	PPO A	159.10	159.10	250.54	250.54	250.54	250.54	251.55	256.56	262.57	272.34	280.36	284.37	290.38	296.39	300.15	304.16	306.17	308.17	310.17	312.18	316.19	320.20	326.21	331.97	339.99	350.01	361.79	375.82	391.60	409.64	427.43	447.47	467.27	489.06	511.11	534.91	558.72	584.52	610.58	638.39	662.17	679.98	704.03	719.82	739.61	751.63
Kaiser Permanente	Full	HMO A	145.88	134.39	211.64	211.64	211.64	211.64	212.49	216.72	221.80	230.06	236.83	240.21	245.29	250.37	253.55	256.93	258.63	260.32	262.01	263.71	267.09	270.48	275.56	280.43	287.20	295.66	305.61	317.46	330.80	346.04	361.06	377.99	394.71	413.13	431.75	451.86	471.96	493.76	515.77	539.26	550.90	574.40	594.71	608.05	624.77	634.92
Kaiser Permanente	Full	HMO B	137.49	126.00	198.43	198.43	198.43	198.43	199.23	203.20	207.96	215.70	222.05	225.22	229.98	234.75	237.72	240.90	242.49	244.07	245.66	247.25	250.42	253.60	258.36	262.92	269.27	277.21	286.54	297.65	310.15	324.44	338.53	354.40	370.08	387.34	404.80	423.65	442.51	462.94	483.58	505.61	516.52	538.55	557.60	570.10	585.77	595.29
Kaiser Permanente	Full	HMO C	135.39	123.90	195.11	195.11	195.11	195.11	195.90	199.80	204.48	212.09	218.33	221.46	226.14	230.82	233.75	236.87	238.43	239.99	241.55	243.11	246.24	249.36	254.04	258.53	264.77	272.58	281.75	292.67	304.96	319.01	332.87	348.48	363.89	380.86	398.03	416.57	435.11	455.20	475.50	497.15	507.88	529.54	548.27	560.57	575.98	585.33

Silver		AGE -->	0-18	19-20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64+
CARRIER	NETWORK	PLAN																																														
Aetna	HMO Deductible	HMO A	233.98	233.98	368.47	368.47	368.47	368.47	369.94	377.31	386.15	400.52	412.31	418.21	427.05	435.90	441.42	447.32	450.27	453.21	456.16	459.11	465.00	470.90	479.74	488.22	500.01	514.75	532.06	552.70	575.91	602.44	628.60	658.08	687.19	719.25	751.67	786.67	821.68	859.63	897.95	938.85	959.12	1000.02	1035.39	1058.60	1087.71	1105.40
Aetna	Basic HMO	HMO B	193.08	193.08	304.07	304.07	304.07	304.07	305.29	311.37	318.66	330.52	340.25	345.12	352.42	359.71	364.28	369.14	371.57	374.01	376.44	378.87	383.74	388.60	395.90	402.89	412.62	424.79	439.08	456.10	475.26	497.15	518.74	543.07	567.09	593.54	620.30	649.19	678.07	709.39	741.02	774.77	791.49	825.24	854.44	873.59	897.61	912.21
Anthem Blue Cross	Select HMO	HMO A	228.12	228.12	355.63	355.63	355.63	355.63	357.03	364.01	372.39	386.02	397.20	402.79	411.18	419.56	424.80	430.39	433.18	435.98	438.78	441.57	447.16	452.75	461.13	469.17	480.35	494.32	510.74	530.30	552.31	577.46	602.27	630.21	657.82	688.21	718.95	752.13	785.32	821.31	857.63	896.41	915.62	954.41	987.94	1009.94	1037.55	1054.31
Anthem Blue Cross	Advantage PPO	PPO A	240.24	240.24	374.73	374.73	374.73	374.73	376.20	383.57	392.42	406.79	418.58	424.46	433.31	442.15	447.68	453.57	456.52	459.47	462.42	465.37	471.26	477.16	486.00	494.47	506.27	521.00	538.31	558.95	582.16	608.68	634.84	664.32	693.43	725.48	757.91	792.90	827.91	865.86	904.17	945.08	965.34	1006.23	1041.61	1064.82	1093.92	1111.61
Anthem Blue Cross	Select PPO	PPO B	217.72	217.72	339.26	339.26	339.26	339.26	340.59	347.25	355.24	368.23	378.88	384.21	392.21	400.20	405.19	410.52	413.18	415.84	418.51	421.17	426.50	431.83	439.82	447.48	458.13	471.45	487.10	505.75	526.73	550.69	574.34	600.97	627.28	656.26	685.55	717.18	748.81	783.11	817.74	854.69	873.02	909.98	941.94	962.91	989.23	1005.20
Anthem Blue Cross	Prudent Buyer - Small Group	PPO A	236.57	236.57	368.93	368.93	368.93	368.93	370.37	377.63	386.34	400.47	412.08	417.89	426.59	435.28	440.73	446.53	449.43	452.34	455.24	458.14	463.93	469.74	478.44	486.79	498.38	512.89	529.93	550.24	573.09	599.20	624.95	653.95	682.60	714.15	746.07	780.52	814.97	852.32	890.04	930.29	950.23	990.49	1025.30	1048.14	1076.79	1094.20
Health Net	Full	PPO A	191.54	191.54	301.64	301.64	301.64	301.64	302.84	308.88	316.12	327.88	337.53	342.36	349.60	356.84	361.36	366.19	368.60	371.01	373.43	375.84	380.67	385.49	392.73	399.67	409.32	421.39	435.56	452.46	471.46	493.18	514.59	538.72	562.55	588.80	615.34	643.99	672.65	703.72	735.09	768.57	785.16	818.64	847.60	866.60	890.43	904.91
Kaiser Permanente	Full	HMO A	173.30	161.81	254.81	254.81	254.81	254.81	255.83	260.93	267.04	276.98	285.14	289.21	295.33	301.44	305.27	309.34	311.38	313.42	315.46	317.50	321.57	325.65	331.77	337.63	345.78	355.97	367.95	382.22	398.27	416.62	434.71	455.10	475.23	497.40	519.82	544.03	568.23	594.48	620.98	649.26	663.28	691.56	716.03	732.08	752.21	764.43
Kaiser Permanente	Full	HMO B	184.92	173.43	273.12	273.12	273.12	273.12	274.21	279.68	286.23	296.88	305.62	309.99	316.55	323.10	327.20	331.57	333.76	335.94	338.13	340.31	344.68	349.05	355.60	361.89	370.63	381.55	394.39	409.68	426.89	446.55	465.95	487.80	509.37	533.13	557.17	583.12	609.06	637.19	665.60	695.91	710.94	741.25	767.47	784.68	806.26	819.36
Kaiser Permanente	Full	HMO C	180.04	168.55	265.43	265.43	265.43	265.43	266.50	271.80	278.17	288.53	297.02	301.27	307.64	314.01	317.99	322.24	324.36	326.48	328.61	330.73	334.98	339.22	345.59	351.70	360.19	370.81	383.29	398.15	414.87	433.98	452.83	474.06	495.03	518.13	541.48	566.70	591.92	619.26	646.86	676.32	690.92	720.39	745.87	762.59	783.56	796.29

Gold		AGE -->	0-18	19-20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64+
CARRIER	NETWORK	PLAN																																														
Aetna	Aetna Value Network	HMO A	234.67	234.67	369.56	369.56	369.56	369.56	371.04	378.43	387.30	401.71	413.54	419.45	428.32	437.19	442.73	448.64	451.60	454.56	457.51	460.47	466.38	472.30	481.16	489.66	501.49	516.27	533.64	554.34	577.62	604.23	630.47	660.03	689.23	721.38	753.90	789.01	824.11	862.18	900.81	941.63	961.96	1002.98	1038.46	1061.74	1090.94	1108.67
Aetna	Aetna Value Network	HMO B	230.51	230.51	363.01	363.01	363.01	363.01	364.46	371.72	380.43	394.59	406.20	412.01	420.72	429.44	434.88	440.69	443.59	446.50	449.40	452.31	458.11	463.92	472.63	480.98	492.60	507.12	524.18	544.51	567.38	593.51	619.29	648.33	677.01	708.59	740.53	775.02	809.50	846.89	884.65	924.94	944.90	985.20	1020.05	1042.92	1071.59	1089.02
Anthem Blue Cross	Select HMO	HMO A	266.37	266.37	415.86	415.86	415.86	415.86	417.50	425.69	435.53	451.49	464.60	471.16	480.98	490.81	496.96	503.52	506.79	510.06	513.34	516.61	523.17	529.72	539.55	548.97	562.08	578.46	597.71	620.65	646.45	675.94	705.02	737.78	770.14	805.77	841.82	880.73	919.63	961.83	1004.42	1049.89	1072.41	1117.87	1157.19	1183.00	1215.34	1235.01
Anthem Blue Cross	Select HMO	HMO B	277.17	277.17	432.87	432.87	432.87	432.87	434.58	443.11	453.34	469.98	483.63	490.45	500.69	510.94	517.33	524.15	527.57	530.98	534.39	537.80	544.64	551.46	561.69	571.50	585.16	602.22	622.27	646.16	673.03	703.75	734.04	768.16	801.86	838.97	876.51	917.03	957.56	1001.49	1045.86	1093.21	1116.67	1164.02	1204.97	1231.85	1265.55	1286.02
Anthem Blue Cross	Advantage PPO	PPO A	296.04	296.04	462.59	462.59	462.59	462.59	464.42	473.54	484.50	502.29	516.89	524.19																																		



## USE EMPLOYEE RESIDENT ZIP CODE FOR RATING

## AREA 9

Rates effective 1/1/14-3/1/14

			AGE -->		0-18	19-20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64+
CARRIER	NETWORK	PLAN																																																
Aetna	HMO Deductible	HMO A	161.28	161.28	253.98	253.98	253.98	253.98	255.00	260.08	266.18	276.08	284.21	288.27	294.37	300.46	304.27	308.34	310.37	312.40	314.43	316.46	320.53	324.59	330.69	336.53	344.66	354.82	366.75	380.98	396.98	415.26	433.30	453.62	473.68	495.78	518.13	542.26	566.39	592.55	618.96	647.15	661.12	689.31	713.70	729.70	749.76	761.95		
Anthem Blue Cross	Prudent Buyer - Small Group	EPO A	200.83	200.83	312.66	312.66	312.66	312.66	313.89	320.01	327.37	339.32	349.12	354.02	361.38	368.73	373.32	378.22	380.67	383.12	385.57	388.02	392.93	397.83	405.18	412.23	422.04	434.29	448.68	465.85	485.15	507.20	528.96	553.47	577.67	604.32	631.28	660.39	689.49	721.05	752.91	786.93	803.77	837.78	867.19	886.49	910.69	925.40		
Health Net	Full	PPO A	175.66	175.66	276.62	276.62	276.62	276.62	277.73	283.26	289.90	300.69	309.54	313.97	320.61	327.25	331.40	335.82	338.03	340.25	342.46	344.67	349.10	353.53	360.16	366.53	375.38	386.44	399.44	414.94	432.36	452.28	471.92	494.05	515.90	539.97	564.31	590.59	616.87	645.36	674.13	704.84	720.05	750.76	777.31	794.74	816.59	829.87		
Kaiser Permanente	Full	HMO A	146.88	134.39	211.64	211.64	211.64	211.64	212.49	216.72	221.80	230.06	236.83	240.21	245.29	250.37	253.55	256.93	258.63	260.32	262.01	263.71	267.09	270.48	275.56	280.43	287.20	295.66	305.61	317.46	330.80	346.04	361.06	377.99	394.71	413.13	431.75	451.86	471.96	493.76	515.77	539.26	550.90	574.40	594.71	608.05	624.77	634.92		
Kaiser Permanente	Full	HMO B	138.49	126.00	198.43	198.43	198.43	198.43	199.23	203.20	207.96	215.70	222.05	225.22	229.98	234.75	237.72	240.90	242.49	244.07	245.66	247.25	250.42	253.60	258.36	262.92	269.27	277.21	286.54	297.65	310.15	324.44	338.53	354.40	370.08	387.34	404.80	423.65	442.51	462.94	483.58	505.61	516.52	538.55	557.60	570.10	585.77	595.29		
Kaiser Permanente	Full	HMO C	136.39	123.90	195.11	195.11	195.11	195.11	195.90	199.80	204.48	212.09	218.33	221.46	226.14	230.82	233.75	236.87	238.43	239.99	241.55	243.11	246.24	249.36	254.04	258.53	264.77	272.58	281.75	292.67	304.96	319.01	332.87	348.48	363.89	380.86	398.03	416.57	435.11	455.20	475.50	497.15	507.88	529.54	548.27	560.57	575.98	585.33		

			AGE -->		0-18	19-20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64+
CARRIER	NETWORK	PLAN																																																
Aetna	HMO Deductible	HMO A	206.06	206.06	324.50	324.50	324.50	324.50	325.80	332.29	340.08	352.73	363.12	368.31	376.10	383.89	388.75	393.95	396.54	399.14	401.73	404.33	409.52	414.71	422.50	429.97	440.35	453.33	468.58	486.75	507.20	530.56	553.60	579.56	605.20	633.43	661.99	692.81	723.64	757.06	790.81	826.83	844.68	880.70	911.85	932.30	957.93	973.51		
Anthem Blue Cross	Select HMO	HMO A	281.92	281.92	440.35	440.35	440.35	440.35	442.08	450.76	461.18	478.12	492.00	498.95	509.37	519.78	526.29	533.24	536.71	540.19	543.65	547.12	554.07	561.02	571.43	581.41	595.31	612.67	633.06	657.38	684.72	715.98	746.79	781.52	815.80	853.57	891.77	933.01	974.24	1018.95	1064.09	1112.27	1136.14	1184.32	1225.99	1253.34	1287.63	1308.46		
Anthem Blue Cross	Advantage PPO	PPO A	253.50	253.50	395.60	395.60	395.60	395.60	397.16	404.94	414.28	429.47	441.92	448.15	457.49	466.84	472.68	478.90	482.02	485.13	488.26	491.37	497.60	503.83	513.17	522.12	534.58	550.15	568.45	590.26	614.78	642.81	670.45	701.60	732.35	766.22	800.47	837.46	874.44	914.54	955.03	998.24	1019.65	1062.87	1100.24	1124.76	1155.53	1174.21		
Anthem Blue Cross	Select PPO	PPO B	235.70	235.70	367.56	367.56	367.56	367.56	369.01	376.23	384.90	399.00	410.56	416.34	425.01	433.68	439.10	444.88	447.77	450.66	453.55	456.44	462.22	468.00	476.67	484.97	496.53	510.98	527.97	548.20	570.96	596.97	622.63	651.53	680.06	711.49	743.28	777.61	811.93	849.13	886.71	926.81	946.68	986.79	1021.47	1044.22	1072.76	1090.11		
Anthem Blue Cross	Prudent Buyer - Small Group	EPO A	243.94	243.94	380.56	380.56	380.56	380.56	382.05	389.54	398.52	413.12	425.10	431.08	440.06	449.04	454.66	460.65	463.64	466.64	469.63	472.63	478.61	484.60	493.58	502.20	514.17	529.13	546.73	567.69	591.27	618.21	644.79	674.73	704.30	736.86	769.79	805.34	840.90	879.46	918.37	959.92	980.51	1022.05	1057.98	1081.56	1111.12	1129.09		
Health Net	Full	PPO A	211.48	211.48	333.03	333.03	333.03	333.03	334.37	341.03	349.02	362.01	372.67	377.99	385.99	393.98	398.97	404.30	406.97	409.63	412.30	414.96	420.29	425.62	433.61	441.27	451.93	465.25	480.90	499.55	520.53	544.51	568.16	594.80	621.11	650.08	679.39	711.03	742.67	776.97	811.60	848.57	866.89	903.85	935.83	956.81	983.12	999.10		
Kaiser Permanente	Full	HMO A	174.30	161.81	254.81	254.81	254.81	254.81	255.83	260.93	267.04	276.98	285.14	289.21	295.33	301.44	305.27	309.34	311.38	313.42	315.46	317.50	321.57	325.66	331.77	337.63	345.78	355.97	367.95	382.22	398.27	416.62	434.71	455.10	475.23	497.40	519.82	544.03	568.23	594.48	620.98	649.26	663.28	691.56	716.03	732.08	752.21	764.43		
Kaiser Permanente	Full	HMO B	185.92	173.43	273.12	273.12	273.12	273.12	274.21	279.68	286.23	296.88	305.62	309.99	316.55	323.10	327.20	331.57	333.76	335.94	338.13	340.31	344.68	349.05	355.60	361.89	370.63	381.55	394.39	409.68	426.89	446.55	465.95	487.80	509.37	533.13	557.17	583.12	609.06	637.19	665.60	695.91	710.94	741.25	767.47	784.68	806.26	819.36		
Kaiser Permanente	Full	HMO C	181.04	168.55	265.43	265.43	265.43	265.43	266.50	271.80	278.17	288.53	297.02	301.27	307.64	314.01	317.99	322.24	324.36	326.48	328.61	330.73	334.98	339.22	345.59	351.70	360.19	370.81	383.29	398.15	414.87	433.98	452.83	474.06	495.03	518.13	541.48	566.70	591.92	619.26	646.86	676.32	690.92	720.39	745.87	762.59	783.56	796.29		

			AGE -->		0-18	19-20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64+
CARRIER	NETWORK	PLAN																																																
Aetna	Aetna Value Network	HMO A	246.35	246.35	387.95	387.95	387.95	387.95	389.51	397.26	406.58	421.71	434.12	440.33	449.64	458.95	464.77	470.98	474.08	477.18	480.29	483.39	489.60	495.81	505.12	514.04	526.45	541.97	560.21	581.93	606.37	634.30	661.85	692.89	723.53	757.29	791.43	828.28	865.14	905.10	945.44	988.51	1009.84	1052.91	1090.15	1144.59	1163.86			
Aetna	Aetna Value Network	HMO B	241.98	241.98	381.08	381.08	381.08	381.08	382.60	390.22	399.37	414.23	426.42	432.52	441.67	450.81	456.53	462.63	465.68	468.72	471.77	474.82	480.92	487.02	496.16	504.93	517.12	532.36	550.27	571.61	595.62	623.06	650.12	680.60	710.71	743.86	777.40	813.60	849.80	889.05	928.68	970.98	991.94	1034.24	1070.82	1094.83	1124.94	1143.23		
Anthem Blue Cross	Select HMO	HMO A	329.43	329.43	515.18	515.18	515.18	515.18	517.21	527.39	539.61	559.46	575.74	583.89	596.09	608.30	615.94	624.08	628.15	632.22	636.30	640.37	648.51	656.65	668.87	680.57	696.86	717.21	741.12	769.63	801.69	838.32	874.45	915.17	955.37	999.64	1044.43	1092.78	1141.11	1193.53	1246.45	1302.94	1330.93	1387.42	1436.27	1468.34	1508.53	1532.96		
Anthem Blue Cross	Select HMO	HMO B	342.86	342.86	536.31	536.31	536.31	536.31	538.43	549.03	561.76	582.43	599.39	607.86	620.59	633.31	641.26	649.74	653.98	658.22	662.46	666.69	675.18	683.65	696.38	708.57	725.53	746.73	771.64	801.33	834.72	872.88	910.51	952.91	994.79	1040.89	1087.54	1137.89	1188.24	1242.83	1297.95	1356.79	1385.94	1444.78	1495.65	1529.04	1570.91	1596.36		
Anthem Blue Cross	Advantage PPO	PPO A	312.45	312.45	488.43	488.43	488.43	488.43	490.36	500.00	511.57	530.37	545.80	553.52	565.09	576.66	583.90	591.61	595.47	599.32	603.18	607.03	614.75	622.46	634.04	645.12	660.56	679.84	702.50	729.50	759.87	794.59	828.82	867.39	905.48	947.42	989.85	1035.65	1081.46	1131.12	1181.26	1234.78	1261.30	1314.81	1361.10					



USE EMPLOYEE RESIDENT ZIP CODE FOR RATING

AREA 11

Rates effective 1/1/14-3/1/14

CARRIER	NETWORK	PLAN	AGE ->																																																															
			0-18	19-20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64+																		
Aetna	HMO Deductible	HMO A	139.21	139.21	219.23	219.23	219.23	219.23	220.11	224.49	229.75	238.30	245.32	248.83	254.09	259.35	262.64	266.14	267.90	269.65	271.41	273.16	276.67	280.18	285.44	290.48	297.49	306.26	316.57	328.84	342.66	358.44	374.01	391.54	408.86	427.94	447.23	468.05	488.88	511.46	534.26	558.60	570.65	594.99	616.03	629.85	647.17	657.69																		
Anthem Blue Cross	Prudent Buyer - Small Group	EPO A	147.23	147.23	228.24	228.24	228.24	228.24	229.13	233.57	238.90	247.55	254.66	258.21	263.54	268.86	272.19	275.75	277.52	279.30	281.06	282.84	286.39	289.94	295.27	300.36	307.48	316.36	326.79	339.23	353.20	369.18	384.94	402.69	420.23	439.54	459.08	480.16	501.25	524.11	547.19	571.83	584.04	608.67	629.98	643.97	661.49	672.15																		
Health Net	Full	PPO A	126.31	126.31	198.92	198.92	198.92	198.92	199.72	203.69	208.47	216.23	222.59	225.78	230.55	235.32	238.31	241.49	243.08	244.67	246.26	247.86	251.04	254.22	258.99	263.57	269.94	277.89	287.24	298.38	310.91	325.24	339.36	352.27	370.99	388.29	405.80	424.70	443.59	464.08	484.77	506.85	517.79	539.87	558.97	571.50	587.21	596.76																		
Kaiser Permanente	Full	HMO A	123.23	111.74	175.97	175.97	175.97	175.97	176.67	180.19	184.41	191.27	196.91	199.72	203.94	208.17	210.81	213.62	215.03	216.44	217.85	219.25	222.07	224.88	229.11	233.15	238.79	245.82	254.09	263.95	275.03	287.70	300.20	314.27	328.18	343.48	358.97	375.69	392.40	410.53	428.83	448.36	458.04	477.57	494.46	505.55	519.45	527.91																		
Kaiser Permanente	Full	HMO B	116.25	104.76	164.98	164.98	164.98	164.98	165.64	168.94	172.90	179.34	184.62	187.26	191.22	195.17	197.65	200.29	201.61	202.93	204.25	205.57	208.21	210.85	214.81	218.60	223.88	230.48	238.24	247.47	257.87	269.75	281.46	294.66	307.69	322.05	336.56	352.24	367.91	384.90	402.06	420.38	429.45	447.76	463.60	474.00	487.03	494.94																		
Kaiser Permanente	Full	HMO C	114.50	103.01	162.22	162.22	162.22	162.22	162.87	166.12	170.01	176.34	181.53	184.12	188.02	191.91	194.34	196.94	198.24	199.54	200.83	202.13	204.73	207.32	211.22	214.95	220.14	226.63	234.25	243.34	253.56	265.24	276.75	289.73	302.55	316.66	330.94	346.35	361.76	378.47	395.34	413.35	422.27	440.28	455.85	466.07	478.89	486.66																		

CARRIER	NETWORK	PLAN	AGE ->																																																															
			0-18	19-20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64+																		
Aetna	HMO Deductible	HMO A	177.86	177.86	280.10	280.10	280.10	280.10	281.22	286.82	293.54	304.47	313.43	317.91	324.63	331.36	335.56	340.04	342.28	344.52	346.76	349.00	353.48	357.97	364.69	371.13	380.09	391.30	404.46	420.15	437.79	457.96	477.85	500.26	522.38	546.75	571.40	598.01	624.62	653.47	682.60	713.69	729.10	760.19	787.08	804.72	826.85	840.29																		
Anthem Blue Cross	Select HMO	HMO A	225.71	225.71	351.84	351.84	351.84	351.84	353.23	360.13	368.43	381.90	392.96	398.49	406.79	415.08	420.26	425.78	428.56	431.32	434.08	436.84	442.37	447.90	456.20	464.14	475.20	489.02	505.26	524.61	546.38	571.26	595.79	623.45	650.74	680.80	711.21	744.04	776.87	812.45	848.39	886.75	905.76	944.11	977.28	999.05	1026.35	1042.94																		
Anthem Blue Cross	Advantage PPO	PPO A	188.28	188.28	292.88	292.88	292.88	292.88	294.02	299.76	306.64	317.82	326.98	331.57	338.45	345.33	349.62	354.21	356.50	358.80	361.09	363.38	367.97	372.56	379.43	386.02	395.19	406.66	420.13	436.17	454.23	474.87	495.21	518.14	540.78	565.71	590.94	618.16	645.39	674.90	704.71	736.52	752.28	784.09	811.61	829.67	852.30	866.06																		
Anthem Blue Cross	Select PPO	PPO B	180.31	180.31	280.34	280.34	280.34	280.34	281.43	286.91	293.49	304.17	312.95	317.33	323.91	330.49	334.60	338.98	341.18	343.37	345.56	347.75	352.14	356.52	363.10	369.40	378.17	389.13	402.01	417.37	434.63	454.36	473.82	495.74	517.39	541.23	565.34	591.38	617.41	645.64	674.14	704.56	719.63	750.05	776.36	793.62	815.27	828.43																		
Anthem Blue Cross	Prudent Buyer - Small Group	EPO A	178.47	178.47	277.45	277.45	277.45	277.45	278.53	283.95	290.46	301.04	309.71	314.05	320.56	327.06	331.13	335.47	337.64	339.82	341.98	344.15	348.49	352.82	359.33	365.57	374.24	385.10	397.84	413.03	430.11	449.63	468.88	490.58	512.00	535.58	559.45	585.20	610.97	638.90	667.10	697.19	712.11	742.21	768.24	785.32	806.74	819.76																		
Health Net	Full	PPO A	152.07	152.07	239.49	239.49	239.49	239.49	240.44	245.23	250.98	260.32	267.98	271.82	277.56	283.31	286.90	290.74	292.65	294.57	296.48	298.40	302.23	306.06	311.81	317.32	324.98	334.56	345.82	359.23	374.32	391.56	408.56	427.72	446.64	467.48	488.55	511.30	534.05	558.72	583.63	610.21	623.38	649.96	672.95	688.04	706.96	718.46																		
Kaiser Permanente	Full	HMO A	146.02	134.53	211.86	211.86	211.86	211.86	212.71	216.94	222.03	230.29	237.07	240.46	245.54	250.63	253.81	257.20	258.89	260.59	262.28	263.98	267.37	270.76	275.84	280.71	287.49	295.97	305.92	317.79	331.14	346.39	361.43	378.38	395.12	413.55	432.19	452.32	472.45	494.27	516.30	539.82	551.47	574.99	595.32	608.67	625.41	635.58																		
Kaiser Permanente	Full	HMO B	155.69	144.20	227.08	227.08	227.08	227.08	227.99	232.53	237.98	246.84	254.10	257.74	263.19	268.64	272.04	275.68	277.49	279.31	281.13	282.94	286.58	290.21	295.66	300.88	308.15	317.23	327.91	340.62	354.93	371.28	387.40	405.57	423.51	443.26	463.25	484.82	506.39	529.78	553.40	578.60	591.09	616.30	638.10	652.41	670.34	681.24																		
Kaiser Permanente	Full	HMO C	151.63	140.14	220.69	220.69	220.69	220.69	221.57	225.99	231.28	239.89	246.95	250.48	255.78	261.08	264.39	267.92	269.68	271.45	273.21	274.98	278.51	282.04	287.34	292.41	299.48	308.30	318.67	331.03	344.94	360.83	376.50	394.15	411.59	430.79	450.21	471.17	492.14	514.87	537.82	562.32	574.45	598.95	620.14	634.04	651.47	662.07																		

CARRIER	NETWORK	PLAN	AGE ->																																																															
			0-18	19-20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64+																		
Anthem Blue Cross	Select HMO	HMO A	263.54	263.54	411.41	411.41	411.41	411.41	413.03	421.13	430.86	446.66	459.62	466.11	475.83	485.55	491.63	498.11	501.35	504.59	507.83	511.08	517.55	524.04	533.76	543.08	556.04	572.24	591.28	613.98	639.49	668.66	697.42	729.84	761.84	797.09	832.74	871.23	909.71	951.43	993.57	1038.54	1060.82	1105.79	1144.68	1170.21	1202.21	1221.65																		
Anthem Blue Cross	Select HMO	HMO B	274.22	274.22	428.23	428.23	428.23	428.23	429.92	438.36	448.49	464.94	478.44	485.19	495.32	505.45	511.78	518.53	521.91	525.28	528.66	532.04	538.78	545.53	555.65	565.37	578.87	595.75	615.57	639.20	665.78	696.16	726.13	759.87	793.21	829.92	867.05	907.13	947.23	990.68	1034.57	1081.40	1104.60	1151.45	1191.94	1218.53	1251.86	1272.12																		
Anthem Blue Cross	Advantage PPO	PPO A	231.68	231.68	361.23	361.23	361.23	361.23	362.65	369.75	378.27	392.11	403.47	409.15	417.67	426.17	431.50	437.18	440.02	442.86	445.70	448.54	454.22	459.90	468.42	476.58	487.94	502.14	518.82	538.69	561.05	586.61	611.82	640.21	668.24	699.12	730.36	764.08	797.79	834.36	871.27	910.67	930.19	969.58	1003.67	1026.02	1054.06	1071.10																		
Anthem Blue Cross	Select PPO	PPO B	210.87	210.87	328.45	328.45	328.45	328.45	329.74	336.19	343.92	356.47	366.79	371.94	379.68	387.41	392.24	397.40	399.97	402.54	405.12	407.70	412.86	418.01	425.75	433.16	443.47	456.35	471.49	489.54	509.83	533.03	555.90	581.67	607.12	635.15	663.50	694.11	724.71	757.90	791.40	827.16	844.88	880.64	911.56	931.86	957.31	972.78																		
Anthem Blue Cross	Select PPO	PPO C	211.86	211.86	330.02	330.02	330.02	330.02	331.32	337.79	345.56	358.19	368.54	373.72	381.49	389.27	394.13	399.31	401.90	404.49	407.08	409.67	414.84	420.02	427.79	435.24	445.60	458.54	473.76	491.90	512.29	535.60	558.58	584.47	610.06	638.22	666.71	697.46	728.22	761.56	795.23	831.17	848.97	884.90	915.98	936.38	961.95	977.49																		
Anthem Blue Cross	Select PPO	PPO D	205.60	205.60	320.15	320.15	320.15	320.15	321.41	327.69	335																																																							

USE EMPLOYEE RESIDENT ZIP CODE FOR RATING

AREA 12

Rates effective 1/1/14-3/1/14

Bronze			AGE ->	0-18	19-20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64+
CARRIER	NETWORK	PLAN																																															
Aetna	HMO Deductible	HMO A	145.01	145.01	228.36	228.36	228.36	228.36	229.28	233.85	239.33	248.23	255.54	259.19	264.67	270.16	273.58	277.23	279.06	280.89	282.72	284.54	286.20	291.85	299.33	302.58	309.89	319.03	329.76	342.55	356.93	373.38	389.59	407.86	425.90	445.77	465.86	487.56	509.25	532.77	556.52	581.87	594.43	619.78	641.70	656.09	674.13	685.09	
Anthem Blue Cross	Prudent Buyer - Small Group	EPO A	167.06	167.06	259.48	259.48	259.48	259.48	260.50	265.56	271.63	281.50	289.61	293.67	299.74	305.82	309.61	313.67	315.69	317.71	319.74	321.77	325.82	329.86	335.94	341.77	349.87	360.00	371.90	386.08	402.02	420.26	458.49	478.49	500.52	522.80	546.86	570.90	596.98	623.32	651.42	685.34	693.45	717.76	733.71	753.71	765.86		
Health Net	Full	PPO A	142.36	142.36	224.18	224.18	224.18	224.18	225.08	229.56	234.94	243.69	250.86	254.45	259.83	265.21	268.57	272.16	273.95	275.74	277.54	279.33	282.92	286.50	291.88	297.04	304.21	313.18	323.72	336.27	350.40	366.54	382.45	400.39	418.10	437.60	457.33	478.63	499.93	523.02	546.33	571.22	583.55	608.43	629.95	644.07	661.79	672.55	
Kaiser Permanente	Full	HMO A	125.81	114.32	180.02	180.02	180.02	180.02	180.74	184.34	188.67	195.69	201.45	204.33	208.65	212.97	215.67	218.55	219.99	221.43	222.87	224.31	227.19	230.07	234.39	238.53	244.29	251.49	259.95	270.04	281.38	294.34	307.12	321.52	335.74	351.41	367.25	384.35	401.45	420.00	438.72	458.70	468.60	488.59	505.87	517.21	531.43	540.06	
Kaiser Permanente	Full	HMO B	118.67	107.18	168.79	168.79	168.79	168.79	169.46	172.84	176.89	183.47	188.87	191.57	195.63	199.68	202.21	204.91	206.26	207.61	208.96	210.31	213.01	215.71	219.76	223.64	229.05	235.80	243.73	253.18	263.82	275.97	287.95	301.46	314.79	329.47	344.33	360.36	376.40	393.78	411.34	430.07	439.36	458.09	474.29	484.93	498.26	506.37	
Kaiser Permanente	Full	HMO C	116.88	105.39	165.97	165.97	165.97	165.97	166.63	169.95	173.93	180.40	185.72	188.37	192.35	196.34	198.83	201.48	202.81	204.14	205.47	206.79	209.45	212.10	216.09	219.90	225.22	231.85	239.65	248.95	259.40	271.35	283.14	296.41	309.53	323.97	338.57	354.34	370.10	387.20	404.46	422.88	432.01	450.43	466.36	476.82	489.93	497.91	

Silver			AGE ->	0-18	19-20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64+
CARRIER	NETWORK	PLAN																																															
Aetna	HMO Deductible	HMO A	185.28	185.28	291.77	291.77	291.77	291.77	292.94	298.78	305.78	317.16	326.50	331.16	338.17	345.17	349.55	354.21	356.55	358.88	361.22	363.55	366.22	372.89	379.89	386.60	395.94	407.61	421.32	437.66	456.04	477.05	497.77	521.11	544.16	569.84	595.22	622.94	650.66	680.71	711.05	743.44	759.49	791.87	819.88	838.27	861.32	875.32	
Anthem Blue Cross	Select HMO	HMO A	267.35	267.35	417.41	417.41	417.41	417.41	419.05	427.27	437.15	453.18	466.34	472.91	482.78	492.65	498.81	505.39	508.68	511.97	515.26	518.54	525.12	531.70	541.57	551.03	564.19	580.63	599.95	622.97	648.87	678.47	707.67	740.56	773.03	808.80	844.97	884.04	923.09	965.43	1008.20	1053.83	1076.44	1122.07	1161.54	1187.45	1219.92	1239.65	
Anthem Blue Cross	Advantage PPO	PPO A	209.41	209.41	326.17	326.17	326.17	326.17	327.46	333.85	341.53	354.00	364.24	369.35	377.04	384.72	389.52	394.63	397.19	399.75	402.30	404.87	409.99	415.10	422.78	430.14	440.37	453.17	468.20	486.12	506.27	529.30	552.01	577.61	602.88	630.71	658.86	689.24	719.63	752.58	785.85	821.35	838.95	874.45	905.17	925.32	950.59	965.94	
Anthem Blue Cross	Select PPO	PPO B	203.15	203.15	316.30	316.30	316.30	316.30	317.54	323.75	331.18	343.27	353.19	358.15	365.60	373.03	377.69	382.65	385.12	387.61	390.08	392.57	397.53	402.49	409.92	417.05	426.97	439.38	453.94	471.31	490.83	513.16	535.17	559.97	584.46	611.43	638.72	668.16	697.62	729.55	761.79	796.20	813.25	847.67	877.42	896.95	921.45	936.32	
Anthem Blue Cross	Prudent Buyer - Small Group	EPO A	202.69	202.69	315.60	315.60	315.60	315.60	316.83	323.02	330.44	342.51	352.41	357.35	364.78	372.20	376.83	381.79	384.27	386.74	389.21	391.69	396.64	401.58	409.01	416.12	426.02	438.39	452.93	470.26	489.74	512.00	533.97	558.71	583.15	610.06	637.27	666.66	696.05	727.90	760.07	794.41	811.41	845.75	875.45	894.93	919.37	934.21	
Health Net	Full	PPO A	171.39	171.39	269.90	269.90	269.90	269.90	270.98	276.38	282.85	293.38	302.02	306.33	312.81	319.29	323.34	327.66	329.82	331.97	334.13	336.29	340.61	344.93	351.41	357.61	366.25	377.05	389.73	404.85	421.85	441.28	460.45	482.04	503.36	526.84	550.59	576.23	601.87	629.67	657.74	687.70	702.54	732.50	758.41	775.42	796.74	809.69	
Kaiser Permanente	Full	HMO A	149.12	137.63	216.75	216.75	216.75	216.75	217.61	221.95	227.15	235.60	242.54	246.01	251.21	256.41	259.66	263.13	264.86	266.60	268.33	270.07	273.53	277.00	282.20	287.19	294.12	302.79	312.98	325.12	338.77	354.38	369.77	387.11	404.23	423.09	442.16	462.75	483.34	505.67	528.21	552.27	564.19	588.25	609.06	622.71	639.83	650.25	
Kaiser Permanente	Full	HMO B	159.01	147.52	232.32	232.32	232.32	232.32	233.25	237.89	243.47	252.53	259.96	263.68	269.26	274.83	278.32	282.04	283.89	285.75	287.61	289.47	293.19	296.90	302.48	307.82	315.26	324.55	335.47	348.48	363.11	379.84	396.34	414.92	433.27	453.49	473.93	496.00	518.07	542.00	566.16	591.95	604.73	630.51	652.82	667.45	685.81	696.96	
Kaiser Permanente	Full	HMO C	154.86	143.37	225.78	225.78	225.78	225.78	226.68	231.20	236.62	245.42	252.65	256.26	261.68	267.10	270.48	274.10	275.90	277.71	279.51	281.32	284.93	288.55	293.96	299.16	306.38	315.41	326.03	338.67	352.89	369.15	385.18	403.24	421.08	440.72	460.59	482.04	503.49	526.74	550.22	575.29	587.70	612.76	634.44	648.66	666.50	677.34	

Gold			AGE ->	0-18	19-20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64+
CARRIER	NETWORK	PLAN																																															
Anthem Blue Cross	Select HMO	HMO A	312.37	312.37	488.30	488.30	488.30	488.30	490.23	499.87	511.43	530.23	545.67	553.38	564.94	576.51	583.74	591.46	595.31	599.17	603.02	606.88	614.59	622.30	633.87	644.96	660.38	679.67	702.31	729.31	759.68	794.38	828.60	867.16	905.24	947.18	989.60	1035.39	1081.18	1130.82	1180.95	1234.45	1260.96	1314.47	1360.74	1391.11	1429.19	1452.32	
Anthem Blue Cross	Select HMO	HMO B	325.08	325.08	508.31	508.31	508.31	508.31	510.32	520.36	532.41	551.99	568.06	576.08	588.14	600.19	607.71	615.75	619.76	623.78	627.79	631.82	639.84	647.87	659.92	671.47	687.54	707.62	731.21	759.33	790.95	827.10	862.74	902.90	942.57	986.24	1030.42	1078.11	1125.80	1177.52	1229.72	1285.45	1313.05	1368.78	1416.97	1448.60	1488.27	1512.36	
Anthem Blue Cross	Advantage PPO	PPO A	257.85	257.85	402.45	402.45	402.45	402.45	404.04	411.95	421.47	436.91	449.60	455.93	465.45	474.95	480.89	487.23	490.39	493.57	496.74	499.91	506.24	512.59	522.09	531.20	543.89	559.72	578.35	600.53	625.49	654.01	682.14	713.84	745.13	779.60	814.46	852.09	889.74	930.53	971.74	1015.71	1037.50	1081.47	1119.50	1144.46	1175.76	1194.78	
Anthem Blue Cross	Select PPO	PPO B	237.70	237.70	370.72	370.72	370.72	370.72	372.17	379.47	388.21	402.43	414.08	419.92	428.66	437.41	442.88	448.71	451.62	454.53	457.45	460.37	466.20	472.02	480.78	489.16	500.82	515.40	532.52	552.94	575.89	602.13	628.00	657.16	685.94	717.65	749.72	784.35	818.96	856.50	894.41	934.86	954.89	995.34	1030.34	1053.30	1082.06	1099.57	
Anthem Blue Cross	Select PPO	PPO C	238.84	238.84	372.51	372.51	372.51	372.51	373.98	381.30	390.09	404.37	416.09	421.95	430.74	439.53	445.02	450.88	453.82	456.74	459.67	462.60	468.46	474.31	483.11	491.53	503.25	517.90	535.11	555.62	578.69	605.06	631.06	660.36	689.28	721.15	753.38	788.17	822.96	860.68	898.76	939.42	959.56	1000.21	1035.37	1058.44	1087.37	1104.95	
Anthem Blue Cross	Select PPO	PPO D	231.74	231.74	361.33	361.33	361.33	361.33	362.75	369.85	378.37	392.22	403.58	409.26																																			



Table with 33 columns for ages 0-18 to 64+ and 4 rows for Bronze carrier options (Anthem Blue Cross, Health Net, Kaiser Permanente) across various plan types (EPO, HMO, PPO).

Table with 33 columns for ages 0-18 to 64+ and 10 rows for Silver carrier options (Anthem Blue Cross, Health Net, Kaiser Permanente) across various plan types (EPO, HMO, PPO).

Table with 33 columns for ages 0-18 to 64+ and 10 rows for Gold carrier options (Anthem Blue Cross, Health Net, Kaiser Permanente) across various plan types (EPO, HMO, PPO).

Table with 33 columns for ages 0-18 to 64+ and 2 rows for Platinum carrier options (Anthem Blue Cross, Kaiser Permanente) across various plan types (EPO, HMO).

Health Care Service Plan rates will vary by county

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USE EMPLOYEE RESIDENT ZIP CODE FOR RATING

AREA 14

Rates effective 1/1/14-3/1/14

Bronze			AGE ->	0-18	19-20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64+
CARRIER	NETWORK	PLAN																																															
Aetna	HMO Deductible	HMO A	186.04	186.04	292.97	292.97	292.97	292.97	294.14	300.00	307.03	318.46	327.83	332.52	339.55	346.58	350.98	355.67	358.01	360.35	362.70	365.04	369.73	374.42	381.45	388.19	397.56	409.28	423.05	439.46	457.91	479.01	499.81	523.25	546.39	571.88	597.66	625.49	653.33	683.50	713.97	746.49	762.60	795.12	823.25	841.71	864.85	878.91	
Anthem Blue Cross	Prudent Buyer - Small Group	EPO A	147.77	147.77	229.09	229.09	229.09	229.09	229.98	234.44	239.78	248.47	255.60	259.17	264.51	269.86	273.20	276.78	278.54	280.34	282.12	283.90	287.46	291.03	296.37	301.49	308.63	317.54	328.01	340.49	354.52	370.57	386.38	404.21	421.80	441.19	460.80	481.97	503.13	526.08	549.25	573.98	586.23	610.96	632.35	646.38	663.99	674.68	
Health Net	Full	PPO A	126.31	126.31	198.92	198.92	198.92	198.92	199.72	203.69	208.47	216.23	222.59	225.78	230.55	235.32	238.31	241.49	243.08	244.67	246.26	247.86	251.04	254.22	258.99	263.57	269.94	277.89	287.24	298.38	310.91	325.24	339.36	355.27	370.99	388.29	405.80	424.70	443.59	464.08	484.77	506.85	517.79	539.87	559.97	571.50	587.21	596.76	
Kaiser Permanente	Full	HMO A	120.09	108.60	171.02	171.02	171.02	171.02	171.71	175.13	179.23	185.90	191.37	194.11	198.22	202.32	204.89	207.62	208.99	210.36	211.73	213.09	215.83	218.57	222.67	226.61	232.08	238.92	246.96	256.53	267.31	279.62	291.76	305.45	318.96	333.84	348.89	365.13	381.38	399.00	416.78	435.77	445.17	464.16	480.57	491.35	504.86	513.06	
Kaiser Permanente	Full	HMO B	113.31	101.82	160.35	160.35	160.35	160.35	160.99	164.20	168.05	174.30	179.43	182.00	185.84	189.69	192.10	194.66	195.95	197.23	198.51	199.79	202.36	204.93	208.77	212.46	217.59	224.01	231.54	240.52	250.63	262.17	273.55	286.38	299.05	313.00	327.11	342.34	357.58	374.09	390.77	408.57	417.39	435.19	450.58	460.68	473.35	481.05	
Kaiser Permanente	Full	HMO C	111.61	100.12	157.67	157.67	157.67	157.67	158.30	161.45	165.24	171.38	176.43	178.95	182.74	186.52	188.89	191.41	192.67	193.93	195.19	196.45	198.98	201.50	205.28	208.91	213.95	220.26	227.67	236.50	246.43	257.79	268.98	281.59	294.05	307.77	321.64	336.62	351.60	367.84	384.24	401.74	410.41	427.91	443.05	452.98	465.43	473.01	

Silver			AGE ->	0-18	19-20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64+
CARRIER	NETWORK	PLAN																																															
Aetna	HMO Deductible	HMO A	237.69	237.69	374.31	374.31	374.31	374.31	375.81	383.30	392.28	406.88	418.86	424.85	433.83	442.81	448.43	454.42	457.41	460.41	463.40	466.40	472.38	478.37	487.36	495.97	507.94	522.92	540.51	561.47	585.05	612.00	638.58	668.53	698.10	730.66	763.60	799.16	834.72	873.28	912.20	953.75	974.34	1015.89	1051.82	1075.41	1104.98	1122.94	
Anthem Blue Cross	Select HMO	HMO A	251.93	251.93	393.13	393.13	393.13	393.13	394.68	402.42	411.70	426.79	439.17	445.35	454.64	463.93	469.72	475.92	479.02	482.11	485.20	488.30	494.49	500.67	509.97	518.86	531.24	546.71	564.89	586.56	610.93	638.78	666.24	697.19	727.76	761.41	795.45	832.20	868.95	908.80	949.03	991.97	1033.25	1056.19	1093.32	1117.69	1148.26	1166.82	
Anthem Blue Cross	Advantage PPO	PPO A	179.10	179.10	278.43	278.43	278.43	278.43	279.52	284.96	291.49	302.11	310.81	315.17	321.70	328.23	332.31	336.67	338.84	341.02	343.20	345.38	349.72	354.08	360.61	366.88	375.58	386.46	399.26	414.50	431.64	451.24	470.56	492.32	513.83	537.50	561.46	587.31	613.16	641.19	669.49	699.70	714.67	744.88	771.00	788.14	809.64	822.71	
Anthem Blue Cross	Select PPO	PPO B	176.26	176.26	273.94	273.94	273.94	273.94	275.02	280.37	286.79	297.23	305.79	310.08	316.50	322.93	326.94	331.23	333.37	335.50	337.64	339.78	344.07	348.35	354.78	360.93	369.49	380.20	392.78	407.77	424.64	443.91	462.90	484.31	505.46	528.75	552.30	577.74	603.16	630.73	658.56	688.27	703.00	732.71	758.39	775.26	796.41	809.25	
Anthem Blue Cross	Prudent Buyer - Small Group	EPO A	179.12	179.12	278.47	278.47	278.47	278.47	279.56	285.01	291.54	302.15	310.87	315.21	321.75	328.29	332.37	336.72	338.90	341.08	343.25	345.43	349.79	354.14	360.67	366.94	375.64	386.53	399.33	414.57	431.71	451.31	470.64	492.42	513.92	537.60	561.55	587.40	613.26	641.30	669.61	699.82	714.79	745.00	771.13	788.28	809.78	822.84	
Health Net	Full	PPO A	152.07	152.07	239.49	239.49	239.49	239.49	240.44	245.23	250.98	260.32	267.98	271.82	277.56	283.31	286.90	290.74	292.65	294.57	296.48	298.40	302.23	306.06	311.81	317.32	324.98	334.56	345.82	359.23	374.32	391.56	408.56	427.72	446.64	467.48	488.55	511.30	534.05	558.72	583.63	610.21	623.38	649.96	672.95	688.04	706.96	718.46	
Kaiser Permanente	Full	HMO A	142.24	130.75	205.91	205.91	205.91	205.91	206.73	210.85	215.79	223.82	230.41	233.71	238.65	243.59	246.68	248.97	251.62	253.27	254.91	256.56	259.86	263.15	268.09	272.83	279.42	287.65	297.33	308.86	321.83	336.66	351.28	367.75	384.02	401.93	420.05	439.61	459.18	480.38	501.80	524.65	535.98	558.84	578.60	591.57	607.84	617.73	
Kaiser Permanente	Full	HMO B	151.64	140.15	220.70	220.70	220.70	220.70	221.59	226.00	231.30	238.90	246.97	250.50	255.79	261.09	264.40	267.93	269.70	271.46	273.23	275.00	278.53	282.06	287.36	292.43	299.49	308.32	318.70	331.05	344.96	360.85	376.52	394.18	411.61	430.81	450.23	471.20	492.17	514.90	537.85	562.35	574.49	598.99	620.18	634.08	651.52	662.10	
Kaiser Permanente	Full	HMO C	147.69	136.20	214.49	214.49	214.49	214.49	215.35	219.64	224.79	233.15	240.01	243.45	248.59	253.74	256.96	260.39	262.11	263.82	265.54	267.25	270.69	274.12	279.27	284.20	291.06	299.64	309.72	321.74	335.25	350.69	365.92	383.08	400.02	418.68	437.56	457.94	478.31	500.41	522.71	546.52	568.32	582.13	602.72	616.23	633.19	643.47	

Gold			AGE ->	0-18	19-20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64+
CARRIER	NETWORK	PLAN																																															
Aetna	Aetna Value Network	HMO A	271.41	271.41	427.42	427.42	427.42	427.42	429.13	437.68	447.94	464.61	478.29	485.13	495.38	505.64	512.05	518.89	522.31	525.73	529.15	532.57	539.41	546.25	556.51	566.34	580.01	597.11	617.20	641.14	668.06	698.84	729.18	763.38	797.14	834.33	871.94	912.55	953.15	997.18	1041.63	1089.08	1122.58	1160.03	1201.06	1227.99	1261.75	1282.27	
Aetna	Aetna Value Network	HMO B	266.60	266.60	419.84	419.84	419.84	419.84	421.52	429.92	439.99	456.37	469.80	476.52	486.60	496.67	502.97	509.69	513.05	516.41	519.77	523.12	529.84	536.56	546.63	556.29	569.73	586.52	606.25	629.76	656.21	686.44	716.25	749.84	783.01	819.53	856.48	896.36	936.25	979.49	1023.16	1069.76	1092.85	1139.45	1179.76	1206.21	1239.38	1259.53	
Anthem Blue Cross	Select HMO	HMO A	294.29	294.29	459.83	459.83	459.83	459.83	461.64	470.72	481.60	499.28	513.79	521.05	531.94	542.82	549.63	556.88	560.51	564.14	567.77	571.40	578.66	585.91	596.80	607.23	621.74	639.89	661.20	686.60	715.17	747.83	780.02	816.31	852.14	891.60	931.50	974.59	1017.68	1064.39	1111.56	1161.91	1186.84	1237.19	1290.73	1309.31	1345.13	1366.90	
Anthem Blue Cross	Select HMO	HMO B	306.24	306.24	478.66	478.66	478.66	478.66	480.54	490.00	501.33	519.76	534.87	542.43	553.77	565.10	572.19	579.75	583.53	587.31	591.09	594.87	602.42	609.88	621.32	632.19	647.30	666.19	688.39	714.84	744.60	778.61	812.15	849.94	887.26	928.36	969.92	1014.80	1059.68	1108.32	1157.46	1209.89	1235.87	1288.30	1333.65	1363.41	1400.73	1423.40	
Anthem Blue Cross	Advantage PPO	PPO A	220.31	220.31	343.33	343.33	343.33	343.33	344.68	351.42	359.50	372.65	383.43	388.83	396.91	405.01	410.06	415.46	418.15	420.84	423.55	426.24	431.63	437.03	445.12	452.87	463.65	477.13	492.97	511.85	533.09	557.35	581.28	608.24	634.87	664.20	693.85	725.87	757.89	792.60	827.65	865.06	883.61	921.02	953.38	974.60	1001.24	1017.41	
Anthem Blue Cross	Select PPO	PPO B	206.08	206.08	320.93	320.93	320.93	320.93	322.19	328.47	336.0																																						

USE EMPLOYEE RESIDENT ZIP CODE FOR RATING

AREA 15

Rates effective 1/1/14-3/1/14

			AGE ->	0-18	19-20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64+			
CARRIER	NETWORK	PLAN																																																		
Aetna	HMO Deductible	HMO A	114.14	114.14	179.75	179.75	179.75	179.75	179.75	180.47	184.06	188.38	195.39	201.14	204.02	208.33	212.64	215.34	218.22	219.65	221.09	222.53	223.97	226.84	229.72	234.03	238.17	243.92	251.11	259.56	269.62	280.95	293.89	306.65	321.03	335.23	350.87	366.69	383.77	400.84	419.36	438.05	458.00	467.89	487.84	505.10	516.42	530.62	539.25			
Anthem Blue Cross	Prudent Buyer - Small Group	EPO A	150.49	150.49	233.37	233.37	233.37	233.37	234.28	238.81	244.27	253.12	260.38	264.02	269.47	274.91	278.32	281.95	283.78	285.60	287.41	289.23	292.86	296.49	301.94	307.17	314.43	323.52	334.19	346.90	361.20	377.56	393.68	411.85	429.78	449.54	469.53	491.10	512.67	536.06	559.88	584.88	597.37	622.57	644.37	658.67	676.61	687.52				
Health Net	Full	PPO A	126.31	126.31	198.92	198.92	198.92	198.92	199.72	203.69	208.47	216.23	222.59	225.78	230.55	235.32	238.31	241.49	243.08	244.67	246.26	247.86	251.04	254.22	258.99	263.57	269.94	277.89	287.24	298.38	310.91	325.24	339.36	355.27	370.99	388.29	405.80	424.70	443.59	464.08	484.77	506.85	517.79	539.87	558.97	571.50	587.21	596.76				
Kaiser Permanente	Full	HMO A	120.09	108.60	171.02	171.02	171.02	171.02	171.71	175.13	179.23	185.90	191.37	194.11	198.22	202.32	204.89	207.62	208.99	210.36	211.73	213.09	215.83	218.57	222.87	226.61	232.08	238.92	246.96	256.53	267.31	279.62	291.76	305.48	318.96	333.84	348.89	365.13	381.38	399.00	416.78	435.77	445.17	464.16	480.57	491.35	504.86	513.06				
Kaiser Permanente	Full	HMO B	113.31	101.82	160.35	160.35	160.35	160.35	160.99	164.20	168.05	174.30	179.43	182.00	185.84	189.69	192.10	194.66	195.95	197.23	198.51	199.79	202.36	204.93	208.77	212.46	217.59	224.01	231.54	240.52	250.63	262.17	273.55	286.38	299.05	313.00	327.11	342.34	357.58	374.09	390.77	408.57	417.39	435.19	450.58	460.68	473.35	481.05				
Kaiser Permanente	Full	HMO C	111.61	100.12	157.67	157.67	157.67	157.67	158.30	161.45	165.24	171.38	176.43	178.95	182.74	186.52	188.89	191.41	192.67	193.93	195.19	196.45	198.98	201.50	205.28	208.91	213.95	220.26	227.67	236.50	246.43	257.79	268.98	281.56	294.05	307.77	321.64	336.62	351.60	367.84	384.24	401.74	410.41	427.91	443.05	452.98	465.43	473.01				

			AGE ->	0-18	19-20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64+				
CARRIER	NETWORK	PLAN																																																			
Aetna	HMO Deductible	HMO A	145.83	145.83	229.66	229.66	229.66	229.66	230.57	235.17	240.68	249.64	256.99	260.66	266.17	271.68	275.13	278.80	280.64	282.48	284.31	286.15	289.83	293.50	299.01	304.29	311.64	320.83	331.62	344.48	358.95	375.49	391.79	410.17	428.31	448.29	468.50	490.32	512.13	535.79	559.67	585.16	597.79	623.29	645.33	659.80	677.94	688.97					
Aetna	Basic HMO	HMO B	114.17	114.17	179.80	179.80	179.80	179.80	180.52	184.12	188.43	195.44	201.20	204.08	208.39	212.71	215.40	218.28	219.72	221.16	222.59	224.03	226.91	229.79	234.10	238.24	243.99	251.18	259.63	269.70	281.03	293.98	306.74	321.13	335.33	350.97	366.80	383.88	400.96	419.48	438.18	458.14	468.02	487.98	505.24	516.57	530.78	539.41					
Anthem Blue Cross	Select HMO	HMO A	180.51	180.51	280.66	280.66	280.66	280.66	281.76	287.25	293.83	304.53	313.31	317.70	324.29	330.87	334.98	339.38	341.57	343.77	345.95	348.15	352.54	356.94	363.52	369.83	378.61	389.58	402.47	417.85	435.13	454.88	474.36	496.31	517.99	541.86	566.00	592.07	618.14	646.39	674.93	705.39	720.47	750.93	777.27	794.56	816.23	829.40					
Anthem Blue Cross	Advantage PPO	PPO A	183.11	183.11	284.74	284.74	284.74	284.74	285.85	291.42	298.11	308.96	317.87	322.34	329.02	335.70	339.87	344.32	346.56	348.79	351.01	353.24	357.70	362.15	368.83	375.24	384.15	395.28	408.37	423.97	441.50	461.56	481.33	503.61	525.60	549.83	574.32	600.79	627.24	655.92	684.88	715.78	731.10	762.00	788.74	806.28	828.28	841.64					
Anthem Blue Cross	Select PPO	PPO B	172.05	172.05	267.32	267.32	267.32	267.32	268.36	273.58	279.85	290.02	298.38	302.56	308.82	315.09	319.01	323.18	325.27	327.35	329.45	331.53	335.71	339.89	346.15	352.15	360.51	370.95	383.21	397.84	414.28	433.08	451.61	472.48	493.11	515.82	538.79	563.58	588.38	615.27	642.42	671.39	685.75	714.72	739.78	756.22	776.84	789.38					
Anthem Blue Cross	Prudent Buyer - Small Group	EPO A	182.44	182.44	283.69	283.69	283.69	283.69	284.80	290.35	297.01	307.83	316.69	321.13	327.79	334.45	338.61	343.05	345.27	347.49	349.71	351.93	356.37	360.81	367.46	373.84	382.72	393.82	406.86	422.39	439.86	459.84	479.53	501.72	523.64	547.77	572.19	598.53	624.89	653.46	682.31	713.10	728.36	759.15	785.78	803.26	825.17	838.49					
Health Net	Full	PPO A	152.07	152.07	239.49	239.49	239.49	239.49	240.44	245.23	250.98	260.32	267.88	271.82	277.96	283.31	286.90	290.74	292.65	294.57	296.48	298.40	302.23	306.06	311.81	317.32	324.98	334.56	345.82	359.23	374.32	391.56	408.58	427.72	446.64	467.48	488.55	511.30	534.05	558.72	583.63	610.21	623.38	649.96	672.95	688.04	706.96	718.46					
Kaiser Permanente	Full	HMO A	142.24	130.75	205.91	205.91	205.91	205.91	206.73	210.85	215.79	223.82	230.41	233.71	238.65	243.59	246.68	249.97	251.62	253.27	254.91	256.56	259.86	263.15	268.09	272.83	279.42	287.65	297.33	308.86	321.83	336.66	351.28	367.75	384.02	401.93	420.05	439.61	459.18	480.38	501.80	524.65	535.98	558.84	578.60	591.57	607.84	617.73					
Kaiser Permanente	Full	HMO B	151.64	140.15	220.70	220.70	220.70	220.70	221.59	226.00	231.30	239.90	246.97	250.50	255.79	261.09	264.40	267.93	269.70	271.46	273.23	275.00	278.53	282.06	287.36	292.43	299.49	308.32	318.70	331.05	344.96	360.85	376.52	394.18	411.61	430.81	450.23	471.20	492.17	514.90	537.85	562.35	574.49	598.99	620.18	634.08	651.52	662.10					
Kaiser Permanente	Full	HMO C	147.69	136.20	214.49	214.49	214.49	214.49	215.35	219.64	224.79	233.15	240.01	243.45	248.59	253.74	256.96	260.39	262.11	263.82	265.54	267.25	270.69	274.12	279.27	284.20	291.06	299.64	309.72	321.74	335.25	350.69	365.92	383.08	400.02	418.68	437.56	457.94	478.31	500.41	522.71	546.52	558.32	582.13	602.72	616.23	633.18	643.47					

			AGE ->	0-18	19-20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64+				
CARRIER	NETWORK	PLAN																																																			
Aetna	Aetna Value Network	HMO A	144.35	144.35	227.33	227.33	227.33	227.33	228.23	232.78	238.24	247.10	254.38	258.01	263.47	268.93	272.34	275.97	277.79	279.61	281.43	283.25	286.88	290.52	295.98	301.21	306.48	317.57	328.26	340.99	355.31	371.68	387.82	406.00	423.96	443.74	463.74	485.34	506.93	530.35	553.99	579.22	591.73	616.96	638.78	653.10	671.06	681.98					
Aetna	Aetna Value Network	HMO B	141.79	141.79	223.29	223.29	223.29	223.29	224.19	228.65	234.01	242.72	249.86	253.44	258.80	264.16	267.51	271.08	272.86	274.65	276.44	278.22	281.80	285.37	290.73	295.86	303.01	311.94	322.44	334.94	349.01	365.08	380.94	398.80	416.44	435.87	455.62	476.73	497.94	520.94	544.17	568.95	581.23	606.02	627.45	641.52	659.16	669.88					
Anthem Blue Cross	Select HMO	HMO A	210.56	210.56	327.97	327.97	327.97	327.97	329.25	335.69	343.41	355.95	366.24	371.39	379.11	386.83	391.65	396.81	399.38	401.95	404.52	407.10	412.24	417.39	425.11	432.51	442.81	455.68	470.79	488.81	509.06	532.23	555.06	580.80	606.22	634.20	662.51	693.06	723.63	756.76	790.22	825.92	843.61	879.32	910.20	930.46	955.87	971.32					
Anthem Blue Cross	Select HMO	HMO B	219.04	219.04	341.33	341.33	341.33	341.33	342.67	349.38	357.41	370.47	381.20	386.56	394.60	402.65	407.67	413.03	415.71	418.39	421.06	423.75	429.11	434.47	442.51	450.22	460																										

USE EMPLOYEE RESIDENT ZIP CODE FOR RATING

**AREA 16**

Rates effective 1/1/14-3/1/14

CARRIER	NETWORK	PLAN	AGE-->																																																													
			0-18	19-20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64+																
Aetna	HMO Deductible	HMO A	121.15	121.15	190.79	190.79	190.79	190.79	191.55	195.36	199.94	207.38	213.49	216.54	221.12	225.70	228.56	231.61	233.14	234.67	236.19	237.72	240.77	243.82	248.40	252.79	258.90	266.53	275.49	286.18	298.20	311.93	325.48	340.74	355.81	372.41	389.20	407.33	425.45	445.10	464.94	486.12	496.61	517.79	536.11	548.13	563.20	572.36																
Anthem Blue Cross	Prudent Buyer - Small Group	EPO A	172.29	172.29	267.71	267.71	267.71	267.71	268.75	273.99	280.26	290.45	298.82	303.01	309.27	315.55	319.47	323.65	325.75	327.84	329.93	332.02	336.21	340.38	346.66	352.67	361.04	371.49	383.78	398.43	414.89	433.71	452.28	473.19	493.84	516.59	539.60	564.43	589.26	616.19	643.38	672.39	686.78	715.79	740.89	757.35	778.01	790.56																
Health Net	Full	PPO A	153.09	153.09	241.09	241.09	241.09	241.09	242.05	246.88	252.66	262.06	269.78	273.64	279.42	285.21	288.83	292.68	294.61	296.54	298.47	300.40	304.26	308.11	313.90	319.44	327.16	336.80	348.13	361.63	376.82	394.18	411.30	430.59	449.63	470.61	491.82	514.73	537.63	562.46	587.54	614.30	627.56	654.32	677.46	692.65	711.70	723.27																
Kaiser Permanente	Full	HMO A	131.52	120.03	189.03	189.03	189.03	189.03	189.78	193.56	198.10	205.47	211.52	214.54	219.08	223.62	226.45	229.48	230.99	232.50	234.01	235.53	238.55	241.57	246.11	250.46	256.51	264.07	272.95	283.54	295.45	309.06	322.48	337.60	352.53	368.98	385.61	403.57	421.53	441.00	460.65	481.64	492.03	513.01	531.16	543.07	558.00	567.09																
Kaiser Permanente	Full	HMO B	124.03	112.54	177.23	177.23	177.23	177.23	177.94	181.48	185.73	192.65	198.32	201.15	205.41	209.66	212.32	215.15	216.57	217.99	219.41	220.83	223.66	226.50	230.75	234.83	240.50	247.59	255.92	265.84	277.01	289.77	302.35	316.53	330.53	345.95	361.54	378.38	395.22	413.47	431.90	451.58	461.32	481.00	498.01	509.17	523.18	531.69																
Kaiser Permanente	Full	HMO C	122.15	110.66	174.26	174.26	174.26	174.26	174.96	178.45	182.63	189.43	195.00	197.79	201.97	206.15	208.77	211.56	212.95	214.34	215.74	217.13	219.92	222.71	226.89	230.90	236.48	243.45	251.64	261.40	272.37	284.92	297.29	311.24	325.00	340.16	355.50	372.05	388.61	406.56	424.68	444.02	453.61	472.95	489.68	500.66	514.43	522.78																

CARRIER	NETWORK	PLAN	AGE-->																																																													
			0-18	19-20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64+																
Aetna	HMO Deductible	HMO A	154.79	154.79	243.76	243.76	243.76	244.73	249.81	255.46	264.96	272.76	276.66	282.51	288.37	292.02	295.92	297.87	299.82	301.77	303.72	307.62	311.52	317.37	322.98	330.78	340.53	351.99	365.64	380.99	398.54	415.85	435.35	454.61	475.81	497.27	520.42	543.58	568.69	594.04	621.09	634.50	661.56	684.96	700.32	719.57	731.27																	
Aetna	Basic HMO	HMO B	107.62	107.62	169.48	169.48	169.48	170.16	173.55	177.62	184.23	189.65	192.36	196.43	200.50	203.04	205.75	207.11	208.46	209.82	211.17	213.88	216.60	220.66	224.56	229.99	236.76	244.73	254.22	264.90	277.10	289.13	302.69	316.08	330.83	345.74	361.84	377.94	395.40	413.02	431.84	441.16	459.97	476.24	486.92	500.31	508.44																	
Anthem Blue Cross	Select HMO	HMO A	187.13	187.13	291.08	291.08	291.08	292.22	297.91	304.74	315.85	324.96	329.53	336.36	343.19	347.47	352.02	354.30	356.58	358.86	361.13	365.69	370.24	377.08	383.63	392.74	404.14	417.52	433.47	451.41	471.92	492.14	514.91	537.41	562.20	587.25	614.31	641.37	670.69	700.31	731.92	747.58	779.20	806.54	824.47	846.98	860.65																	
Anthem Blue Cross	Advantage PPO	PPO A	209.87	209.87	326.89	326.89	326.89	328.17	334.59	342.28	354.79	365.04	370.17	377.86	385.56	390.37	395.50	398.07	400.63	403.19	405.76	410.89	416.01	423.71	431.09	441.34	454.17	469.24	487.19	507.39	530.47	553.24	578.88	604.21	632.11	660.31	690.78	721.23	754.26	787.60	823.18	840.81	876.41	907.18	927.38	952.71	968.09																	
Anthem Blue Cross	Select PPO	PPO B	197.15	197.15	306.84	306.84	306.84	308.05	314.06	321.27	333.00	342.61	347.42	354.64	361.85	366.36	371.17	373.57	375.98	378.38	380.79	385.58	390.39	397.61	404.52	414.14	426.16	440.25	457.12	476.06	497.70	519.04	543.08	566.82	592.97	619.42	647.98	676.53	707.48	738.74	772.11	788.64	822.00	850.84	869.78	893.53	907.95																	
Anthem Blue Cross	Prudent Buyer - Small Group	EPO A	209.09	209.09	325.65	325.65	325.65	326.94	333.32	340.98	353.43	363.65	368.76	376.43	384.09	388.89	394.00	396.56	399.11	401.67	404.22	409.33	414.44	422.11	429.45	439.67	452.44	467.46	485.34	505.46	528.45	551.12	576.67	601.91	629.69	657.79	688.13	718.47	751.37	784.58	820.04	837.60	873.04	903.70	923.83	949.05	964.38																	
Health Net	Full	PPO A	184.31	184.31	290.25	290.25	290.25	291.41	297.22	304.19	315.51	324.79	329.44	336.40	343.37	347.72	352.37	354.69	357.01	359.33	361.66	366.30	370.94	377.91	384.59	393.87	405.48	419.13	435.38	453.67	474.96	495.17	518.39	541.32	566.58	592.12	619.69	647.27	677.16	707.35	739.57	755.63	787.75	815.61	833.90	856.83	870.76																	
Kaiser Permanente	Full	HMO A	156.01	144.52	227.58	227.58	227.58	228.49	233.04	238.51	247.38	254.67	258.31	263.77	269.23	272.64	276.29	278.11	279.93	281.75	283.57	287.21	290.85	296.31	301.55	308.83	317.93	328.63	341.37	355.71	372.10	388.26	406.46	424.44	444.24	464.27	485.89	507.51	530.95	554.62	579.88	592.40	617.66	639.51	653.85	671.82	682.74																	
Kaiser Permanente	Full	HMO B	166.39	154.90	243.93	243.93	243.93	244.91	249.79	255.64	265.16	272.96	276.87	282.72	288.58	292.23	296.14	298.09	300.04	301.99	303.94	307.85	311.75	317.60	323.21	331.02	340.78	352.24	365.90	381.27	398.83	416.15	435.67	454.94	476.16	497.63	520.80	543.97	569.10	594.47	621.55	634.96	662.04	685.46	700.83	720.10	731.79																	
Kaiser Permanente	Full	HMO C	162.03	150.54	237.07	237.07	237.07	237.07	238.02	242.76	248.45	257.69	265.28	269.07	274.76	280.45	284.01	287.80	289.70	291.59	293.49	295.39	299.18	302.97	308.66	314.12	321.70	331.18	342.33	355.60	370.54	387.61	404.44	423.40	442.13	462.76	483.62	506.14	528.66	553.08	577.74	604.05	617.09	643.40	666.16	681.10	699.83	711.21																

CARRIER	NETWORK	PLAN	AGE-->																																																													
			0-18	19-20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64+																
Aetna	Aetna Value Network	HMO A	138.92	138.92	218.77	218.77	218.77	219.64	224.02	229.27	237.80	244.80	248.30	253.55	258.80	262.08	265.58	267.33	269.08	270.83	272.58	276.08	279.58	284.84	289.87	296.87	305.62	315.90	328.15	341.93	357.68	373.22	390.72	408.00	427.03	446.29	467.07	487.85	510.38	533.14	557.42	569.45	593.73	614.74	628.52	645.80	656.30																	
Aetna	Aetna Value Network	HMO B	136.45	136.45	214.88	214.88	214.88	215.74	220.04	225.20	233.58	240.45	243.89	249.05	254.21	257.43	260.87	262.59	264.31	266.02	267.74	271.16	274.62	279.78	284.72	291.60	300.19	310.29	322.32	335.86	351.33	366.59	383.78	400.76	419.45	438.36	458.77	479.19	501.32	523.67	547.52	559.34	583.19	603.82	617.36	634.33	644.65																	
Anthem Blue Cross	Select HMO	HMO A	218.31	218.31	340.19	340.19	340.19	341.53	348.20	356.21	369.24	379.92	385.26	393.27	401.28	406.30	411.64	414.31	416.98	419.65	422.32	427.67	433.01	441.02	448.71	459.39	472.74	488.44	507.13	528.17	552.21	575.92	602.63	629.01	658.06	687.43	719.16	750.88	785.27	819.99	857.05	875.42	912.49	944.53	965.57	991.95	1007.98																	
Anthem Blue Cross	Select HMO	HMO B	227.11	227.11	354.05	354.05	354.05	355.43	362.39	370.74	384.30	395.43	401.00	409.34	417.69	422.90	428.46	431.25	434.04	436.81	439.60	445.16	450.73	459.06	467.06	478.20	492.11	508.45	527.93	549.84	574.87	599.56	627.39	654.86	685.11	715.71	748.75	781.79	817.61	853.77	892.37	911.50	950.11	983.49	1005.40	1032.87	1049.56																	
Anthem Blue Cross	Advantage PPO	PPO A	258.42	258.42	403.34	403.34	403.34	404.93	412.87	422.41	437.89	450.59	456.95	466.47	476.00	481.95	488.31	491.49	494.66	497.84	501.02	507.37	513.72	523.25	532.38</																																							

USE EMPLOYEE RESIDENT ZIP CODE FOR RATING

AREA 17

Rates effective 1/1/14-3/1/14

Table with columns: Bronze (Carrier, Network, Plan), AGE (0-18 to 64+), and rates. Includes carriers like Aetna, Anthem Blue Cross, Health Net, and Kaiser Permanente.

Table with columns: Silver (Carrier, Network, Plan), AGE (0-18 to 64+), and rates. Includes carriers like Aetna, Anthem Blue Cross, Health Net, and Kaiser Permanente.

Table with columns: Gold (Carrier, Network, Plan), AGE (0-18 to 64+), and rates. Includes carriers like Aetna, Anthem Blue Cross, Health Net, and Kaiser Permanente.

Table with columns: Platinum (Carrier, Network, Plan), AGE (0-18 to 64+), and rates. Includes carriers like Aetna, Anthem Blue Cross, Health Net, and Kaiser Permanente.

Health Care Service Plan rates will vary by county

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## USE EMPLOYEE RESIDENT ZIP CODE FOR RATING

## AREA 19

## Rates effective 1/1/14-3/1/14

			AGE-->		0-18	19-20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64+
CARRIER	NETWORK	PLAN																																																
Aetna	HMO Deductible	HMO A	133.73	133.73	210.60	210.60	210.60	210.60	210.60	211.44	215.65	220.71	228.92	235.66	239.03	244.08	249.14	252.30	255.67	257.35	259.04	260.72	262.41	265.78	269.14	274.20	279.04	285.78	294.21	304.10	315.90	329.17	344.33	359.28	376.13	392.77	411.09	429.62	449.63	469.63	491.33	513.23	536.60	548.19	571.56	591.78	605.05	621.69	631.80	
Anthem Blue Cross	Prudent Buyer - Small Group	EPO A	175.04	175.04	272.04	272.04	272.04	272.04	273.10	278.42	284.79	295.16	303.65	307.91	314.29	320.67	324.65	328.90	331.03	333.16	335.28	337.41	341.67	345.91	352.29	358.41	366.90	377.54	390.02	404.91	421.65	440.79	459.65	480.91	501.91	525.03	548.41	573.65	598.90	626.28	653.91	683.41	698.02	727.53	753.03	769.78	790.78	803.53		
Health Net	Full	PPO A	140.36	140.36	221.03	221.03	221.03	221.03	221.92	226.34	231.64	240.26	247.34	250.87	256.18	261.48	264.80	268.33	270.10	271.87	273.64	275.41	278.94	282.48	287.79	292.87	299.94	308.78	319.17	331.55	345.48	361.39	377.08	394.77	412.23	431.46	450.91	471.91	492.90	515.67	538.66	563.19	575.35	599.89	621.10	635.03	652.49	663.10		
Kaiser Permanente	Full	HMO A	120.09	108.60	171.02	171.02	171.02	171.02	171.71	175.13	179.23	185.90	191.37	194.11	198.22	202.32	204.89	207.62	208.99	210.36	211.73	213.09	215.83	218.57	222.67	226.61	232.08	238.92	246.96	256.53	267.31	279.62	291.76	305.46	318.96	333.84	348.89	365.13	381.38	399.00	416.78	435.77	445.17	464.16	480.57	491.35	504.86	513.06		
Kaiser Permanente	Full	HMO B	113.31	101.82	160.35	160.35	160.35	160.35	160.99	164.20	168.05	174.30	179.43	182.00	185.84	189.69	192.10	194.66	195.95	197.23	198.51	199.79	202.36	204.93	208.77	212.46	217.59	224.01	231.54	240.52	250.63	262.17	273.55	286.39	299.05	313.03	327.11	342.34	357.58	374.09	390.77	408.57	417.39	435.19	450.58	460.68	473.35	481.05		
Kaiser Permanente	Full	HMO C	111.61	100.12	157.67	157.67	157.67	157.67	158.30	161.45	165.24	171.38	176.43	178.95	182.74	186.52	188.89	191.41	192.67	193.93	195.19	196.45	198.98	201.50	205.28	208.91	213.95	220.26	227.67	236.50	246.43	257.79	268.98	281.59	294.05	307.77	321.64	336.62	351.60	367.84	384.24	401.74	410.41	427.91	443.05	452.98	465.43	473.01		
Sharp	Premier	HMO A	139.64	127.55	200.87	200.87	200.87	200.87	201.67	205.69	210.51	218.35	224.77	227.99	232.81	237.63	240.64	243.86	245.46	247.07	248.68	250.28	253.50	256.71	261.53	266.15	272.58	280.62	290.06	301.31	313.96	328.42	342.68	358.75	374.62	392.10	409.77	428.86	447.94	468.63	489.52	511.82	522.86	545.16	564.44	577.10	592.97	602.61		
Sharp	Performance	HMO B	131.40	119.31	187.89	187.89	187.89	187.89	188.64	192.40	196.91	204.24	210.25	213.26	217.76	222.27	225.09	228.10	229.60	231.10	232.61	234.11	237.12	240.12	244.63	248.95	254.97	262.48	271.31	281.84	293.67	307.20	320.54	335.57	350.41	366.76	383.30	401.15	418.99	438.35	457.89	478.74	489.08	509.93	527.97	539.81	554.65	563.67		

			AGE-->		0-18	19-20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64+
CARRIER	NETWORK	PLAN																																																
Aetna	HMO Deductible	HMO A	170.86	170.86	269.07	269.07	269.07	269.07	270.15	275.53	281.99	292.48	301.09	305.40	311.86	318.31	322.35	326.65	328.81	330.96	333.11	335.26	339.57	343.88	350.33	356.52	365.13	375.89	388.54	403.61	420.56	439.93	459.04	480.56	501.82	525.23	548.91	574.47	600.03	627.75	655.73	685.60	700.40	730.26	756.10	773.05	794.30	807.22		
Aetna	Basic HMO	HMO B	163.49	163.49	257.47	257.47	257.47	257.47	258.50	263.65	269.83	279.87	288.11	292.23	298.41	304.59	308.45	312.57	314.63	316.69	318.75	320.81	324.93	329.05	335.23	341.15	349.39	359.69	371.79	386.21	402.43	420.96	439.24	459.84	480.18	502.58	525.24	549.70	574.16	600.68	627.46	656.03	670.20	698.77	723.49	739.71	760.05	772.41		
Anthem Blue Cross	Select HMO	HMO A	228.65	228.65	356.46	356.46	356.46	356.46	357.86	364.87	373.27	386.93	398.14	403.74	412.14	420.54	429.79	431.40	434.20	437.01	439.80	442.60	448.21	453.82	462.22	470.27	481.48	495.48	511.94	531.55	553.61	578.82	603.69	631.70	659.37	689.83	720.65	753.91	787.18	823.25	859.67	898.53	917.79	956.66	990.28	1012.34	1040.00	1056.81		
Anthem Blue Cross	Advantage PPO	PPO A	217.95	217.95	339.62	339.62	339.62	339.62	340.95	347.62	355.62	368.61	379.28	384.61	392.61	400.61	405.62	410.95	413.62	416.29	418.95	421.62	426.95	432.29	440.29	447.95	458.61	471.95	487.62	506.29	527.28	551.28	574.95	601.62	627.95	656.95	686.28	717.94	749.62	783.94	818.61	855.61	873.94	910.95	942.95	963.94	990.28	1006.28		
Anthem Blue Cross	Select PPO	PPO B	198.28	198.28	308.64	308.64	308.64	308.64	309.85	315.90	323.15	334.94	344.61	349.46	356.71	363.97	368.50	373.34	375.76	378.17	380.59	383.02	387.85	392.69	399.94	406.90	416.58	428.67	442.88	459.82	478.86	500.63	522.09	546.28	570.16	596.47	623.08	651.80	680.52	711.67	743.11	776.67	793.30	826.86	855.89	874.94	898.82	913.33		
Anthem Blue Cross	Prudent Buyer - Small Group	EPO A	212.44	212.44	330.94	330.94	330.94	330.94	332.23	338.73	346.52	359.18	369.57	374.76	382.56	390.35	395.21	400.42	403.01	405.61	408.21	410.80	415.99	421.19	428.98	436.45	446.83	458.83	475.08	493.26	513.71	537.09	560.14	586.11	611.76	640.00	668.57	699.41	730.26	763.69	797.46	834.49	851.34	887.39	918.54	939.01	964.65	980.23		
Health Net	Full	PPO A	168.98	168.98	266.11	266.11	266.11	266.11	267.17	272.49	278.88	289.26	297.77	302.03	308.42	314.81	318.80	323.05	325.18	327.31	329.44	331.57	335.63	340.09	346.47	352.59	361.11	371.75	384.26	399.16	415.93	435.09	453.98	475.27	496.29	519.44	542.86	568.14	593.42	620.83	648.50	678.04	692.68	722.22	747.76	764.53	785.55	798.32		
Kaiser Permanente	Full	HMO A	142.24	130.75	205.91	205.91	205.91	205.91	206.73	210.85	215.79	223.82	230.41	233.71	238.65	243.59	246.68	249.97	251.62	253.27	254.91	256.56	259.86	263.15	268.09	272.83	279.42	287.65	297.33	308.86	321.83	336.66	351.28	367.75	384.02	401.93	420.05	439.61	459.18	480.38	501.80	524.65	535.98	558.84	578.60	591.57	607.84	617.73		
Kaiser Permanente	Full	HMO B	151.64	140.15	220.70	220.70	220.70	220.70	221.59	226.00	231.30	239.90	246.97	250.50	255.79	261.09	264.40	267.93	269.70	271.46	273.23	275.00	278.53	282.06	287.36	292.43	299.49	308.32	318.70	331.05	344.96	360.85	376.52	394.18	411.61	430.81	450.23	471.20	492.17	514.90	537.85	562.35	574.49	598.99	620.18	634.08	651.52	662.10		
Kaiser Permanente	Full	HMO C	147.69	136.20	214.49	214.49	214.49	214.49	215.35	219.64	224.79	233.15	240.01	243.45	248.59	253.74	256.96	260.39	262.11	263.82	265.54	267.25	270.69	274.12	279.27	284.20	291.06	299.64	309.72	321.74	335.25	350.69	365.92	383.08	400.02	418.68	437.56	457.94	478.31	500.41	522.71	546.52	568.32	592.13	616.23	633.18	643.47			
Sharp	Premier	HMO A	152.03	139.94	220.38	220.38	220.38	220.38	221.26	225.67	230.96	238.55	246.61	250.13	255.42	260.71	264.02	267.54	269.30	271.07	272.83	274.59	278.12	281.65	286.93	292.00	296.06	307.87	318.23	330.57	344.33	360.32	375.97	393.60	411.01	430.18	449.58	470.51	491.45	514.15	537.07	561.53	573.65	598.13	619.27	633.15	650.56	661.14		
Sharp	Performance	HMO B	161.57	149.47	235.39	235.39	235.39	235.39	236.33	241.04	246.69	255.87	263.40	267.17	272.82	278.47																																		