Rate Guide Summary

04/01/22 - 06/01/22

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The Information Provided Herein, Including The Rating Information Is Provided To You On An "As Is" "As Available" Basis Without Warranty Of Any Kind, Express Or Implied. We Further Disclaim All Liability Related To The Information, Including Those Caused By Rating Discrepancies. Final Rates And Rating Areas Are Based Upon Actual Enrollment And Underwriting And Must Be Approved By The Applicable Insurance Carrier.

IMPORTANT NOTE: AN EMPLOYEE MUST RESIDE IN THE HEALTH PLAN'S SERVICE AREA TO BE ELIGIBLE FOR COVERAGE BY THAT HEALTH PLAN. RATING IS BASED ON THE EMPLOYER ZIP CODE/COUNTY.

County and ZIP Code rating areas may be found on the "County Service/Rate Area Index" and "ZIP Code/Service Detail by Rating Area" pages.

INSTRUCTIONS:

1) Use the Employee's resident ZIP Code/County to determine service area availability by referencing the "County Service/Rate Area Index" table and the "ZIP Code/Service Detail by Rating Area" for each Employee. Go to the correct area table to determine the health plans that offer services in the Employee's resident ZIP Code/County.

2) Use the Employer ZIP Code/County to determine the correct rate/service area table. Go to the correct rate/service area table to calculate the rates for each health plan available to the Employee.

3) Use the Employee's age and age of each dependent to determine the rate for each of them.

4) If the Employee has more than three (3) dependent children under the age of 21, premium rates are only charged for the three (3) oldest dependents under the age of 21.

4a) If the Employee has dependent children ages 21-25, premium rates are charges for each dependent based on age of dependent.

4b) Add the rates for the Employee and each applicable dependent to determine the total premium (example: (EE premium + premium for 3 oldest dependents age 0-20 + premium for each dependent age 21-25 = total premium).

Rate Guide Summary - CaliforniaChoice® County Service/Rate Area Index 04/01/22 - 06/01/22

Please refer to the ZIP Code/Service Detail by Rating Area page for ZIP code detail and exclusions

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Health Care Service Plan Rate Index

	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
Anthem Blue Cross																							
Advantage PPO		SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR
CaliforniaCare HMO		R	SR	SR	R	R	SR	R	SR	SR	R	SR	R	SR	R	R	R	R	R	R	R	SR	R
Priority Select HMO		R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
Prudent Buyer - Small Group		SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR
Select HMO		R	R	R	R	R	R	R	R	R	R	R	R	SR	R	R	R	R	R	R	R	R	R
Select PPO		SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR
Cigna + Oscar																							
LocalPlus																							
Health Net																							
CommunityCare		R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
Full		R	R	R	R	R	R	R	R	R	R	R	R	SR	R	R	R	R	R	R	R	R	R
Salud HMO y Mas		R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
WholeCare		R	R	R	R	R	R	R	R	R	R	R	R	SR	R	R	R	R	R	R	R	R	R
Kaiser Permanente																							
Full		R	SR	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	SR	R	R	R	SR
Sharp Health Plan																							
Performance		R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
Premier		R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
Sutter Health Plus																							
Sutter Health Plus														SR					SR				
UnitedHealthcare																							
Alliance																							
Harmony																							
SignatureValue														SR									
Western Health Advantage																							
Full		R	R	R	R	SR	R	R	SR	R	R	R	R	R	R	R	R	R	R	R	R	R	R

	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
Anthem Blue Cross																								
Advantage PPO		SR	SR	SR	SR		SR	SR	SR	SR		SR		SR		SR		SR		SR		SR	SR	SR
CaliforniaCare HMO		SR	SR	SR	SR		SR	SR	SR	SR		SR		SR		SR		SR		SR		SR	R	SR
Priority Select HMO		R	R	R	R		R	R	R	R		R		R		R		R		R		R	R	R
Prudent Buyer - Small Group		SR	SR	SR	SR		SR	SR	SR	SR		SR		SR		SR		SR		SR		SR	SR	SR
Select HMO		R	R	R	R		R	SR	SR	SR		SR		SR		SR		SR		R		SR	R	SR
Select PPO		SR	SR	SR	SR		SR	SR	SR	SR		SR		SR		SR		SR		SR		SR	SR	SR
Cigna + Oscar																								
LocalPlus		SR	SR	SR	SR		SR	SR	SR	SR		SR		SR		SR		SR		SR				
Health Net																								
CommunityCare		R	R	R	R		R	R	R	R		R		R		R		R		R		R	R	R
Full		SR	SR	SR	SR		SR	SR	SR	SR		SR		SR		SR		SR		SR		R	R	SR
Salud HMO y Mas		R	R	R	R		R	R	R	R		R		R		R		R		R		R	R	R
WholeCare		SR	SR	SR	SR		SR	SR	SR	SR		SR		SR		SR		SR		SR		R	R	SR
Kaiser Permanente																								
Full		SR	SR	SR	SR		SR	SR	SR	SR		SR		SR		SR		SR		SR		R	R	SR
Sharp Health Plan																								
Performance		R	R	R	R		R	R	R	R		R		R		R		R		R		R	R	R
Premier		R	R	R	R		R	R	R	R		R		R		R		R		R		R	R	R
Sutter Health Plus																								
Sutter Health Plus				SR	SR		SR	SR	SR	SR		SR		SR		SR		SR		SR				SR
UnitedHealthcare																								
Alliance																								
Harmony		SR		SR	SR							SR		SR		SR		SR		SR				SR
SignatureValue		SR		SR	SR		SR	SR	SR	SR		SR		SR		SR		SR		SR				SR
Western Health Advantage																								
Full		SR	SR	SR	SR		SR	SR	SR	SR		R		R		R		R		R		R	R	R

	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
Anthem Blue Cross																															
Advantage PPO		SR	SR	SR	SR	SR		SR	SR	SR		SR	SR	SR		SR	SR	SR		SR		SR		SR		SR	SR		SR		SR
CaliforniaCare HMO		R	SR	SR	SR	SR		SR	SR	SR		SR	SR	SR		SR	R	R		SR		SR		SR		SR	SR		SR		SR
Priority Select HMO		R	R	R	R	R		R	R	R		R	R	R		R	R	R		R		SR		SR		SR	SR		SR		SR
Prudent Buyer - Small Group		SR	SR	SR	SR	SR		SR	SR	SR		SR	SR	SR		SR	SR	SR		SR		SR		SR		SR	SR		SR		SR
Select HMO		R	SR	SR	SR	SR		SR	R	R		R	R	SR		SR	R	R		SR		SR		SR		SR	SR		SR		SR
Select PPO		SR	SR	SR	SR	SR		SR	SR	SR		SR	SR	SR		SR	SR	SR		SR		SR		SR		SR	SR		SR		SR
Cigna + Oscar																															
LocalPlus												SR	SR	SR						SR		SR		SR		SR	SR		SR		SR
Health Net																															
CommunityCare		R	R	R	R	R		R	R	R		R	R	R		R	R	R		R		SR		SR		R	R		SR		SR
Full		R	SR	SR	SR	SR		SR	SR	SR		R	SR	SR		R	R	R		SR		SR		SR		SR	SR		SR		SR
Salud HMO y Mas		R	R	R	R	R		R	R	R		R	R	R		R	R	R		SR		SR		SR		SR	SR		SR		SR
WholeCare		R	SR	SR	SR	SR		SR	SR	SR		R	SR	SR		R	R	R		SR		SR		SR		SR	SR		SR		SR
Kaiser Permanente																															
Full		SR	R	SR	SR	SR		SR	SR	SR		R	R	SR		SR	R	R		SR		SR		SR		SR	SR		SR		SR
Sharp Health Plan																															
Performance		R	R	R	R	R		R	R	R		R	R	R		R	R	R		R		R		R		R	R		R		R
Premier		R	R	R	R	R		R	R	R		R	R	R		R	R	R		R		R		R		R	R		R		R
Sutter Health Plus																															
Sutter Health Plus				SR	SR																										
UnitedHealthcare																															
Alliance								SR	SR	SR		SR		SR						SR		SR		SR		SR	SR		SR		SR
Harmony																						SR		SR		SR	SR		SR		SR
SignatureValue				SR	SR	SR		SR	SR	SR		SR	SR	SR		SR				SR		SR		SR		SR	SR		SR		SR
Western Health Advantage																															
Full		R	R	R	R	R		R	R	R		R	R	R		R	R	R		R		R		R		R	R		R		R

Health Care Service Plan Rate Index Legend

SR	Service/Rate Area
R	Rate Area Only
Blank	No Service/Rate

(*) asterisk preceding a COUNTY name in the **Area** row indicates county contains multi-county ZIP Codes.

Rate Guide Summary - CaliforniaChoice® ZIP Code/Service Detail by Rating Area 04/01/22 - 06/01/22

INSTRUCTIONS: If the FULL county is not covered, exceptions/inclusions are listed below. Please refer to the *County Service/Rate Area Index* page for complete county listings.

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Anthem Blue Cross - Advantage PPO

Area 1:	ALPINE except 95223; AMADOR except 95646; COLUSA except 95988; HUMBOLDT except 95563, 95587; LASSEN except 96134; MENDOCINO except 95542; PLUMAS except 96063; TEHAMA except 96007
Area 2:	MARIN except 94952; NAPA except 94589-94590, 95461; SOLANO except 94558; SONOMA except 94574, 95461
Area 3:	EL DORADO except 95666; PLACER except 95610, 95692, 95724, 96142, 96162; YOLO except 95620
Area 4:	SAN FRANCISCO except 94014, 94128, 96643
Area 5:	CONTRA COSTA except 94557, 94588, 94611
Area 6:	ALAMEDA except 94583, 95035, 95304
Area 7:	SANTA CLARA except 94028, 94539
Area 8:	SAN MATEO except 94112, 94134
Area 9:	SAN BENITO except 93925, 93930, 95020; SANTA CRUZ except 94060
Area 10:	MARIPOSA except 95369; MERCED except 95316, 95360; SAN JOAQUIN except 94505, 95214; TULARE except 93230
Area 11:	FRESNO except 93603, 93633, 93647; MADERA except 93630
Area 12:	SAN LUIS OBISPO except 93458; VENTURA except 93225
Area 13:	Service and Rates apply to all ZIP codes in this Area
Area 14:	KERN except 93219, 93461
Area 15:	LOS ANGELES Zips starting with 906-908, 910-912, 915, 917-918, 935 except 91786
Area 16:	LOS ANGELES Zips starting with 900-905, 913-914, 916, 923, 928, 932 except 90134
Area 17:	RIVERSIDE except 91708, 92275; SAN BERNARDINO except 91752, 91759, 92320, 92509, 93558
Area 18:	Service and Rates apply to all ZIP codes in this Area
Area 19:	Service and Rates apply to all ZIP codes in this Area

Anthem Blue Cross - CaliforniaCare HMO

Area 1:	AMADOR except 95646; HUMBOLDT except 95563, 95587; MENDOCINO except 95542; TUOLUMNE except 95230
Area 2:	MARIN except 94952; NAPA except 94589-94590, 95461; SOLANO except 94558; SONOMA except 94574, 95461
Area 3:	EL DORADO except 95666; PLACER except 95692, 95724, 96142, 96162; YOLO except 95620
Area 4:	SAN FRANCISCO except 94014, 94128, 96643
Area 5:	CONTRA COSTA except 94557, 94588, 94611
Area 6:	ALAMEDA except 94583, 95035, 95304
Area 7:	SANTA CLARA except 94028, 94539
Area 8:	SAN MATEO except 94112, 94134
Area 9:	SANTA CRUZ except 94060
Area 10:	MERCED except 95316; SAN JOAQUIN except 94505, 95214; TULARE except 93230
Area 11:	FRESNO except 93603, 93633, 93647; MADERA except 93630
Area 12:	SAN LUIS OBISPO except 93458; VENTURA except 93225
Area 13:	Service and Rates apply to all ZIP codes in this Area
Area 14:	KERN except 93205, 93219, 93268, 93461, 93501-93502, 93527, 93536, 93558
Area 15:	LOS ANGELES Zips starting with 906-908, 910-912, 915, 917-918, 935 except 91709, 91786
Area 16:	LOS ANGELES Zips starting with 900-905, 913-914, 916, 923, 928, 932 except 90134
Area 17:	RIVERSIDE except 91708, 92028, 92225-92226, 92230, 92239, 92247-92248, 92275, 92282, 92324, 92373, 92399, 92536, 92549, 92551, 92561, 92860, 92877-92883; SAN BERNARDINO except 91752, 91759, 91766, 91792, 92242, 92252, 92256, 92267-92268, 92280, 92284, 92286, 92304, 92314-92315, 92320, 92331, 92347, 92386, 92509, 92880, 93516, 93555, 93558, 93592
Area 18:	Service and Rates apply to all ZIP codes in this Area
Area 19:	Service and Rates apply to all ZIP codes in this Area

Anthem Blue Cross - Priority Select HMO

Area 1:	Rate Area Only, No Service
Area 2:	Rate Area Only, No Service
Area 3:	Rate Area Only, No Service
Area 4:	Rate Area Only, No Service
Area 5:	Rate Area Only, No Service
Area 6:	Rate Area Only, No Service
Area 7:	Rate Area Only, No Service
Area 8:	Rate Area Only, No Service
Area 9:	Rate Area Only, No Service
Area 10:	Rate Area Only, No Service
Area 11:	Rate Area Only, No Service
Area 12:	Rate Area Only, No Service
Area 13:	Rate Area Only, No Service
Area 14:	Rate Area Only, No Service
Area 15:	LOS ANGELES Zips starting with 906-908, 910-912, 915, 917-918, 935 except 90704, 90822, 91786, 93560
Area 16:	LOS ANGELES Zips starting with 900-905, 913-914, 916, 923, 928, 932 except 90134, 90264, 91310, 91361-91362, 91383, 93243
Area 17:	RIVERSIDE except 91708, 92225-92226, 92239, 92254, 92274-92275; SAN BERNARDINO except 91752, 91759, 92242, 92267, 92277-92278, 92280, 92285, 92301, 92304, 92309-92310, 92314, 92320, 92323, 92332, 92338, 92342, 92347, 92356, 92363-92366, 92386, 92509, 93516, 93555, 93558, 93562, 93592
Area 18:	Service and Rates apply to all ZIP codes in this Area
Area 19:	SAN DIEGO except 91905-91906, 91916, 91934, 91948, 91962-91963, 91980, 91987, 92004, 92036, 92066, 92070, 92086

Anthem Blue Cross - Prudent Buyer-Small Group

Area 1:	ALPINE except 95223; AMADOR except 95646; COLUSA except 95988; HUMBOLDT except 95563, 95587; LASSEN except 96134; MENDOCINO except 95542; PLUMAS except 96063; TEHAMA except 96007
Area 2:	MARIN except 94952; NAPA except 94589-94590, 95461; SOLANO except 94558; SONOMA except 94574, 95461
Area 3:	EL DORADO except 95666; PLACER except 95610, 95692, 95724, 96142, 96162; YOLO except 95620
Area 4:	SAN FRANCISCO except 94014, 94128, 96643
Area 5:	CONTRA COSTA except 94557, 94588, 94611
Area 6:	ALAMEDA except 94583, 95035, 95304
Area 7:	SANTA CLARA except 94028, 94539
Area 8:	SAN MATEO except 94112, 94134
Area 9:	SAN BENITO except 93925, 93930, 95020; SANTA CRUZ except 94060
Area 10:	MARIPOSA except 95369; MERCED except 95316, 95360; SAN JOAQUIN except 94505, 95214; TULARE except 93230
Area 11:	FRESNO except 93603, 93633, 93647; MADERA except 93630
Area 12:	SAN LUIS OBISPO except 93458; VENTURA except 93225
Area 13:	Service and Rates apply to all ZIP codes in this Area
Area 14:	KERN except 93219, 93461
Area 15:	LOS ANGELES Zips starting with 906-908, 910-912, 915, 917-918, 935 except 91786
Area 16:	LOS ANGELES Zips starting with 900-905, 913-914, 916, 923, 928, 932 except 90134
Area 17:	RIVERSIDE except 91708, 92275; SAN BERNARDINO except 91752, 91759, 92320, 92509, 93558
Area 18:	Service and Rates apply to all ZIP codes in this Area
Area 19:	Service and Rates apply to all ZIP codes in this Area

Rate Guide Summary - CaliforniaChoice® ZIP Code/Service Detail by Rating Area 04/01/22 - 06/01/22

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Anthem Blue Cross - Select HMO

Area 1:	NEVADA except 95728, 95977, 96111, 96160-96162
Area 2:	Rate Area Only, No Service
Area 3:	PLACER except 95668, 95692, 95715, 95724, 96140-96143, 96145-96146, 96148, 96161-96162; YOLO except 95620
Area 4:	SAN FRANCISCO except 94014, 94128, 96643
Area 5:	CONTRA COSTA except 94557, 94588, 94611
Area 6:	ALAMEDA except 94583, 95035, 95304
Area 7:	SANTA CLARA except 94028, 94539
Area 8:	Rate Area Only, No Service
Area 9:	MONTEREY except 93426, 93450-93451, 93920, 93927-93928, 93930, 93932, 93954, 95076; SANTA CRUZ except 94060
Area 10:	MERCED except 95316, 95360; SAN JOAQUIN except 94505, 95214; TULARE except 93230
Area 11:	FRESNO except 93603, 93633, 93647
Area 12:	VENTURA except 93225
Area 13:	Service and Rates apply to all ZIP codes in this Area
Area 14:	KERN except 93219, 93461
Area 15:	LOS ANGELES Zips starting with 906-908, 910-912, 915, 917-918, 935 except 91709, 91786
Area 16:	LOS ANGELES Zips starting with 900-905, 913-914, 916, 923, 928, 932 except 90134
Area 17:	RIVERSIDE except 91708, 92225-92226, 92239, 92247-92248, 92275; SAN BERNARDINO except 91752, 91759, 91792, 92320, 92344, 92363-92365, 92395, 92408, 92509, 93558
Area 18:	Service and Rates apply to all ZIP codes in this Area
Area 19:	SAN DIEGO except 91901, 91905-91906, 91916-91917, 91934-91935, 91948, 91962-91963, 91980, 92004, 92010-92011, 92036, 92059, 92061, 92066, 92081, 92086

Anthem Blue Cross - Select PPO

Area 1:	ALPINE except 95223; AMADOR except 95646; COLUSA except 95988; HUMBOLDT except 95563, 95587; LASSEN except 96134; MENDOCINO except 95542; PLUMAS except 96063; TEHAMA except 96007
Area 2:	MARIN except 94952; NAPA except 94589-94590, 95461; SOLANO except 94558; SONOMA except 94574, 95461
Area 3:	EL DORADO except 95666; PLACER except 95610, 95692, 95724, 96142, 96162; YOLO except 95620
Area 4:	SAN FRANCISCO except 94014, 94128, 96643
Area 5:	CONTRA COSTA except 94557, 94588, 94611
Area 6:	ALAMEDA except 94583, 95035, 95304
Area 7:	SANTA CLARA except 94028, 94539
Area 8:	SAN MATEO except 94112, 94134
Area 9:	SAN BENITO except 93925, 93930, 95020; SANTA CRUZ except 94060
Area 10:	MARIPOSA except 95369; MERCED except 95316, 95360; SAN JOAQUIN except 94505, 95214; TULARE except 93230
Area 11:	FRESNO except 93603, 93633, 93647; MADERA except 93630
Area 12:	SAN LUIS OBISPO except 93458; VENTURA except 93225
Area 13:	Service and Rates apply to all ZIP codes in this Area
Area 14:	KERN except 93219, 93461
Area 15:	LOS ANGELES Zips starting with 906-908, 910-912, 915, 917-918, 935 except 91786
Area 16:	LOS ANGELES Zips starting with 900-905, 913-914, 916, 923, 928, 932 except 90134
Area 17:	RIVERSIDE except 91708, 92275; SAN BERNARDINO except 91752, 91759, 92320, 92509, 93558
Area 18:	Service and Rates apply to all ZIP codes in this Area
Area 19:	Service and Rates apply to all ZIP codes in this Area

Cigna + Oscar - LocalPlus

Area 1:	No Rate or Service
Area 2:	MARIN except 94929, 94937, 94940, 94956; NAPA except 94589-94590, 95461; SOLANO except 94558; SONOMA except 94574, 94923, 95412, 95421, 95450, 95461, 95480, 95497
Area 3:	EL DORADO 95613, 95619, 95623, 95633-95635, 95651, 95664, 95667, 95672, 95682, 95762; PLACER 95602-95604, 95610, 95626, 95650, 95658, 95661, 95663, 95668, 95677-95678, 95746-95747, 95765; YOLO except 95912
Area 4:	SAN FRANCISCO except 94014, 96643
Area 5:	CONTRA COSTA except 94557, 94588, 94611
Area 6:	ALAMEDA except 94583, 95035, 95304, 95377, 95391
Area 7:	SANTA CLARA except 94028, 94301, 94539, 95023
Area 8:	SAN MATEO except 94112, 94134
Area 9:	No Rate or Service
Area 10:	No Rate or Service
Area 11:	No Rate or Service
Area 12:	SAN LUIS OBISPO except 93426, 93458; VENTURA except 93225
Area 13:	No Rate or Service
Area 14:	KERN except 93219, 93249, 93461
Area 15:	LOS ANGELES Zips starting with 906-908, 910-912, 915, 917-918, 935 except 91709, 91786
Area 16:	LOS ANGELES Zips starting with 900-905, 913-914, 916, 923, 928, 932 except 90134
Area 17:	RIVERSIDE except 91708, 92226, 92239, 92275, 92599; SAN BERNARDINO except 91752, 91759, 91792, 92304, 92309-92310, 92320, 92323, 92332, 92338, 92364, 92366, 92509, 93558
Area 18:	Service and Rates apply to all ZIP codes in this Area
Area 19:	Service and Rates apply to all ZIP codes in this Area

CIGNA + OSCAR EPO PLANS MAY BE AVAILABLE TO EMPLOYEES LIVING OR RESIDING OUTSIDE OF CALIFORNIA AND IN THE LOCALPLUS NETWORK SERVICE AREA

Health Net - CommunityCare

Area 1:	Rate Area Only, No Service
Area 2:	Rate Area Only, No Service
Area 3:	Rate Area Only, No Service
Area 4:	Rate Area Only, No Service
Area 5:	Rate Area Only, No Service
Area 6:	Rate Area Only, No Service
Area 7:	Rate Area Only, No Service
Area 8:	Rate Area Only, No Service
Area 9:	Rate Area Only, No Service
Area 10:	Rate Area Only, No Service
Area 11:	Rate Area Only, No Service
Area 12:	Rate Area Only, No Service
Area 13:	Rate Area Only, No Service
Area 14:	Rate Area Only, No Service
Area 15:	LOS ANGELES Zips starting with 906-908, 910-912, 915, 917-918, 935 except 90623, 90630-90631, 90704, 91709, 91759, 91786, 93560
Area 16:	LOS ANGELES Zips starting with 900-905, 913-914, 916, 923, 928, 932 except 90090, 90134, 90189, 91361-91362, 93243
Area 17:	Rate Area Only, No Service
Area 18:	ORANGE except 90638
Area 19:	SAN DIEGO except 91987, 92096

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Health Net - Full

Area 1:	NEVADA 95712, 95924, 95945-95946, 95949, 95959-95960, 95975
Area 2:	MARIN except 94952; NAPA except 94589-94590, 95461; SOLANO except 94558; SONOMA except 94574, 95461
Area 3:	EL DORADO except 95629, 95656, 95666, 95720-95721, 95735, 96142, 96150-96152, 96154-96158; PLACER except 95610, 95626, 95692, 95715, 95717, 95724, 96140-96143, 96145-96146, 96148, 96161-96162; SACRAMENTO except 94209; YOLO except 95620
Area 4:	SAN FRANCISCO except 94014, 96643
Area 5:	CONTRA COSTA except 94557, 94588, 94611
Area 6:	ALAMEDA except 94583, 95035, 95304
Area 7:	SANTA CLARA except 94028, 94539
Area 8:	SAN MATEO except 94112, 94134
Area 9:	SANTA CRUZ except 94060
Area 10:	MERCED except 95316, 95360; SAN JOAQUIN except 94505, 95297; STANISLAUS except 95397; TULARE except 93230, 93527, 93633
Area 11:	FRESNO except 93245, 93603, 93618, 93620, 93633, 93647, 93844, 93888; KINGS except 93246; MADERA except 93620, 93630
Area 12:	VENTURA except 93099, 93225
Area 13:	Rate Area Only, No Service
Area 14:	KERN except 93219, 93461, 93527-93528, 93536, 93554-93556, 93558
Area 15:	LOS ANGELES Zips starting with 906-908, 910-912, 915, 917-918, 935 except 91709, 91759, 91786
Area 16:	LOS ANGELES Zips starting with 900-905, 913-914, 916, 923, 928, 932 except 90090, 90134, 90189
Area 17:	RIVERSIDE except 91708, 92028, 92225-92226, 92239, 92275, 92324, 92373, 92399; SAN BERNARDINO except 91752, 91766, 91792, 92242, 92267, 92280, 92304, 92320, 92323, 92332, 92338, 92363-92364, 92366, 92509, 92880, 93516, 93555, 93558, 93562, 93592
Area 18:	Service and Rates apply to all ZIP codes in this Area
Area 19:	SAN DIEGO except 91987, 92096

Health Net - Salud HMO y Mas

Area 1:	Rate Area Only, No Service
Area 2:	Rate Area Only, No Service
Area 3:	Rate Area Only, No Service
Area 4:	Rate Area Only, No Service
Area 5:	Rate Area Only, No Service
Area 6:	Rate Area Only, No Service
Area 7:	Rate Area Only, No Service
Area 8:	Rate Area Only, No Service
Area 9:	Rate Area Only, No Service
Area 10:	Rate Area Only, No Service
Area 11:	Rate Area Only, No Service
Area 12:	Rate Area Only, No Service
Area 13:	Rate Area Only, No Service
Area 14:	KERN 93263, 93301-93309, 93311-93314
Area 15:	LOS ANGELES Zips starting with 906-908, 910-912, 915, 917-918, 935 except 90623, 90630-90631, 91709, 91759, 91786, 93510, 93532, 93534-93536, 93539, 93543-93544, 93550-93553, 93560, 93563, 93584, 93586, 93590-93591, 93599
Area 16:	LOS ANGELES Zips starting with 900-905, 913-914, 916, 923, 928, 932 except 90090, 90134, 91310, 91321-91322, 91350-91351, 91354-91355, 91361-91362, 91380-91387, 91390, 93243
Area 17:	RIVERSIDE 91752, 92320, 92501-92509, 92513-92514, 92516-92519, 92521-92522, 92551-92557, 92570-92571, 92599, 92860, 92877-92883; SAN BERNARDINO except 91752, 91766, 91785, 91792, 92242, 92252, 92256, 92267-92268, 92277-92278, 92280, 92284-92286, 92301, 92304-92305, 92307-92312, 92314-92315, 92320, 92323, 92327, 92329, 92332-92333, 92338-92342, 92347, 92356, 92363-92366, 92368, 92371-92372, 92386, 92392-92395, 92397-92398, 92509, 92880, 93516, 93555, 93558, 93562, 93592
Area 18:	ORANGE except 90638
Area 19:	SAN DIEGO except 91905-91906, 91934, 91962-91963, 91980, 92004, 92036, 92066, 92086

Health Net - WholeCare

Area 1:	NEVADA 95712, 95924, 95945-95946, 95949, 95959-95960, 95975
Area 2:	MARIN except 94952; NAPA except 94589-94590, 95461, 95476; SOLANO except 94503, 94558, 95616, 95618, 95690, 95694; SONOMA except 94515, 94574, 95461
Area 3:	EL DORADO except 95629, 95656, 95666, 95720-95721, 95735, 96142, 96150-96152, 96154-96158; PLACER except 95610, 95626, 95692, 95715, 95717, 95724, 96140-96143, 96145-96146, 96148, 96161-96162; SACRAMENTO except 94209, 94571, 95678; YOLO except 95615, 95620, 95912
Area 4:	SAN FRANCISCO except 94014, 94128, 96643
Area 5:	CONTRA COSTA except 94551, 94557, 94588, 94611, 94706-94708
Area 6:	ALAMEDA except 94505, 94514, 94583, 95035, 95304, 95377, 95391
Area 7:	SANTA CLARA except 94028, 94539, 94550, 95023, 95033, 95076
Area 8:	SAN MATEO except 94112, 94134, 94303
Area 9:	SANTA CRUZ except 94060
Area 10:	MERCED except 93610, 93622, 95316, 95360, 95380; SAN JOAQUIN except 94505, 94514, 95297, 95361, 95632, 95690; STANISLAUS except 95230, 95304, 95322, 95385, 95397; TULARE except 93212, 93215, 93230, 93238, 93527, 93631, 93633, 93641, 93646, 93654
Area 11:	FRESNO except 93245, 93603, 93618, 93620, 93633, 93647, 93844, 93888; KINGS except 93242, 93246, 93631, 93656; MADERA except 93602, 93620, 93622-93623, 93626, 93630, 93720
Area 12:	SANTA BARBARA except 93252; VENTURA except 90265, 91304, 91307, 91311, 93013, 93099, 93225, 93252
Area 13:	Rate Area Only, No Service
Area 14:	KERN except 93219, 93461, 93527-93528, 93536, 93554-93556, 93558
Area 15:	LOS ANGELES Zips starting with 906-908, 910-912, 915, 917-918, 935 except 90623, 90630-90631, 91709, 91759, 91786, 93560
Area 16:	LOS ANGELES Zips starting with 900-905, 913-914, 916, 923, 928, 932 except 90090, 90134, 90189, 91361-91362, 93243
Area 17:	RIVERSIDE except 91708, 92028, 92225-92226, 92239, 92275, 92324, 92373, 92399; SAN BERNARDINO except 91752, 91766, 91792, 92242, 92267, 92280, 92304, 92309-92310, 92320, 92323, 92332, 92338, 92363-92364, 92366, 92509, 92880, 93516, 93555, 93558, 93562, 93592
Area 18:	ORANGE except 90638
Area 19:	SAN DIEGO except 91987, 92096

Kaiser Permanente - Full

Area 1:	AMADOR 95640, 95669; SUTTER except 95648, 95948, 95953, 95957, 95982, 95991-95993; YUBA 95692, 95903, 95961
Area 2:	MARIN except 94998; NAPA except 94589-94590, 95461; SOLANO except 94558; SONOMA except 94574, 95412, 95461, 95480, 95497
Area 3:	EL DORADO 95613-95614, 95619, 95623, 95633-95635, 95651, 95664, 95667, 95672, 95682, 95762; PLACER except 95631, 95692, 95701, 95713-95715, 95717, 95724, 96140-96143, 96145-96146, 96148, 96161-96162; SACRAMENTO except 94245, 94299; YOLO except 95606, 95620, 95627, 95637, 95653, 95679, 95912, 95937
Area 4:	SAN FRANCISCO except 94014, 96643
Area 5:	CONTRA COSTA except 94557, 94588, 94611
Area 6:	ALAMEDA except 94583, 95035, 95304
Area 7:	SANTA CLARA except 94028, 94539, 95023
Area 8:	SAN MATEO except 94112, 94134
Area 9:	SANTA CRUZ except 94060
Area 10:	MARIPOSA 93601, 93623, 93653; SAN JOAQUIN except 94505; TULARE 93238, 93261, 93618, 93631, 93646, 93654, 93666, 93673
Area 11:	FRESNO except 93210, 93234, 93245, 93603, 93605, 93608, 93620-93622, 93628, 93633-93634, 93640-93642, 93647, 93664; KINGS 93230, 93232, 93242, 93631, 93656; MADERA except 93610, 93620, 93622, 93630
Area 12:	VENTURA except 93013, 93023-93024, 93225
Area 13:	IMPERIAL 92274-92275
Area 14:	KERN except 93219, 93255, 93283, 93461, 93516, 93523-93524, 93527-93528, 93554-93556, 93558, 93596
Area 15:	LOS ANGELES Zips starting with 906-908, 910-912, 915, 917-918, 935 except 90704, 90834-90835, 90899, 91709, 91786
Area 16:	Service and Rates apply to all ZIP codes in this Area
Area 17:	RIVERSIDE except 91708, 92225-92226, 92239, 92275, 92536, 92539, 92549, 92561; SAN BERNARDINO except 91752, 91792, 92242, 92267, 92280, 92301, 92304, 92309-92312, 92320, 92323, 92327, 92332, 92338, 92342, 92347, 92356, 92363-92366, 92368, 92398, 92509, 93516, 93555, 93558, 93562, 93592
Area 18:	Service and Rates apply to all ZIP codes in this Area
Area 19:	SAN DIEGO except 91905-91906, 91934, 91948, 92004, 92036, 92066, 92070

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Sharp Health Plan - Performance

Area 1:	Rate Area Only, No Service
Area 2:	Rate Area Only, No Service
Area 3:	Rate Area Only, No Service
Area 4:	Rate Area Only, No Service
Area 5:	Rate Area Only, No Service
Area 6:	Rate Area Only, No Service
Area 7:	Rate Area Only, No Service
Area 8:	Rate Area Only, No Service
Area 9:	Rate Area Only, No Service
Area 10:	Rate Area Only, No Service
Area 11:	Rate Area Only, No Service
Area 12:	Rate Area Only, No Service
Area 13:	Rate Area Only, No Service
Area 14:	Rate Area Only, No Service
Area 15:	Rate Area Only, No Service
Area 16:	Rate Area Only, No Service
Area 17:	Rate Area Only, No Service
Area 18:	Rate Area Only, No Service
Area 19:	SAN DIEGO except 91934, 92004, 92036, 92066

Sharp Health Plan - Premier

Area 1:	Rate Area Only, No Service
Area 2:	Rate Area Only, No Service
Area 3:	Rate Area Only, No Service
Area 4:	Rate Area Only, No Service
Area 5:	Rate Area Only, No Service
Area 6:	Rate Area Only, No Service
Area 7:	Rate Area Only, No Service
Area 8:	Rate Area Only, No Service
Area 9:	Rate Area Only, No Service
Area 10:	Rate Area Only, No Service
Area 11:	Rate Area Only, No Service
Area 12:	Rate Area Only, No Service
Area 13:	Rate Area Only, No Service
Area 14:	Rate Area Only, No Service
Area 15:	Rate Area Only, No Service
Area 16:	Rate Area Only, No Service
Area 17:	Rate Area Only, No Service
Area 18:	Rate Area Only, No Service
Area 19:	SAN DIEGO except 91934, 92003-92004, 92007-92011, 92013, 92018, 92023-92030, 92033, 92036, 92046, 92049, 92051-92052, 92054-92061, 92065-92066, 92068-92070, 92075, 92078-92079, 92081-92085, 92088, 92096

Sutter Health Plus - Sutter Health Plus

Area 1:	NEVADA 95602, 95949; SUTTER 95645, 95659, 95668
Area 2:	SOLANO except 94558; SONOMA except 94515, 94574, 94922-94923, 94926, 95412, 95416, 95431, 95433, 95461, 95476, 95480, 95487, 95497
Area 3:	EL DORADO 95614, 95635, 95651, 95664, 95672, 95682, 95762; PLACER except 95610, 95692, 95701, 95714-95715, 95717, 95724, 96140-96143, 96145-96146, 96148, 96161-96162; SACRAMENTO except 94207-94208, 94211, 94234, 94245, 94282, 94291, 94299
Area 4:	SAN FRANCISCO except 94014, 94160-94161, 96643
Area 5:	CONTRA COSTA except 94557, 94588, 94611
Area 6:	ALAMEDA except 94583, 94622, 94659-94660, 95035, 95304
Area 7:	SANTA CLARA except 94023, 94028, 94035, 94039, 94042, 94088, 94302, 94309, 94539, 94550, 95009, 95011, 95015, 95020-95021, 95023, 95026, 95031, 95036-95038, 95042, 95044, 95046, 95052, 95055-95056, 95071, 95101, 95103, 95106, 95108-95109, 95115, 95141, 95150-95161, 95164, 95170, 95172-95173, 95190-95191, 95193-95194, 95196
Area 8:	SAN MATEO except 94112, 94134
Area 9:	SANTA CRUZ except 94060
Area 10:	SAN JOAQUIN except 94505, 95297; STANISLAUS except 95397
Area 11:	No Rate or Service
Area 12:	No Rate or Service
Area 13:	No Rate or Service
Area 14:	No Rate or Service
Area 15:	No Rate or Service
Area 16:	No Rate or Service
Area 17:	No Rate or Service
Area 18:	No Rate or Service
Area 19:	No Rate or Service

Unitedhealthcare Of California - Alliance

Area 1:	No Rate or Service
Area 2:	No Rate or Service
Area 3:	No Rate or Service
Area 4:	No Rate or Service
Area 5:	No Rate or Service
Area 6:	No Rate or Service
Area 7:	No Rate or Service
Area 8:	No Rate or Service
Area 9:	No Rate or Service
Area 10:	No Rate or Service
Area 11:	FRESNO except 93245, 93603, 93618, 93620, 93633, 93647; KINGS except 93242, 93631, 93656; MADERA except 93602, 93620, 93622-93623, 93626, 93630, 93653, 93720
Area 12:	SAN LUIS OBISPO except 93252, 93426, 93454, 93458; VENTURA except 90265, 91304, 91307, 91311, 93013, 93225, 93252
Area 13:	No Rate or Service
Area 14:	KERN except 93219, 93461, 93536, 93558
Area 15:	LOS ANGELES Zips starting with 906-908, 910-912, 915, 917-918, 935 except 90623, 90630-90631, 90704, 91709, 91786, 93560
Area 16:	LOS ANGELES Zips starting with 900-905, 913-914, 916, 923, 928, 932 except 90134, 91361-91362, 93243
Area 17:	RIVERSIDE except 91708, 92028, 92225-92226, 92275, 92324, 92373, 92399, 92536, 92539, 92561; SAN BERNARDINO except 91752, 91759, 91766, 91792, 92242, 92252, 92256, 92267-92268, 92277-92278, 92280, 92285, 92304-92305, 92314-92315, 92317, 92320-92323, 92325, 92327, 92329, 92332-92333, 92338-92339, 92341-92342, 92347, 92352, 92358, 92363-92366, 92368, 92371-92372, 92378, 92382, 92385-92386, 92391, 92397-92398, 92509, 92880, 93516, 93555, 93558, 93562, 93592
Area 18:	ORANGE except 90638
Area 19:	SAN DIEGO except 91901, 91903, 91905-91906, 91916-91917, 91931, 91934, 91948, 91962-91963, 91980, 91987, 92004, 92036, 92066, 92070, 92086

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Unitedhealthcare Of California - Harmony

Area 1:	No Rate or Service
Area 2:	MARIN except 94929, 94940, 94952, 94971; SOLANO 94510, 94591; SONOMA 94928, 94931, 94951-94952, 94954, 95442, 95452, 95476
Area 3:	No Rate or Service
Area 4:	SAN FRANCISCO except 94014, 94128, 96643
Area 5:	CONTRA COSTA except 94505, 94514, 94551, 94557, 94588, 94611, 94706-94708
Area 6:	ALAMEDA except 94505, 94514, 94583, 95035, 95304, 95377, 95391
Area 7:	SANTA CLARA except 94028, 94539, 94550, 95020-95021, 95023, 95033, 95037-95038, 95046, 95076
Area 8:	SAN MATEO except 94112, 94134, 94303
Area 9:	SANTA CRUZ except 94060
Area 10:	No Rate or Service
Area 11:	No Rate or Service
Area 12:	No Rate or Service
Area 13:	No Rate or Service
Area 14:	No Rate or Service
Area 15:	LOS ANGELES Zips starting with 906-908, 910-912, 915, 917-918, 935 except 90623, 90630-90631, 90704, 91709, 91786, 93510, 93532, 93534-93536, 93539, 93543-93544, 93550-93553, 93560, 93563, 93584, 93586, 93590-93591, 93599
Area 16:	LOS ANGELES Zips starting with 900-905, 913-914, 916, 923, 928, 932 except 90134, 91361-91362, 93243
Area 17:	RIVERSIDE except 91708, 92028, 92225-92226, 92275, 92324, 92373, 92399; SAN BERNARDINO except 91752, 91759, 91766, 91792, 92242, 92267-92268, 92280, 92301, 92307-92312, 92314-92316, 92320, 92323, 92327, 92329, 92332-92333, 92338, 92340, 92342, 92344-92345, 92347, 92356, 92363-92366, 92368, 92371-92372, 92386, 92392-92395, 92397-92398, 92509, 92880, 93516, 93555, 93558, 93562, 93592
Area 18:	ORANGE except 90638
Area 19:	SAN DIEGO except 91905-91906, 91934, 91948, 91962-91963, 91980, 91987, 92004, 92036, 92066, 92086

Unitedhealthcare Of California - SignatureValue

Area 1:	NEVADA 95712, 95924, 95945-95946, 95949, 95959-95960, 95975
Area 2:	MARIN except 94952; SOLANO except 94503, 94558, 95616, 95618, 95690, 95694; SONOMA except 94515, 94574, 95461
Area 3:	EL DORADO 95613-95614, 95619, 95623, 95634, 95651, 95656, 95664, 95667, 95672, 95682, 95762; PLACER except 95610, 95626, 95668, 95692, 95724, 96140-96143, 96145-96146, 96148, 96161-96162; SACRAMENTO except 94571, 95678; YOLO except 95615, 95620, 95912
Area 4:	SAN FRANCISCO except 94014, 94128, 96643
Area 5:	CONTRA COSTA except 94551, 94557, 94588, 94611, 94706-94708
Area 6:	ALAMEDA except 94505, 94514, 94583, 95035, 95304, 95377, 95391
Area 7:	SANTA CLARA except 94028, 94539, 94550, 95023, 95033, 95076
Area 8:	SAN MATEO except 94112, 94134, 94303
Area 9:	SANTA CRUZ except 94060
Area 10:	MERCED except 93610, 93622, 95316, 95360, 95380; SAN JOAQUIN except 94505, 94514, 95214, 95361, 95632, 95690; STANISLAUS except 95230, 95304, 95322, 95385; TULARE except 93212, 93215, 93230, 93238, 93527, 93631, 93641, 93646, 93654
Area 11:	FRESNO except 93245, 93603, 93618, 93620, 93633, 93647; KINGS except 93242, 93631, 93656; MADERA 93601, 93604, 93614, 93636, 93643-93645, 93669
Area 12:	SAN LUIS OBISPO except 93252, 93426, 93454, 93458; SANTA BARBARA except 93252; VENTURA except 90265, 91304, 91307, 91311, 93013, 93225, 93252
Area 13:	IMPERIAL except 92004, 92222, 92225, 92266, 92274, 92283
Area 14:	KERN except 93219, 93461, 93536, 93558
Area 15:	LOS ANGELES Zips starting with 906-908, 910-912, 915, 917-918, 935 except 90623, 90630-90631, 90704, 91709, 91786, 93560
Area 16:	LOS ANGELES Zips starting with 900-905, 913-914, 916, 923, 928, 932 except 90134, 91361-91362, 93243
Area 17:	RIVERSIDE except 91708, 92028, 92225-92226, 92275, 92324, 92373, 92399; SAN BERNARDINO except 91752, 91759, 91766, 91792, 92242, 92267, 92280, 92304, 92320, 92332, 92363, 92509, 92880, 93516, 93555, 93558, 93562, 93592
Area 18:	ORANGE except 90638
Area 19:	Service and Rates apply to all ZIP codes in this Area

Western Health Advantage - Full

Area 1:	COLUSA 95912; HUMBOLDT except 95511, 95514, 95542, 95545, 95552-95556, 95558-95560, 95563, 95569, 95587, 95589
Area 2:	NAPA except 94589, 95461; SOLANO except 94558; SONOMA except 94574, 95461
Area 3:	EL DORADO except 95629, 95666, 95720-95721, 95735, 96142, 96150-96152, 96154-96158; PLACER except 95610, 95692, 95701, 95714-95715, 95717, 95724, 96140-96143, 96145-96146, 96148, 96161-96162; YOLO except 95620
Area 4:	Rate Area Only, No Service
Area 5:	No Data Available
Area 6:	No Data Available
Area 7:	No Data Available
Area 8:	No Data Available
Area 9:	No Data Available
Area 10:	No Data Available
Area 11:	No Data Available
Area 12:	No Data Available
Area 13:	No Data Available
Area 14:	No Data Available
Area 15:	No Data Available
Area 16:	No Data Available
Area 17:	No Data Available
Area 18:	No Data Available
Area 19:	No Data Available

USE EMPLOYER ZIP CODE FOR RATING

AREA 1

04/01/22 - 06/01/22

Bronze		AGE -->	0-14	15	16	17	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	Prudent Buyer - Small Group	PPO A	286.20	311.64	321.37	331.10	341.57	352.05	362.90	374.12	374.12	374.12	374.12	375.62	383.10	392.08	406.67	418.64	424.63	433.61	442.58	448.20	454.18	457.17	460.17	463.16	466.15	472.14	478.13	487.10	495.71	507.68	522.65	540.23	561.18	584.75	611.69	638.25	668.18	697.73	730.28	763.20	798.75	834.29	872.82	911.73	953.26	973.83	1015.36	1051.28	1074.85	1104.40	1122.36
Anthem Blue Cross	Select PPO	PPO B	264.64	288.16	297.15	306.15	315.83	325.52	335.55	345.93	345.93	345.93	345.93	347.31	354.23	362.53	376.03	387.10	392.63	400.93	409.24	414.42	419.96	422.73	425.49	428.26	431.03	436.56	442.10	450.40	458.36	469.43	483.26	499.52	518.90	540.69	565.60	590.16	617.83	645.16	675.26	705.70	738.56	771.42	807.05	843.03	881.43	900.46	938.85	972.06	993.86	1021.19	1037.79
Anthem Blue Cross	Prudent Buyer - Small Group	EPO A	289.14	314.84	324.67	334.49	345.08	355.66	366.62	377.96	377.96	377.96	377.96	379.47	387.03	396.10	410.84	422.94	428.98	438.06	447.13	452.80	458.84	461.87	464.89	467.91	470.94	476.99	483.03	492.10	500.80	512.89	528.01	545.77	566.94	590.75	617.96	644.80	675.04	704.90	737.78	771.04	806.94	842.85	881.78	921.09	963.04	983.83	1025.78	1062.07	1085.88	1115.74	1133.88
Health Net	CommunityCare	HMO A	214.95	234.06	241.36	248.67	256.54	264.40	272.55	280.98	280.98	280.98	280.98	282.10	287.72	294.47	305.43	314.42	318.91	325.66	332.40	336.61	341.11	343.36	345.61	347.85	350.10	354.60	359.09	365.84	372.30	381.29	392.53	405.74	421.47	439.17	459.40	479.35	501.83	524.03	548.47	573.20	599.89	626.59	655.53	684.75	715.94	731.39	762.58	789.56	807.26	829.45	842.94
Kaiser Permanente	Full	HMO A	222.04	240.53	247.60	254.67	262.29	255.91	263.80	271.96	271.96	271.96	271.96	273.05	278.49	285.01	295.62	304.32	308.67	315.20	321.73	325.81	330.16	332.34	334.51	336.69	338.86	343.21	347.57	354.09	360.35	369.05	379.93	392.71	407.94	425.07	444.66	463.96	485.72	507.21	530.87	554.80	580.64	606.47	634.48	662.77	692.95	707.91	738.10	764.21	781.34	802.83	815.88
Kaiser Permanente	Full	HMO B	218.06	236.20	243.14	250.07	257.54	251.02	258.76	266.76	266.76	266.76	266.76	267.83	273.16	279.57	289.97	298.51	302.78	309.18	315.58	319.58	323.85	325.98	328.12	330.25	332.39	336.65	340.92	347.32	353.46	362.00	372.67	385.20	400.14	416.95	436.16	455.10	476.44	497.51	520.72	544.19	569.54	594.88	622.36	650.10	679.71	694.38	723.99	749.60	766.41	787.48	800.28
Kaiser Permanente	Full	HMO C	209.72	227.12	233.77	240.42	247.59	240.76	248.18	255.86	255.86	255.86	255.86	256.88	262.00	268.14	278.12	286.30	290.40	296.54	302.68	306.52	310.61	312.66	314.70	316.75	318.80	322.89	326.99	333.13	339.01	347.20	357.43	369.46	383.79	399.91	418.33	436.49	456.96	477.17	499.43	521.95	546.26	570.56	596.92	623.53	651.93	666.00	694.40	718.96	735.08	755.29	767.58
Sharp Health Plan	Premier	HMO A	181.79	197.95	204.12	210.30	216.96	223.61	230.50	237.63	237.63	237.63	237.63	238.58	243.33	249.04	258.30	265.91	269.71	275.41	281.12	284.68	288.48	290.38	292.28	294.19	296.09	299.89	303.69	309.39	314.86	322.46	331.97	343.14	356.45	371.42	388.53	405.40	424.41	443.18	463.85	484.77	507.34	529.91	554.39	579.10	605.48	618.55	644.93	667.74	682.71	701.48	712.89
Sharp Health Plan	Performance	HMO B	200.32	218.13	224.94	231.75	239.08	246.41	254.00	261.86	261.86	261.86	261.86	262.91	268.14	274.43	284.64	293.02	297.21	303.50	309.78	313.71	317.90	319.99	322.09	324.18	326.28	330.47	334.66	340.94	346.96	355.34	365.82	378.13	392.79	409.29	428.14	446.73	467.68	488.37	511.15	534.19	559.07	583.95	610.92	638.15	667.22	681.62	710.69	735.83	752.32	773.01	785.58
Sutter Health Plus	Sutter Health Plus	HMO A	214.36	233.42	240.70	247.99	255.83	263.68	271.81	280.22	280.22	280.22	280.22	281.33	286.94	293.66	304.59	313.56	318.04	324.77	331.49	335.70	340.18	342.42	344.66	346.90	349.15	353.63	358.11	364.84	371.28	380.25	391.46	404.63	420.32	437.97	458.15	478.04	500.46	522.60	546.98	571.63	598.26	624.88	653.74	682.88	713.98	729.39	760.50	787.40	805.05	827.19	840.63
Sutter Health Plus	Sutter Health Plus	HMO B	219.71	239.24	246.70	254.17	262.21	270.25	278.58	287.21	287.21	287.21	287.21	288.35	294.09	300.98	312.18	321.37	325.97	332.86	339.76	344.06	348.66	350.96	353.25	355.55	357.85	362.44	367.04	373.93	380.54	389.73	401.22	414.71	430.80	448.89	469.57	489.96	512.94	535.62	560.61	585.88	613.17	640.45	670.03	699.90	731.78	747.58	779.46	807.03	825.12	847.81	861.59
Western Health	Full	HMO B	223.32	243.17	250.76	258.35	266.53	274.70	283.17	291.93	291.93	291.93	291.93	293.09	298.93	305.94	317.32	326.67	331.34	338.34	345.35	349.73	354.40	356.73	359.07	361.40	363.74	368.41	373.08	380.09	386.80	396.14	407.82	421.54	437.89	456.28	477.30	498.03	521.38	544.44	569.84	595.53	623.26	651.00	681.06	711.42	743.83	759.88	792.29	820.31	838.70	861.77	875.78
Western Health	Full	HMO C	229.09	249.46	257.24	265.03	273.41	281.80	290.48	299.47	299.47	299.47	299.47	300.67	306.66	313.84	325.52	335.11	339.90	347.08	354.27	358.76	363.55	365.95	368.35	370.74	373.14	377.93	382.72	389.91	396.80	406.38	418.36	432.43	449.20	468.07	489.63	510.89	534.85	558.51	584.56	610.92	639.37	667.81	698.66	729.80	763.05	779.52	812.76	841.51	860.37	884.03	898.41

Silver		AGE -->	0-14	15	16	17	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	331.77	361.26	372.54	383.82	395.96	408.10	420.68	433.69	433.69	433.69	433.69	435.42	444.10	454.51	471.42	485.30	492.24	502.65	513.06	519.56	526.50	529.97	533.44	536.91	540.38	547.32	554.26	564.66	574.64	588.52	605.86	626.25	650.54	677.86	709.08	739.88	774.57	808.83	846.56	884.73	925.93	967.13	1011.80	1056.90	1105.04	1128.90	1177.03	1218.67	1245.99	1280.25	1301.07
Anthem Blue Cross	CaliforniaCare HMO	HMO B	331.77	361.26	372.54	383.82	395.96	408.10	420.68	433.69	433.69	433.69	433.69	435.42	444.10	454.51	471.42	485.30	492.24	502.65	513.06	519.56	526.50	529.97	533.44	536.91	540.38	547.32	554.26	564.66	574.64	588.52	605.86	626.25	650.54	677.86	709.08	739.88	774.57	808.83	846.56	884.73	925.93	967.13	1011.80	1056.90	1105.04	1128.90	1177.03	1218.67	1245.99	1280.25	1301.07
Anthem Blue Cross	Priority Select HMO	HMO C	244.49	266.22	274.53	282.84	291.79	300.73	310.00	319.59	319.59	319.59	319.59	320.87	327.26	334.93	347.39	357.62	362.73	370.40	378.07	382.87	387.98	390.54	393.10	395.65	398.21	403.32	408.44	416.11	423.46	433.68	446.47	461.49	479.39	499.52	522.53	545.22	570.79	596.04	623.84	651.96	682.32	712.69	745.60	778.84	814.32	831.89	867.37	898.05	918.18	943.43	958.77
Anthem Blue Cross	Advantage PPO	PPO A	320.17	348.63	359.51	370.39	382.11	393.83	405.96	418.52	418.52	418.52	418.52	420.19	428.56	438.61	454.93	468.32	475.02	485.06	495.11	501.39	508.08	511.43	514.78	518.13	521.48	528.17	534.87	544.91	554.54	567.93	584.67	604.34	627.78	654.15	684.28	714.00	747.48	780.54	816.95	853.78	893.54	933.30	976.41	1019.93	1066.39	1089.41	1135.86	1176.04	1202.41	1235.47	1255.56
Anthem Blue Cross	Select PPO	PPO B	292.86	318.89	328.84	338.80	349.51	360.23	371.34	382.82	382.82	382.82	382.82	384.35	392.01	401.20	416.13	428.38	434.50	443.69	452.88	458.62	464.74	467.81	470.87	473.93	476.99	483.12	489.24	498.43	507.24	519.49	534.80	552.79	574.23	598.35	625.91	653.09	683.72	713.96	747.26	780.95	817.32	853.69	893.12	932.93	975.43	996.48	1038.97	1075.72	1099.84	1130.08	1148.46
Anthem Blue Cross	Prudent Buyer - Small Group	PPO C	316.76	344.92	355.69	366.45	378.05	389.64	401.65	414.07	414.07	414.07	414.07	415.73	424.01	433.95	450.09	463.34	469.97	479.91	489.84	496.06	502.68	505.99	509.31	512.62	515.93	522.56	529.18	539.12	548.64	561.89	578.46	597.92	621.11	647.19	677.00	706.40	739.53	772.24	808.26	844.70	884.04	923.38	966.03	1009.09	1055.05	1077.82	1123.79	1163.54	1189.62	1222.33	1242.21
Anthem Blue Cross	Prudent Buyer - Small Group	EPO A	309.41	336.92	347.43	357.95	369.27	380.60	392.33	404.46	404.46	404.46	404.46	406.08	414.17	423.87	439.65	452.59	459.06	468.77	478.48	484.54	491.01	494.25	497.49	500.72	503.96	510.43	516.90	526.61	535.91	548.85	565.03	584.04	606.69	632.17	661.29	690.01	722.37	754.32	789.51	825.10	863.52	901.95	943.61	985.67	1030.56	1052.81	1097.70	1136.53	1162.01	1193.97	1213.38
Anthem Blue Cross	Prudent Buyer - Small Group	EPO B	309.51	337.02	347.54	358.06	369.39	380.72	392.45	404.59	404.59	404.59	404.59	406.21	414.30	424.01	439.79	452.74	459.21	468.92	478.63	484.70	491.17	494.41	497.65	500.88	504.12	510.59	517.07	526.78	536.08	549.03	565.21	584.23	606.89	632.37	661.50	690.23	722.60	754.56	789.76	825.36	863.80	902.24	943.91	985.99	1030.90	1053.15	1098.06	1136.90	1162.39	1194.35	1213.77
Health Net	WholeCare	HMO A	362.46	394.68	406.99	419.31	432.58	445.85	459.59	473.80	473.80	473.80	473.80	475.70	485.17	496.54	515.02	530.18	537.76	549.13	560.51	567.61	575.19	578.98	582.77	586.56	590.36	597.94	605.52	616.89	627.79	642.95	661.90	684.17	710.70	740.55	774.66	808.30	846.21	883.64	924.86	966.55	1011.56	1056.57	1105.38	1154.65	1207.24	1233.30	1285.89	1331.38	1361.23	1398.66	1421.40
Health Net	CommunityCare	HMO C	235.35	256.27	264.27	272.27	280.89	289.50	298.42	307.65	307.65	307.65	307.65	308.88	315.04	322.42	334.42	344.26	349.18	356.57	363.95	368.57	373.49	375.95	378.41	380.87	383.33	388.26	393.18	400.56	407.64	417.48	429.79	444.25	461.48	480.86	503.01	524.85	549.47	573.77	600.54	627.61	656.84	686.06	717.75	749.75	783.90	800.82	834.97	864.50	883.88	908.19	922.95
Kaiser Permanente	Full	HMO A	253.72	275.02	283.17	291.32	300.09	294.88	303.97	313.37	313.37	313.37	313.37	314.62	320.89	328.41	340.63	350.66	355.67	363.19	370.71	375.41	380.43	382.93	385.44	387.95	390.46	395.47	400.48	408.00	415.21	425.24	437.77	452.50	470.05	489.79	512.36	534.60	559.67	584.43	611.69	639.27	669.04	698.81	731.09	763.68	798.46	815.70	850.48	880.56	900.30	925.06	940.11
Kaiser Permanente	Full	HMO B	258.22	279.93	288.23	296.53	305.47	300.42	309.68	319.26	319.26	319.26	319.26	320.53	326.92	334.58	347.03	357.25	362.36	370.02	377.68	382.47	387.58	390.13	392.68	395.24	397.79	402.90	408.01	415.67	423.01	433.23	446.00	461.01	478.88	499.00	521.98	544.65	570.19	595.41	623.19	651.28	681.61	711.94	744.82	778.03	813.46	831.02	866.46	897.11	917.22	942.44	957.78
Kaiser Permanente	Full	HMO C	256.31	277.85	286.08	294.32	303.19	298.07	307.25	316.75	316.75	316.75	316.75	318.02	324.36	331.96	344.31	354.45	359.52	367.12	374.72	379.47	384.54	387.07	389.61	392.14	394.68	399.74	404.81	412.41	419.70	429.84	442.51	457.39	475.13	495.09	517.89	540.38	565.72	590.75	618.31	646.18	676.27	706.36	738.99	771.93	807.09	824.51	859.67	890.08	910.04	935.06	950.25
Kaiser Permanente	Full	HMO D	239.96	260.05	267.73	275.41	283.68	277.96	286.52	295.38	295.38	295.38	295.38	296.57	302.47	309.56	321.08	330.54	335.24	342.35	349.44	353.87	358.60	360.96	363.32	365.69	368.05	372.78	377.50	384.59	391.38	400.84	412.65	426.54	443.08	461.69	482.95	503.93	527.56	550.89	576.59	602.58	630.65	658.71	689.13	719.85	752.64	768.89	801.67	830.03	848.64	871.97	886.14
Kaiser Permanente	Full	HMO E	250.31	271.31	279.34	287.38	296.02	290.68	299.64	308.91	308.91	308.91	308.91	310.15	316.32	323.74	335.78	345.67	350.61	358.03	365.44	370.07	375.02	377.49	379.96	382.43	384.90	389.84	394.79	402.20	409.31	419.19	431.55	446.07	463.36	482.83	505.07	527.00	551.71	576.12	602.99	630.18	659.52	688.87	720.69	752.81	787.10	804.09	838.38	868.04	887.50	911.90	926.73
Sharp Health Plan	Premier	HMO A	203.65	221.75	228.67	235.60	243.05	250.50	258.22	266.21	266.21	266.21	266.21	267.27	272.60	278.99	289.37	297.89	302.15	308.54	314.93	318.92	323.18	325.31	327.44	329.57	331.70	335.96	340.22	346.61	352.73	361.25	371.90	384.41	399.32	416.09	435.25	454.15	475.45	496.48	519.64	543.07	568.36	593.65	621.07	648.75	678.30	692.94	722.49	748.05	764.82	785.85	798.63
Sharp Health Plan	Performance	HMO B	216.16	235.37	242.72	250.07	257.98	265.89	274.08	282.56	282.56	282.56	282.56	283.69	289.34	296.12	307.14	316.18	320.71	327.49	334.27	338.51	343.03	345.29	347.55	349.81	352.07	356.59	361.11	367.89	374.39	383.43	394.74	408.02	423.84	441.64	461.99	482.05	504.65	526.97	551.56	576.42	603.27	630.11	659.21	688.60	719.96	735.50	766.87	793.99	811.79	834.12	847.68
Sharp Health Plan	Premier	HMO C	199.18	216.88	223.65	230.42	237.71	245.00	252.55	260.36	260.36	260.36	260.36	261.40	266.61	272.86	283.01	291.34	295.51	301.76	308.01	311.91	316.08	318.16	320.24	322.33	324.41	328.57	332.74	338.99	344.98	353.31	363.72	375.96	390.54	406.94	425.69	444.17	465.00	485.57	508.22	531.13	555.87	580.60	607.42	634.50	663.40	677.72	706.62	731.61	748.01	768.58	781.08
Sutter Health Plus	Sutter Health Plus	HMO B	276.51	301.09	310.49	319.88	330.00	340.13	350.61	361.46	361.46	361.46	361.46	362.90	370.13	378.80	392.90	404.46	410.25	418.92	427.60	433.02	438.80	441.69	444.58	447.48	450.37	456.15	461.93	470.61	478.92	490.49	504.95	521.93	542.18	564.95	590.97	616.64	645.55	674.11	705.55	737.36	771.70	806.04	843.26	880.86	920.98	940.86	980.98	1015.68	1038.45	1067.00	1084.34
Sutter Health Plus	Sutter Health Plus	HMO C	252.09	274.50	283.07	291.63	300.86	310.09	319.65	329.54	329.54	329.54	329.54	330.85	337.44	345.35	358.20	368.75	374.02	381.93	389.84	394.78	400.05	402.69	405.32	407.96	410.60	415.87	421.14	429.05	436.63	447.17	460.35	475.84	494.30	515.06	538.78	562.18	588.54	614.58	643.24	672.24	703.55	734.85	768.80	803.07	839.65	857.77	894.35	925.98	946.74	972.78	988.58
UnitedHealthcare	SignatureValue	HMO A	373.73	406.95	419.65	432.35	446.03	459.71	473.87	488.53	488.53	488.53	488.53	490.48	500.25	511.98	531.03	546.67	554.48	566.21	577.93	585.26	593.08	596.98	600.89	604.80	608.71	616.52	624.34	636.07	647.30	662.94	682.48	705.44	732.80	763.57	798.75	833.43	872.51	911.11	953.61	996.60	1043.01	1089.42	1139.74	1190.55	1244.77	1271.64	1325.87	1372.77	1403.55	1442.14	1465.59
Western Health	Full	HMO A	246.14	268.02	276.38	284.75	293.76	302.77	312.10	321.75	321.75	321.75	321.75	323.04	329.47	337.19	349.74	360.04	365.18	372.91	380.63	385.45	390.60	393.18	395.75	398.32	400.90	406.05	411.19	418.92	426.32	436.61	449.48	464.60	482.62	502.89	526.06	548.90	574.64	600.06	628.05	656.37	686.93	717.50	750.64	784.10	819.81	837.51	873.23	904.11	924.38	949.80	965.25
Western Health	Full	HMO B	258.40	281.37	290.15	298.94	308.39	317.85	327.65	337.78	337.78	337.78	337.78	339.13	345.89	353.99	367.17	377.98	383.38	391.49	399.59	404.66	410.06	412.77	415.47	418.17	420.87	426.28	431.68	439.79	447.56	458.37	471.88	487.75	506.67	527.95	552.27	576.25	603.27	629.96	659.35	689.07	721.16	753.25	788.04	823.17	860.66	879.24	916.73	949.16	970.44	997.13	1013.34
Western Health	Full	HMO C	241.30	262.75	270.95	279.16	287.99	296.82	305.97	315.43	315.43	315.43	315.43	316.69	323.00	330.57	342.87	352.97	358.01	365.58	373.15	377.89	382.93	385.46	387.98	390.50	393.03	398.07	403.12	410.69	417.95	428.04	440.66	455.48	473.15	493.02	515.73	538.12	563.36	588.28	615.72	643.48	673.44	703.41	735.90	768.70	803.72	821.07	856.08	886.36	906.23	931.15	946.29

Health Care Service Plan rates will vary by county

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Continued

Gold		AGE -->	0-14	15	16	17	18	19	20	21	22	23	24	25
CARRIER	NETWORK	PLAN												
Anthem Blue Cross	Select HMO	HMO A	405.75	441.81	455.61	469.40	484.25	499.10	514.48	530.39	530.39	530.39	530.39	532.51
Anthem Blue Cross	CaliforniaCare HMO	HMO B	405.75	441.81	455.61	469.40	484.25	499.10	514.48	530.39	530.39	530.39	530.39	532.51
Anthem Blue Cross	Priority Select HMO	HMO C	298.98	325.55	335.71	345.88	356.82	367.76	379.10	390.82	390.82	390.82	390.82	392.38
Anthem Blue Cross	Advantage PPO	PPO A	377.91	411.50	424.35	437.19	451.02	464.85	479.18	494.00	494.00	494.00	494.00	495.98
Anthem Blue Cross	Select PPO	PPO B	332.40	361.95	373.24	384.54	396.71	408.87	421.47	434.51	434.51	434.51	434.51	436.25
Anthem Blue Cross	Select PPO	PPO C	345.65	376.37	388.12	399.87	412.52	425.17	438.28	451.83	451.83	451.83	451.83	453.64
Anthem Blue Cross	Select PPO	PPO D	323.32	352.06	363.05	374.04	385.87	397.70	409.96	422.64	422.64	422.64	422.64	424.33
Anthem Blue Cross	Prudent Buyer - Small Group	PPO E	373.87	407.10	419.81	432.52	446.20	459.89	474.06	488.72	488.72	488.72	488.72	490.67
Health Net	WholeCare	HMO A	415.82	452.79	466.92	481.05	496.27	511.49	527.25	543.56	543.56	543.56	543.56	545.74
Health Net	WholeCare	HMO B	407.54	443.77	457.62	471.47	486.39	501.30	516.75	532.73	532.73	532.73	532.73	534.87
Health Net	WholeCare	HMO C	412.50	449.16	463.18	477.20	492.30	507.40	523.04	539.21	539.21	539.21	539.21	541.37
Health Net	Salud HMO y Mas	HMO D	277.89	302.59	312.03	321.48	331.65	341.82	352.35	363.25	363.25	363.25	363.25	364.70
Health Net	Full	HMO E	449.31	489.25	504.52	519.80	536.24	552.69	569.72	587.34	587.34	587.34	587.34	589.69
Health Net	Full	HMO F	426.01	463.88	478.35	492.83	508.43	524.02	540.17	556.87	556.87	556.87	556.87	559.10
Health Net	Full	HMO G	461.45	502.47	518.15	533.83	550.72	567.61	585.10	603.20	603.20	603.20	603.20	605.61
Kaiser Permanente	Full	HMO B	302.87	328.55	338.36	348.18	358.76	355.34	366.29	377.62	377.62	377.62	377.62	379.13
Kaiser Permanente	Full	HMO C	319.59	346.76	357.14	367.53	378.71	375.91	387.49	399.48	399.48	399.48	399.48	401.08
Kaiser Permanente	Full	HMO D	285.98	310.16	319.40	328.65	338.60	334.57	344.88	355.54	355.54	355.54	355.54	356.97
Kaiser Permanente	Full	HMO E	265.31	287.65	296.19	304.74	313.93	309.14	318.67	328.53	328.53	328.53	328.53	329.84
Sharp Health Plan	Performance	HMO A	261.56	284.81	293.70	302.59	312.16	321.74	331.65	341.91	341.91	341.91	341.91	343.28
Sharp Health Plan	Premier	HMO B	250.61	272.88	281.40	289.92	299.09	308.26	317.76	327.59	327.59	327.59	327.59	328.90
Sharp Health Plan	Performance	HMO D	280.56	305.50	315.04	324.57	334.84	345.11	355.75	366.75	366.75	366.75	366.75	368.22
Sutter Health Plus	Sutter Health Plus	HMO A	314.88	342.87	353.57	364.27	375.80	387.32	399.26	411.62	411.62	411.62	411.62	413.25
Sutter Health Plus	Sutter Health Plus	HMO B	327.96	357.11	368.26	379.41	391.41	403.41	415.85	428.72	428.72	428.72	428.72	430.42
UnitedHealthcare	SignatureValue	HMO A	409.60	446.01	459.93	473.86	488.85	503.84	519.37	535.43	535.43	535.43	535.43	537.57
UnitedHealthcare	SignatureValue	HMO F	472.62	514.64	530.70	546.76	564.06	581.36	599.28	617.81	617.81	617.81	617.81	620.28
UnitedHealthcare	SignatureValue	HMO H	434.34	472.95	487.71	502.48	518.37	534.27	550.74	567.77	567.77	567.77	567.77	570.04
UnitedHealthcare	SignatureValue	HMO Q	403.38	439.24	452.95	466.66	481.42	496.19	511.48	527.30	527.30	527.30	527.30	529.41
Western Health	Full	HMO A	285.27	310.63	320.32	330.02	340.46	350.90	361.72	372.90	372.90	372.90	372.90	374.39
Western Health	Full	HMO B	297.99	324.47	334.60	344.73	355.64	366.54	377.84	389.52	389.52	389.52	389.52	391.08
Western Health	Full	HMO C	271.31	295.43	304.65	313.87	323.80	333.73	344.01	354.65	354.65	354.65	354.65	356.07
Western Health	Full	HMO D	260.82	284.01	292.87	301.74	311.28	320.83	330.72	340.94	340.94	340.94	340.94	342.31

Gold		AGE -->	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45
CARRIER	NETWORK	PLAN																				
Anthem Blue Cross	Select HMO	HMO A	543.12	555.85	576.53	593.51	601.99	614.72	627.45	635.41	643.89	648.14	652.38	656.62	660.87	669.35	677.84	690.57	702.77	719.74	740.95	765.88
Anthem Blue Cross	CaliforniaCare HMO	HMO B	543.12	555.85	576.53	593.51	601.99	614.72	627.45	635.41	643.89	648.14	652.38	656.62	660.87	669.35	677.84	690.57	702.77	719.74	740.95	765.88
Anthem Blue Cross	Priority Select HMO	HMO C	400.20	409.58	424.82	437.33	443.58	452.96	462.34	468.20	474.46	477.58	480.71	483.84	486.96	493.21	499.47	508.85	517.84	530.34	545.98	564.34
Anthem Blue Cross	Advantage PPO	PPO A	505.86	517.71	536.98	552.79	560.69	572.55	584.40	591.81	599.72	603.67	607.62	611.57	615.52	623.43	631.33	643.19	654.55	670.36	690.12	713.34
Anthem Blue Cross	Select PPO	PPO B	444.94	455.37	472.31	486.22	493.17	503.60	514.03	520.54	527.50	530.97	534.45	537.92	541.40	548.35	555.30	565.73	575.73	589.63	607.01	627.43
Anthem Blue Cross	Select PPO	PPO C	462.67	473.52	491.14	505.60	512.83	523.67	534.51	541.29	548.52	552.14	555.75	559.37	562.98	570.21	577.44	588.28	598.67	613.13	631.21	652.44
Anthem Blue Cross	Select PPO	PPO D	432.78	442.93	459.41	472.93	479.70	489.84	499.98	506.32	513.08	516.47	519.85	523.23	526.61	533.37	540.13	550.28	560.00	573.52	590.43	610.29
Anthem Blue Cross	Prudent Buyer - Small Group	PPO E	500.45	512.18	531.24	546.88	554.70	566.43	578.16	585.49	593.31	597.22	601.13	605.04	608.95	616.76	624.58	636.31	647.55	663.19	682.74	705.71
Health Net	WholeCare	HMO A	556.61	569.65	590.85	608.25	616.94	629.99	643.03	651.19	659.88	664.23	668.58	672.93	677.28	685.97	694.67	707.72	720.22	737.61	759.36	784.90
Health Net	WholeCare	HMO B	545.52	558.31	579.08	596.13	604.65	617.44	630.23	638.22	646.74	651.00	655.26	659.53	663.79	672.31	680.84	693.62	705.87	722.92	744.23	769.27
Health Net	WholeCare	HMO C	552.15	565.09	586.12	603.38	612.01	624.95	637.89	645.98	654.60	658.92	663.23	667.55	671.86	680.49	689.11	702.05	714.46	731.71	753.28	778.62
Health Net	Salud HMO y Mas	HMO D	371.97	380.69	394.85	406.48	412.29	421.01	429.72	435.17	440.98	443.89	446.80	449.70	452.61	458.42	464.23	472.95	481.31	492.93	507.46	524.53
Health Net	Full	HMO E	601.44	615.53	638.44	657.23	666.63	680.73	694.82	703.63	713.03	717.73	722.43	727.13	731.82	741.22	750.62	764.72	778.22	797.02	820.51	848.12
Health Net	Full	HMO F	570.24	583.60	605.32	623.14	632.05	645.42	658.78	667.13	676.04	680.50	684.95	689.41	693.86	702.77	711.68	725.05	737.86	755.68	777.95	804.13
Health Net	Full	HMO G	617.68	632.15	655.68	674.98	684.63	699.11	713.59	722.63	732.29	737.11	741.94	746.76	751.59	761.24	770.89	785.37	799.24	818.54	842.67	871.02
Kaiser Permanente	Full	HMO B	386.68	395.74	410.47	422.55	428.60	437.66	446.72	452.39	458.43	461.45	464.47	467.49	470.51	476.55	482.60	491.66	500.34	512.43	527.53	545.28
Kaiser Permanente	Full	HMO C	409.07	418.65	434.23	447.02	453.41	463.00	472.58	478.58	484.97	488.16	491.36	494.55	497.75	504.14	510.53	520.12	529.31	542.09	558.07	576.85
Kaiser Permanente	Full	HMO D	364.08	372.61	386.48	397.85	403.54	412.08	420.61	425.94	431.63	434.48	437.32	440.16	443.01	448.70	454.39	462.92	471.10	482.47	496.70	513.41
Kaiser Permanente	Full	HMO E	336.41	344.30	357.11	367.62	372.88	380.76	388.65	393.57	398.83	401.46	404.09	406.72	409.34	414.60	419.86	427.74	435.30	445.81	458.95	474.39
Sharp Health Plan	Performance	HMO A	350.12	358.32	371.66	382.60	388.07	396.27	404.48	409.61	415.08	417.81	420.55	423.28	426.02	431.49	436.96	445.17	453.03	463.97	477.65	493.72
Sharp Health Plan	Premier	HMO B	335.45	343.31	356.09	366.57	371.81	379.68	387.54	392.45	397.69	400.31	402.94	405.56	408.18	413.42	418.66	426.52	434.06	444.54	457.64	473.04
Sharp Health Plan	Performance	HMO D	375.55	384.35	398.66	410.39	416.26	425.06	433.87	439.37	445.23	448.17	451.10	454.04	456.97	462.84	468.71	477.51	485.94	497.68	512.35	529.59
Sutter Health Plus	Sutter Health Plus	HMO A	421.48	431.36	447.42	460.59	467.17	477.05	486.93	493.10	499.69	502.98	506.27	509.57	512.86	519.45	526.03	535.91	545.38	558.55	575.01	594.36
Sutter Health Plus	Sutter Health Plus	HMO B	439.00	449.29	466.01	479.72	486.58	496.87	507.16	513.59	520.45	523.88	527.31	530.74	534.17	541.03	547.89	558.18	568.04	581.76	598.91	619.05
UnitedHealthcare	SignatureValue	HMO A	548.28	561.13	582.01	599.15	607.71	620.56	633.41	641.45	650.01	654.30	658.58	662.86	667.15	675.71	684.28	697.13	709.44	726.58	748.00	773.16
UnitedHealthcare	SignatureValue	HMO F	632.64	647.46	671.56	691.33	701.21	716.04	730.87	740.14	750.02	754.96	759.91	764.85	769.79	779.68	789.56	804.39	818.60	838.37	863.08	892.12
UnitedHealthcare	SignatureValue	HMO H	581.40	595.02	617.17	635.33	644.42	658.05	671.67	680.19	689.27	693.81	698.36	702.90	707.44	716.53	725.61	739.24	752.30	770.46	793.17	819.86
UnitedHealthcare	SignatureValue	HMO Q	539.96	552.61	573.18	590.05	598.49	611.14	623.80	631.71	640.14	644.36	648.58	652.80	657.02	665.45	673.89	686.54	698.67	715.55	736.64	761.42
Western Health	Full	HMO A	381.85	390.80	405.35	417.28	423.25	432.19	441.14	446.74	452.70	455.69	458.67	461.65	464.64	470.60	476.57	485.52	494.10	506.03	520.95	538.47
Western Health	Full	HMO B	398.87	408.22	423.41	435.88	442.11	451.46	460.81	466.65	472.88	476.00	479.11	482.23	485.35	491.58	497.81	507.16	516.12	528.58	544.16	562.47
Western Health	Full	HMO C	363.17	371.68	385.51	396.86	402.53	411.04	419.56	424.88	430.55	433.39	436.22	439.06	441.90	447.57	453.25	461.76	469.92	481.27	495.45	512.12
Western Health	Full	HMO D	349.13	357.31	370.61	381.52	386.97	395.15	403.34	408.45	413.91	416.63	419.36	422.09	424.82	430.27	435.73	443.91	451.75	462.66	476.30	492.32

Gold		AGE -->	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	795.59	829.00	867.19	904.85	947.28	989.18	1035.32	1082.00	1132.38	1182.77	1237.40	1292.56	1351.43	1380.61	1439.48	1490.40	1523.81	1565.71	1591.17
Anthem Blue Cross	CaliforniaCare HMO	HMO B	795.59	829.00	867.19	904.85	947.28	989.18	1035.32	1082.00	1132.38	1182.77	1237.40	1292.56	1351.43	1380.61	1439.48	1490.40	1523.81	1565.71	1591.17
Anthem Blue Cross	Priority Select HMO	HMO C	586.23	610.85	638.99	666.74	698.00	728.88	762.88	797.27	834.40	871.53	911.78	952.43	995.81	1017.30	1060.69	1098.20	1122.83	1153.70	1172.46
Anthem Blue Cross	Advantage PPO	PPO A	741.00	772.12	807.69	842.76	882.28	921.31	964.29	1007.76	1054.69	1101.62	1152.50	1203.88	1258.71	1285.88	1340.72	1388.14	1419.26	1458.29	1482.00
Anthem Blue Cross	Select PPO	PPO B	651.77	679.14	710.42	741.27	776.03	810.36	848.16	886.40	927.68	968.96	1013.71	1058.90	1107.13	1131.03	1179.26	1220.97	1248.35	1282.67	1303.53
Anthem Blue Cross	Select PPO	PPO C	677.75	706.21	738.74	770.82	806.97	842.66	881.97	921.73	964.66	1007.58	1054.12	1101.11	1151.26	1176.11	1226.27	1269.64	1298.11	1333.80	1355.49
Anthem Blue Cross	Select PPO	PPO D	633.96	660.59	691.02	721.02	754.84	788.22	824.99	862.19	902.34	942.49	986.02	1029.97	1076.89	1100.13	1147.04	1187.62	1214.24	1247.63	1267.92
Anthem Blue Cross	Prudent Buyer - Small Group	PPO E	733.08	763.87	799.06	833.76	872.85	911.46	953.98	996.99	1043.42	1089.85	1140.18	1191.01	1245.26	1272.14	1326.39	1373.30	1404.09	1442.70	1466.16
Health Net	WholeCare	HMO A	815.34	849.59	888.72	927.32	970.80	1013.74	1061.03	1108.87	1160.50	1212.14	1268.13	1324.66	1384.99	1414.89	1475.23	1527.41	1561.65	1604.59	1630.68
Health Net	WholeCare	HMO B	799.10	832.66	871.02	908.85	951.46	993.55	1039.90	1086.78	1137.39	1188.00	1242.87	1298.28	1357.41	1386.71	1445.84	1496.99	1530.55	1572.63	1598.19
Health Net	WholeCare	HMO C	808.82	842.79	881.61	919.90	963.03	1005.63	1052.54	1099.99	1151.22	1202.44	1257.98	1314.06	1373.91	1403.57	1463.42	1515.19	1549.16	1591.76	1617.63
Health Net	Salud HMO y Mas	HMO D	544.87	567.76	593.91	619.70	648.76	677.46	709.06	741.03	775.54	810.05	847.46	885.24	925.56	945.54	985.86	1020.73	1043.62	1072.31	1089.75
Health Net	Full	HMO E	881.01	918.01	960.30	1002.00	1048.99	1095.39	1146.49	1198.17	1253.97	1309.77	1370.26	1431.35	1496.54	1528.84	1594.04	1650.42	1687.43	1733.82	1762.02
Health Net	Full	HMO F	835.31	870.39	910.49	950.03	994.58	1038.57	1087.02	1136.02	1188.93	1241.83	1299.19	1357.10	1418.91	1449.54	1511.36	1564.82	1599.90	1643.89	1670.61
Health Net	Full	HMO G	904.80	942.80	986.23	1029.06	1077.32	1124.97	1177.45	1230.53	1287.83	1345.14	1407.27	1470.00	1536.95	1570.13	1637.09	1694.99	1732.99	1780.65	1809.60
Kaiser Permanente	Full	HMO B	566.43	590.22	617.41	644.22	674.43	704.26	737.11	770.34	806.21	842.09	880.98	920.26	962.17	982.94	1024.86	1061.11	1084.90	1114.73	1132.86
Kaiser Permanente	Full	HMO C	599.22	624.39	653.15	681.51	713.47	745.03	779.78	814.94	852.89	890.84	931.98	973.53	1017.87	1039.84	1084.19	1122.54	1147.70	1179.26	1198.44
Kaiser Permanente	Full	HMO D	533.32	555.72	581.32	606.56	635.00	663.09	694.02	725.31	759.09	792.87	829.49	866.46	905.93	925.48	964.95	999.08	1021.48	1049.57	1066.62
Kaiser Permanente	Full	HMO E	492.79	513.49	537.14	560.47	586.75	612.70	641.28	670.19	701.40	732.61	766.45	800.62	837.09	855.15	891.62	923.16	943.86	969.81	985.59
Sharp Health Plan	Performance	HMO A	512.87	534.41	559.02	583.30	610.65	637.66	667.41	697.50	729.98	762.46	797.68	833.23	871.19	889.99	927.94	960.77	982.31	1009.32	1025.73
Sharp Health Plan	Premier	HMO B	491.39	512.02	535.61	558.87	585.08	610.96	639.46	668.28	699.40	730.53	764.27	798.34	834.70	852.72	889.08	920.53	941.17	967.05	982.77
Sharp Health Plan	Performance	HMO D	550.13	573.23	599.64	625.68	655.02	683.99	715.90	748.17	783.01	817.85	855.63	893.77	934.48	954.65	995.36	1030.57	1053.67	1082.65	1100.25
Sutter Health Plus	Sutter Health Plus	HMO A	617.41	643.34	672.98	702.20	735.13	767.64	803.45	839.68	878.78	917.88	960.28	1003.08	1048.77	1071.41	1117.10	1156.61	1182.54	1215.06	1234.81
Sutter Health Plus	Sutter Health Plus	HMO B	643.06	670.07	700.94	731.38	765.67	799.54	836.84	874.56	915.29	956.02	1000.18	1044.76	1092.35	1115.93	1163.51	1204.67	1231.68	1265.55	1286.11
UnitedHealthcare	SignatureValue	HMO A	803.15	836.88	875.43	913.44	956.28	998.58	1045.16	1092.28	1143.14	1194.01	1249.16	1304.84	1364.28	1393.72	1453.16	1504.56	1538.29	1580.59	1606.29
UnitedHealthcare	SignatureValue	HMO F	926.72	965.64	1010.12	1053.98	1103.41	1152.22	1205.97	1260.33	1319.02	1377.72	1441.35	1505.60	1574.18	1608.16	1676.74	1736.05	1774.97	1823.78	1853.43
UnitedHealthcare	SignatureValue	HMO H	851.66	887.42	928.30	968.62	1014.04	1058.89	1108.29	1158.25	1212.19	1266.13	1324.61	1383.66	1446.68	1477.91	1540.93	1595.43	1631.20	1676.06	1703.31
UnitedHealthcare	SignatureValue	HMO Q	790.95	824.17	862.14	899.57	941.76	983.41	1029.29	1075.69	1125.79	1175.88	1230.19	1285.03	1343.56	1372.56	1431.09	1481.71	1514.93	1556.59	1581.90
Western Health	Full	HMO A	559.35	582.85	609.70	636.17	666.01	695.46	727.91	760.72	796.15	831.57	869.98	908.77	950.16	970.67	1012.06	1047.86	1071.35	1100.81	1118.71
Western Health	Full	HMO B	584.29	608.83	636.87	664.53	695.69	726.46	760.35	794.63	831.63	868.64	908.76	949.27	992.51	1013.93	1057.17	1094.56	1119.10	1149.87	1168.57
Western Health	Full	HMO C	531.98	554.32	579.86	605.04	633.41	661.43	692.29	723.49	757.19	790.88	827.41	864.29	903.66	923.17	962.53	996.58	1018.92	1046.94	1063.96
Western Health	Full	HMO D	511.42	532.90	557.44	581.65	608.93	635.86	665.52	695.53	727.92	760.31	795.42	830.88	868.73	887.48	925.32	958.05	979.53	1006.47	1022.83

Platinum		AGE -->	0-14	15	16	17	18	19	20	21	22	23	24	25
CARRIER	NETWORK	PLAN												
Anthem Blue Cross	Select HMO	HMO A	463.74	504.96	520.73	536.49	553.46	570.43	588.01	606.20	606.20	606.20	606.20	608.62
Health Net	WholeCare	HMO C	420.01	457.34	471.61	485.89	501.26	516.63	532.56	549.03	549.03	549.03	549.03	551.22
Health Net	Salud HMO y Mas	HMO D	281.81	306.86	316.44	326.02	336.33	346.65	357.33	368.38	368.38	368.38	368.38	369.85
Health Net	Full	HMO E	466.83	508.32	524.19	540.06	557.14	574.23	591.93	610.23	610.23	610.23	610.23	612.67
Health Net	WholeCare	HMO F	432.31	470.74	485.43	500.12	515.95	531.77	548.16	565.11	565.11	565.11	565.11	567.37
Health Net	Salud HMO y Mas	HMO G	291.23	317.12	327.02	336.92	347.58	358.24	369.28	380.70	380.70	380.70	380.70	382.22
Health Net	Full	HMO H	480.51	523.22	539.55	555.88	573.47	591.05	609.27	628.11	628.11	628.11	628.11	630.62
Kaiser Permanente	Full	HMO A	340.73	369.77	380.87	391.98	403.94	401.91	414.29	427.11	427.11	427.11	427.11	428.81
Kaiser Permanente	Full	HMO B	334.80	363.32	374.22	385.12	396.87	394.62	406.78	419.36	419.36	419.36	419.36	421.04
Sharp Health Plan	Premier	HMO A	282.65	307.78	317.38	326.99	337.34	347.68	358.40	369.48	369.48	369.48	369.48	370.96
Sharp Health Plan	Performance	HMO B	304.58	331.66	342.01	352.36	363.51	374.66	386.21	398.15	398.15	398.15	398.15	399.74
Sharp Health Plan	Premier	HMO C	278.68	303.45	312.93	322.40	332.60	342.80	353.36	364.29	364.29	364.29	364.29	365.75
Sutter Health Plus	Sutter Health Plus	HMO A	358.48	390.34	402.52	414.71	427.83	440.95	454.54	468.61	468.61	468.61	468.61	470.47
Sutter Health Plus	Sutter Health Plus	HMO B	364.97	397.41	409.81	422.22	435.57	448.93	462.77	477.09	477.09	477.09	477.09	478.99
UnitedHealthcare	SignatureValue	HMO A	498.18	542.47	559.40	576.33	594.56	612.80	631.68	651.22	651.22	651.22	651.22	653.82
UnitedHealthcare	SignatureValue	HMO E	539.46	587.41	605.75	624.08	643.83	663.57	684.02	705.18	705.18	705.18	705.18	708.00
UnitedHealthcare	SignatureValue	HMO L	490.12	533.69	550.34	567.00	584.94	602.88	621.46	640.68	640.68	640.68	640.68	643.24
Western Health	Full	HMO A	324.22	353.04	364.06	375.08	386.94	398.81	411.10	423.82	423.82	423.82	423.82	425.51
Western Health	Full	HMO B	331.85	361.35	372.63	383.91	396.05	408.20	420.78	433.79	433.79	433.79	433.79	435.53
Western Health	Full	HMO C	320.56	349.06	359.95	370.85	382.58	394.31	406.46	419.03	419.03	419.03	419.03	420.71

Platinum		AGE -->	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45
CARRIER	NETWORK	PLAN																				
Anthem Blue Cross	Select HMO	HMO A	620.75	635.30	658.94	678.34	688.04	702.59	717.13	726.23	735.93	740.78	745.63	750.48	755.33	765.02	774.72	789.27	803.22	822.61	846.86	875.35
Health Net	WholeCare	HMO C	562.20	575.38	596.79	614.36	623.15	636.32	649.50	657.73	666.52	670.91	675.30	679.69	684.09	692.87	701.66	714.83	727.46	745.03	766.99	792.79
Health Net	Salud HMO y Mas	HMO D	377.22	386.06	400.43	412.22	418.11	426.95	435.80	441.32	447.21	450.16	453.11	456.06	459.00	464.90	470.79	479.63	488.11	499.89	514.63	531.94
Health Net	Full	HMO E	624.88	639.52	663.32	682.85	692.61	707.26	721.91	731.06	740.82	745.71	750.59	755.47	760.35	770.11	779.88	794.52	808.56	828.09	852.50	881.18
Health Net	WholeCare	HMO F	578.67	592.24	614.28	632.36	641.40	654.96	668.53	677.00	686.04	690.57	695.09	699.61	704.13	713.17	722.21	735.77	748.77	766.86	789.46	816.02
Health Net	Salud HMO y Mas	HMO G	389.83	398.97	413.82	426.00	432.09	441.23	450.36	456.07	462.17	465.21	468.26	471.30	474.35	480.44	486.53	495.67	504.42	516.61	531.83	549.73
Health Net	Full	HMO H	643.19	658.26	682.76	702.86	712.91	727.98	743.06	752.48	762.53	767.55	772.58	777.60	782.63	792.68	802.73	817.80	832.25	852.35	877.47	906.99
Kaiser Permanente	Full	HMO A	437.36	447.61	464.26	477.93	484.76	495.02	505.27	511.67	518.51	521.92	525.34	528.76	532.17	539.01	545.84	556.09	565.91	579.58	596.67	616.74
Kaiser Permanente	Full	HMO B	429.42	439.49	455.84	469.26	475.97	486.04	496.10	502.39	509.10	512.46	515.81	519.17	522.52	529.23	535.94	546.01	555.65	569.07	585.85	605.56
Sharp Health Plan	Premier	HMO A	378.35	387.22	401.62	413.45	419.36	428.23	437.09	442.64	448.55	451.50	454.46	457.42	460.37	466.28	472.20	481.06	489.56	501.38	516.16	533.53
Sharp Health Plan	Performance	HMO B	407.71	417.26	432.79	445.53	451.90	461.46	471.01	476.98	483.35	486.54	489.72	492.91	496.09	502.47	508.84	518.39	527.55	540.29	556.22	574.93
Sharp Health Plan	Premier	HMO C	373.03	381.78	395.98	407.64	413.47	422.21	430.96	436.42	442.25	445.16	448.08	450.99	453.91	459.73	465.56	474.31	482.68	494.34	508.91	526.03
Sutter Health Plus	Sutter Health Plus	HMO A	479.84	491.09	509.36	524.36	531.86	543.10	554.35	561.38	568.87	572.62	576.37	580.12	583.87	591.37	598.86	610.11	620.89	635.88	654.63	676.65
Sutter Health Plus	Sutter Health Plus	HMO B	488.53	499.98	518.59	533.85	541.49	552.94	564.39	571.54	579.17	582.99	586.81	590.62	594.44	602.07	609.71	621.16	632.13	647.40	666.48	688.90
UnitedHealthcare	SignatureValue	HMO A	666.85	682.48	707.88	728.72	739.13	754.76	770.39	780.16	790.58	795.79	801.00	806.21	811.42	821.84	832.26	847.89	862.87	883.71	909.75	940.36
UnitedHealthcare	SignatureValue	HMO E	722.10	739.03	766.53	789.10	800.38	817.30	834.23	844.81	856.09	861.73	867.37	873.01	878.65	889.94	901.22	918.14	934.36	956.93	985.14	1018.28
UnitedHealthcare	SignatureValue	HMO L	656.06	671.43	696.42	716.92	727.17	742.55	757.92	767.53	777.79	782.91	788.04	793.16	798.29	808.54	818.79	834.17	848.90	869.40	895.03	925.14
Western Health	Full	HMO A	433.99	444.16	460.69	474.25	481.03	491.20	501.37	507.73	514.51	517.90	521.29	524.68	528.07	534.86	541.64	551.81	561.56	575.12	592.07	611.99
Western Health	Full	HMO B	444.21	454.62	471.54	485.42	492.36	502.77	513.18	519.69	526.63	530.10	533.57	537.04	540.51	547.45	554.39	564.80	574.78	588.66	606.01	626.40
Western Health	Full	HMO C	429.09	439.15	455.49	468.90	475.60	485.66	495.72	502.00	508.71	512.06	515.41	518.76	522.12	528.82	535.53	545.58	555.22	568.63	585.39	605.09

Platinum		AGE -->	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	909.30	947.49	991.14	1034.18	1082.67	1130.56	1183.30	1236.65	1294.24	1351.83	1414.26	1477.31	1544.60	1577.94	1645.23	1703.42	1741.61	1789.50	1818.60
Health Net	WholeCare	HMO C	823.54	858.13	897.66	936.64	980.56	1023.93	1071.70	1120.01	1172.17	1224.33	1280.88	1337.98	1398.92	1429.12	1490.06	1542.76	1577.35	1620.73	1647.09
Health Net	Salud HMO y Mas	HMO D	552.57	575.78	602.30	628.46	657.93	687.03	719.08	751.50	786.49	821.49	859.43	897.75	938.64	958.90	999.79	1035.15	1058.36	1087.46	1105.14
Health Net	Full	HMO E	915.35	953.79	997.73	1041.06	1089.88	1138.09	1191.18	1244.88	1302.85	1360.82	1423.67	1487.14	1554.87	1588.44	1656.17	1714.76	1753.20	1801.41	1830.69
Health Net	WholeCare	HMO F	847.67	883.27	923.96	964.08	1009.29	1053.93	1103.10	1152.83	1206.51	1260.20	1318.40	1377.18	1439.90	1470.98	1533.71	1587.96	1623.56	1668.21	1695.33
Health Net	Salud HMO y Mas	HMO G	571.04	595.03	622.44	649.47	679.92	710.00	743.12	776.62	812.79	848.95	888.16	927.76	970.01	990.95	1033.21	1069.76	1093.74	1123.82	1142.10
Health Net	Full	HMO H	942.17	981.74	1026.96	1071.56	1121.81	1171.43	1226.07	1281.35	1341.02	1400.69	1465.38	1530.71	1600.43	1634.97	1704.69	1764.99	1804.56	1854.18	1884.33
Kaiser Permanente	Full	HMO A	640.66	667.57	698.32	728.64	762.81	796.55	833.71	871.30	911.87	952.45	996.44	1040.86	1088.27	1111.76	1159.16	1200.17	1227.07	1260.82	1281.33
Kaiser Permanente	Full	HMO B	629.04	655.46	685.65	715.43	748.98	782.11	818.59	855.49	895.33	935.17	978.37	1021.98	1068.53	1091.59	1138.14	1178.40	1204.82	1237.95	1258.08
Sharp Health Plan	Premier	HMO A	554.22	577.50	604.10	630.33	659.89	689.08	721.22	753.74	788.84	823.94	862.00	900.42	941.44	961.76	1002.77	1038.24	1061.52	1090.70	1108.44
Sharp Health Plan	Performance	HMO B	597.23	622.31	650.98	679.24	711.10	742.55	777.19	812.23	850.05	887.87	928.88	970.29	1014.49	1036.38	1080.58	1118.80	1143.88	1175.34	1194.45
Sharp Health Plan	Premier	HMO C	546.44	569.39	595.61	621.48	650.62	679.40	711.09	743.15	777.76	812.37	849.89	887.77	928.21	948.25	988.68	1023.65	1046.61	1075.38	1092.87
Sutter Health Plus	Sutter Health Plus	HMO A	702.89	732.41	766.15	799.42	836.91	873.93	914.70	955.93	1000.45	1044.97	1093.23	1141.97	1193.98	1219.75	1271.77	1316.75	1346.27	1383.29	1405.78
Sutter Health Plus	Sutter Health Plus	HMO B	715.62	745.68	780.03	813.90	852.06	889.75	931.26	973.24	1018.56	1063.89	1113.03	1162.64	1215.60	1241.84	1294.79	1340.59	1370.65	1408.34	1431.23
UnitedHealthcare	SignatureValue	HMO A	976.83	1017.86	1064.74	1110.98	1163.08	1214.53	1271.18	1328.49	1390.35	1452.22	1519.30	1587.02	1659.31	1695.13	1767.41	1829.93	1870.96	1922.40	1953.66
UnitedHealthcare	SignatureValue	HMO E	1057.77	1102.20	1152.97	1203.04	1259.45	1315.16	1376.51	1438.57	1505.56	1572.55	1645.18	1718.52	1796.80	1835.58	1913.86	1981.56	2025.98	2081.69	2115.54
UnitedHealthcare	SignatureValue	HMO L	961.02	1001.38	1047.51	1093.00	1144.25	1194.87	1250.61	1306.99	1367.85	1428.72	1494.71	1561.34	1632.45	1667.69	1738.81	1800.31	1840.67	1891.29	1922.04
Western Health	Full	HMO A	635.72	662.42	692.94	723.03	756.93	790.42	827.29	864.58	904.85	945.11	988.76	1032.84	1079.88	1103.19	1150.24	1190.92	1217.62	1251.10	1271.45
Western Health	Full	HMO B	650.69	678.02	709.25	740.05	774.76	809.03	846.77	884.94	926.15	967.36	1012.04	1057.16	1105.31	1129.17	1177.32	1218.96	1246.29	1280.56	1301.38
Western Health	Full	HMO C	628.55	654.95	685.12	714.87	748.39	781.50	817.95	854.83	894.64	934.45	977.61	1021.19	1067.70	1090.75	1137.26	1177.49	1203.88	1236.99	1257.10

Health Care Service Plan rates will vary by county

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USE EMPLOYER ZIP CODE FOR RATING | AREA 2 | 04/01/22 - 06/01/22

Bronze		AGE ->	0-14	15	16	17	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	Prudent Buyer - Small Group	PPO A	316.32	344.44	355.19	365.94	377.52	389.09	401.09	413.49	413.49	413.49	413.49	415.14	423.41	433.34	449.46	462.70	469.31	479.23	489.16	495.36	501.98	505.28	508.59	511.90	515.21	521.82	528.44	538.36	547.87	561.11	577.65	597.08	620.24	646.28	676.06	705.41	738.49	771.16	807.13	843.52	882.80	922.08	964.67	1007.68	1053.57	1076.31	1122.21	1161.91	1187.96	1220.62	1240.47
Anthem Blue Cross	Select PPO	PPO B	292.58	318.59	328.53	338.48	349.19	359.89	370.99	382.46	382.46	382.46	382.46	383.99	391.64	400.82	415.73	427.97	434.09	443.27	452.45	458.19	464.31	467.37	470.43	473.49	476.55	482.66	488.78	497.96	506.76	519.00	534.30	552.27	573.69	597.78	625.32	652.48	683.07	713.29	746.56	780.22	816.55	852.89	892.28	932.06	974.51	995.54	1038.00	1074.71	1098.81	1129.02	1147.38
Anthem Blue Cross	Prudent Buyer - Small Group	EPO A	319.53	347.93	358.79	369.65	381.34	393.04	405.15	417.68	417.68	417.68	417.68	419.35	427.70	437.73	454.02	467.38	474.07	484.09	494.12	500.38	507.06	510.40	513.75	517.09	520.43	527.11	533.80	543.82	553.43	566.79	583.50	603.13	626.52	652.83	682.91	712.56	745.98	778.97	815.31	852.07	891.75	931.43	974.45	1017.89	1064.25	1087.22	1133.58	1173.68	1199.99	1232.99	1253.04
Cigna + Oscar	LocalPlus	EPO C	266.66	290.36	299.42	308.48	318.24	328.00	338.11	348.57	348.57	348.57	348.57	349.96	356.94	365.30	378.90	390.05	395.63	403.99	412.36	417.59	423.16	425.95	428.74	431.53	434.32	439.90	445.47	453.84	461.86	473.01	486.95	503.34	522.86	544.82	569.91	594.66	622.55	650.08	680.41	711.08	744.20	777.31	813.21	849.47	888.16	907.33	946.02	979.48	1001.44	1028.98	1045.71
Cigna + Oscar	LocalPlus	EPO D	257.79	280.70	289.46	298.23	307.66	317.10	326.87	336.98	336.98	336.98	336.98	338.33	345.07	353.15	366.29	377.08	382.47	390.56	398.64	403.70	409.09	411.79	414.48	417.18	419.87	425.27	430.66	438.74	446.50	457.28	470.76	486.60	505.47	526.70	550.96	574.88	601.84	628.46	657.78	687.43	719.45	751.46	786.17	821.21	858.62	877.15	914.56	946.91	968.14	994.76	1010.93
Health Net	CommunityCare	HMO A	214.95	234.06	241.36	248.67	256.54	264.40	272.55	280.98	280.98	280.98	280.98	282.10	287.72	294.47	305.43	314.42	318.91	325.66	332.40	336.61	341.11	343.36	345.61	347.85	350.10	354.60	359.09	365.84	372.30	381.29	392.53	405.74	421.47	439.17	459.40	479.35	501.83	524.03	548.47	573.20	599.89	626.59	655.53	684.75	715.94	731.39	762.58	789.56	807.26	829.45	842.94
Kaiser Permanente	Full	HMO A	232.99	252.46	259.90	267.34	275.36	269.38	277.69	286.27	286.27	286.27	286.27	287.42	293.14	300.02	311.18	320.34	324.92	331.79	338.66	342.96	347.54	349.83	352.12	354.41	356.70	361.28	365.86	372.73	379.31	388.47	399.92	413.38	429.41	447.45	468.06	488.38	511.29	533.90	558.81	584.00	611.19	638.39	667.88	697.65	729.43	745.17	776.95	804.43	822.47	845.08	858.81
Kaiser Permanente	Full	HMO B	228.80	247.90	255.20	262.50	270.36	264.23	272.38	280.80	280.80	280.80	280.80	281.93	287.54	294.28	305.23	314.22	318.71	325.45	332.19	336.40	340.89	343.14	345.39	347.63	349.88	354.37	358.87	365.60	372.06	381.05	392.28	405.48	421.20	438.89	459.11	479.05	501.51	523.70	548.13	572.84	599.51	626.19	655.11	684.32	715.48	730.93	762.10	789.05	806.74	828.93	842.40
Kaiser Permanente	Full	HMO C	220.02	238.34	245.34	252.34	259.88	253.43	261.24	269.32	269.32	269.32	269.32	270.40	275.79	282.25	292.76	301.37	305.68	312.15	318.61	322.65	326.96	329.11	331.27	333.42	335.58	339.89	344.20	350.66	356.85	365.47	376.25	388.90	403.99	420.95	440.34	459.47	481.01	502.29	525.72	549.42	575.01	600.59	628.33	656.34	686.24	701.05	730.94	756.80	773.77	795.04	807.96
Sharp Health Plan	Premier	HMO A	181.79	197.95	204.12	210.30	216.96	223.61	230.50	237.63	237.63	237.63	237.63	238.58	243.33	249.04	258.30	265.91	269.71	275.41	281.12	284.68	288.48	290.38	292.28	294.19	296.09	299.89	303.69	309.39	314.86	322.46	331.97	343.14	356.45	371.42	388.53	405.40	424.41	443.18	463.85	484.77	507.34	529.91	554.39	579.10	605.48	618.55	644.93	667.74	682.71	701.48	712.89
Sharp Health Plan	Performance	HMO B	200.32	218.13	224.94	231.75	239.08	246.41	254.00	261.86	261.86	261.86	261.86	262.91	268.14	274.43	284.64	293.02	297.21	303.50	309.78	313.71	317.90	319.99	322.09	324.18	326.28	330.47	334.66	340.94	346.96	355.34	365.82	378.13	392.79	409.29	428.14	446.73	467.68	488.37	511.15	534.19	559.07	583.95	610.92	638.15	667.22	681.62	710.69	735.83	752.32	773.01	785.58
Sutter Health Plus	Sutter Health Plus	HMO A	206.04	224.35	231.36	238.36	245.90	253.44	261.25	269.34	269.34	269.34	269.34	270.41	275.80	282.26	292.77	301.38	305.69	312.16	318.62	322.66	326.97	329.12	331.28	333.43	335.59	339.90	344.21	350.67	356.87	365.48	376.26	388.92	404.00	420.97	440.36	459.48	481.03	502.31	525.74	549.44	575.03	600.61	628.35	656.36	686.26	701.07	730.97	756.83	773.79	795.07	807.99
Sutter Health Plus	Sutter Health Plus	HMO B	211.18	229.95	237.12	244.30	252.03	259.76	267.77	276.06	276.06	276.06	276.06	277.15	282.67	289.30	300.06	308.90	313.31	319.94	326.56	330.70	335.12	337.33	339.54	341.75	343.95	348.37	352.79	359.41	365.76	374.60	385.64	398.61	414.07	431.46	451.34	470.94	493.02	514.83	538.84	563.14	589.36	615.58	644.02	672.73	703.37	718.55	749.19	775.69	793.08	814.89	828.13
Western Health	Full	HMO B	200.57	218.40	225.22	232.03	239.37	246.71	254.32	262.18	262.18	262.18	262.18	263.23	268.48	274.77	284.99	293.38	297.58	303.87	310.16	314.10	318.29	320.39	322.49	324.58	326.68	330.87	335.07	341.36	347.39	355.78	366.27	378.59	393.27	409.79	428.67	447.28	468.26	488.97	511.78	534.85	559.76	584.67	611.67	638.94	668.04	682.46	711.56	736.73	753.25	773.96	786.55
Western Health	Full	HMO C	205.59	223.86	230.85	237.84	245.36	252.89	260.68	268.74	268.74	268.74	268.74	269.82	275.19	281.64	292.12	300.72	305.02	311.47	317.92	321.95	326.25	328.40	330.55	332.70	334.85	339.15	343.45	349.90	356.08	364.68	375.43	388.06	403.11	420.04	439.39	458.47	479.97	501.20	524.59	548.23	573.77	599.30	626.98	654.93	684.76	699.54	729.37	755.17	772.10	793.33	806.23

Silver		AGE ->	0-14	15	16	17	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	275.53	300.02	309.39	318.75	328.84	338.92	349.36	360.17	360.17	360.17	360.17	361.61	368.81	377.46	391.50	403.03	408.79	417.44	426.08	431.48	437.25	440.13	443.01	445.89	448.77	454.53	460.30	468.94	477.23	488.75	503.16	520.09	540.26	562.95	588.88	614.45	643.26	671.72	703.05	734.75	768.96	803.18	840.28	877.73	917.71	937.52	977.50	1012.08	1034.77	1063.22	1080.51
Anthem Blue Cross	CaliforniaCare HMO	HMO B	318.34	346.64	357.46	368.28	379.93	391.58	403.65	416.13	416.13	416.13	416.13	417.79	426.12	436.10	452.33	465.65	472.31	482.29	492.28	498.52	505.18	508.51	511.84	515.17	518.50	525.16	531.81	541.80	551.37	564.69	581.33	600.89	624.20	650.41	680.37	709.92	743.21	776.08	812.29	848.91	888.44	927.97	970.83	1014.11	1060.30	1083.19	1129.38	1169.33	1195.54	1228.42	1248.39
Anthem Blue Cross	Priority Select HMO	HMO C	240.91	262.32	270.51	278.70	287.51	296.33	305.46	314.91	314.91	314.91	314.91	316.17	322.47	330.03	342.31	352.38	357.42	364.98	372.54	377.26	382.30	384.82	387.34	389.86	392.38	397.42	402.45	410.01	417.26	427.33	439.93	454.73	472.37	492.20	514.88	537.24	562.43	587.31	614.70	642.42	672.33	702.25	734.69	767.44	802.39	819.71	854.67	884.90	904.74	929.61	944.73
Anthem Blue Cross	Advantage PPO	PPO A	353.80	385.25	397.27	409.29	422.24	435.19	448.61	462.48	462.48	462.48	462.48	464.33	473.58	484.68	502.72	517.52	524.91	536.01	547.11	554.05	561.45	565.15	568.85	572.55	576.25	583.65	591.05	602.15	612.79	627.59	646.08	667.82	693.72	722.86	756.15	788.99	825.99	862.53	902.76	943.46	987.39	1031.33	1078.97	1127.06	1178.40	1203.84	1255.17	1299.57	1328.71	1365.24	1387.44
Anthem Blue Cross	Select PPO	PPO B	323.78	352.56	363.56	374.57	386.42	398.27	410.54	423.24	423.24	423.24	423.24	424.93	433.40	443.56	460.06	473.61	480.38	490.54	500.69	507.04	513.81	517.20	520.59	523.97	527.36	534.13	540.90	551.06	560.79	574.34	591.27	611.16	634.86	661.52	692.00	722.05	755.91	789.34	826.16	863.41	903.62	943.83	987.42	1031.44	1078.42	1101.69	1148.67	1189.30	1215.97	1249.40	1269.72
Anthem Blue Cross	Prudent Buyer - Small Group	PPO C	350.03	381.15	393.04	404.94	417.75	430.56	443.83	457.56	457.56	457.56	457.56	459.39	468.54	479.52	497.37	512.01	519.33	530.31	541.29	548.16	555.48	559.14	562.80	566.46	570.12	577.44	584.76	595.74	606.27	620.91	639.21	660.72	686.34	715.17	748.11	780.60	817.20	853.35	893.16	933.42	976.89	1020.36	1067.49	1115.07	1165.86	1191.03	1241.82	1285.74	1314.57	1350.72	1372.68
Anthem Blue Cross	Prudent Buyer - Small Group	EPO A	341.95	372.34	383.96	395.59	408.10	420.62	433.58	446.99	446.99	446.99	446.99	448.78	457.72	468.45	485.88	500.18	507.33	518.06	528.79	535.49	542.65	546.22	549.80	553.37	556.95	564.10	571.25	581.98	592.26	606.57	624.45	645.45	670.49	698.65	730.83	762.56	798.32	833.64	872.52	911.86	954.32	996.79	1042.83	1089.31	1138.93	1163.51	1213.13	1256.04	1284.20	1319.51	1340.97
Anthem Blue Cross	Prudent Buyer - Small Group	EPO B	342.05	372.45	384.08	395.70	408.22	420.74	433.71	447.12	447.12	447.12	447.12	448.91	457.85	468.58	486.02	500.33	507.48	518.21	528.94	535.65	542.80	546.38	549.96	553.53	557.11	564.27	571.42	582.15	592.43	606.74	624.63	645.64	670.68	698.85	731.04	762.79	798.56	833.88	872.78	912.12	954.60	997.08	1043.13	1089.63	1139.26	1163.85	1213.48	1256.41	1284.58	1319.90	1341.36
Cigna + Oscar	LocalPlus	EPO C	341.98	372.38	384.01	395.63	408.15	420.66	433.63	447.04	447.04	447.04	447.04	448.83	457.77	468.50	485.93	500.24	507.39	518.12	528.85	535.55	542.71	546.28	549.86	553.43	557.01	564.16	571.32	582.04	592.33	606.63	624.51	645.52	670.56	698.72	730.91	762.65	798.41	833.73	872.62	911.96	954.43	996.90	1042.94	1089.43	1139.06	1163.64	1213.26	1256.18	1284.34	1319.66	1341.12
Cigna + Oscar	LocalPlus	EPO D	334.87	364.63	376.02	387.40	399.65	411.91	424.60	437.74	437.74	437.74	437.74	439.49	448.24	458.75	475.82	489.83	496.83	507.34	517.84	524.41	531.41	534.91	538.42	541.92	545.42	552.42	559.43	569.93	580.00	594.01	611.52	632.09	656.60	684.18	715.70	746.78	781.80	816.38	854.46	892.98	934.57	976.15	1021.24	1066.76	1115.35	1139.43	1188.02	1230.04	1257.62	1292.20	1313.21
Cigna + Oscar	LocalPlus	EPO E	326.29	355.29	366.38	377.47	389.42	401.36	413.73	426.52	426.52	426.52	426.52	428.23	436.76	447.00	463.63	477.28	484.10	494.34	504.58	510.98	517.80	521.21	524.62	528.04	531.45	538.27	545.10	555.33	565.14	578.79	595.85	615.90	639.79	666.66	697.37	727.65	761.77	795.47	832.57	870.11	910.63	951.15	995.08	1039.44	1086.78	1110.24	1157.59	1198.53	1225.40	1259.10	1279.57
Health Net	WholeCare	HMO A	435.11	473.79	488.58	503.37	519.29	535.22	551.71	568.77	568.77	568.77	568.77	571.05	582.42	596.08	618.26	636.46	645.56	659.21	672.86	681.39	690.49	695.04	699.59	704.14	708.69	717.79	726.89	740.54	753.63	771.83	794.58	821.31	853.16	888.99	929.95	970.33	1015.83	1060.76	1110.25	1160.30	1214.33	1268.37	1326.95	1386.10	1449.24	1480.52	1543.65	1598.26	1634.09	1679.02	1706.31
Health Net	CommunityCare	HMO C	235.35	256.27	264.27	272.27	280.89	289.50	298.42	307.65	307.65	307.65	307.65	308.88	315.04	322.42	334.42	344.26	349.18	356.57	363.95	368.57	373.49	375.95	378.41	380.87	383.33	388.26	393.18	400.56	407.64	417.48	429.79	444.25	461.48	480.86	503.01	524.85	549.47	573.77	600.54	627.61	656.84	686.06	717.75	749.75	783.90	800.82	834.97	864.50	883.88	908.19	922.95
Kaiser Permanente	Full	HMO A	266.33	288.76	297.34	305.92	315.15	310.40	319.96	329.86	329.86	329.86	329.86	331.18	337.78	345.69	358.56	369.11	374.39	382.31	390.22	395.17	400.45	403.09	405.73	408.37	411.01	416.28	421.56	429.48	437.06	447.62	460.81	476.32	494.79	515.57	539.32	562.74	589.13	615.19	643.89	672.92	704.25	735.59	769.56	803.87	840.48	858.63	895.24	926.91	947.69	973.75	989.58
Kaiser Permanente	Full	HMO B	271.07	293.93	302.66	311.40	320.81	316.23	325.98	336.06	336.06	336.06	336.06	337.40	344.12	352.19	365.30	376.05	381.43	389.49	397.56	402.60	407.98	410.66	413.35	416.04	418.73	424.11	429.48	437.55	445.28	456.03	469.47	485.27	504.09	525.26	549.46	573.32	600.20	626.75	655.99	685.56	717.49	749.41	784.02	818.97	856.28	874.76	912.06	944.32	965.50	992.04	1008.18
Kaiser Permanente	Full	HMO C	269.06	291.73	300.40	309.07	318.41	313.75	323.42	333.43	333.43	333.43	333.43	334.76	341.43	349.43	362.43	373.10	378.44	386.44	394.44	399.44	404.78	407.45	410.11	412.78	415.45	420.78	426.12	434.12	441.79	452.46	465.80	481.47	500.14	521.14	545.15	568.82	595.50	621.84	650.85	680.19	711.86	743.54	777.88	812.56	849.57	867.91	904.92	936.93	957.93	984.27	1000.29
Kaiser Permanente	Full	HMO D	251.85	273.00	281.08	289.16	297.87	292.59	301.60	310.93	310.93	310.93	310.93	312.17	318.39	325.86	337.98	347.93	352.91	360.37	367.83	372.50	377.47	379.96	382.45	384.93	387.42	392.39	397.37	404.83	411.98	421.93	434.37	448.98	466.40	485.99	508.37	530.45	555.32	579.89	606.94	634.30	663.84	693.38	725.40	757.74	792.25	809.35	843.87	873.72	893.30	917.87	932.79
Kaiser Permanente	Full	HMO E	262.74	284.85	293.31	301.76	310.87	305.98	315.41	325.17	325.17	325.17	325.17	326.47	332.97	340.78	353.46	363.86	369.07	376.87	384.67	389.55	394.75	397.36	399.96	402.56	405.16	410.36	415.56	423.37	430.85	441.25	454.26	469.54	487.75	508.24	531.65	554.74	580.75	606.44	634.73	663.34	694.23	725.12	758.62	792.43	828.53	846.41	882.51	913.72	934.21	959.90	975.51
Sharp Health Plan	Premier	HMO A	203.65	221.75	228.67	235.60	243.05	250.50	258.22	266.21	266.21	266.21	266.21	267.27	272.60	278.99	289.37	297.89	302.15	308.54	314.93	318.92	323.18	325.31	327.44	329.57	331.70	335.96	340.22	346.61	352.73	361.25	371.90	384.41	399.32	416.09	435.25	454.15	475.45	496.48	519.64	543.07	568.36	593.65	621.07	648.75	678.30	692.94	722.49	748.05	764.82	785.85	798.63
Sharp Health Plan	Performance	HMO B	216.16	235.37	242.72	250.07	257.98	265.89	274.08	282.56	282.56	282.56	282.56	283.69	289.34	296.12	307.14	316.18	320.71	327.49	334.27	338.51	343.03	345.29	347.55	349.81	352.07	356.59	361.11	367.89	374.39	383.43	394.74	408.02	423.84	441.64	461.99	482.05	504.65	526.97	551.56	576.42	603.27	630.11	659.21	688.60	719.96	735.50	766.87	793.99	811.79	834.12	847.68
Sharp Health Plan	Premier	HMO C	199.18	216.88	223.65	230.42	237.71	245.00	252.55	260.36	260.36	260.36	260.36	261.40	266.61	272.86	283.01	291.34	295.51	301.76	308.01	311.91	316.08	318.16	320.24	322.33	324.41	328.57	332.74	338.99	344.98	353.31	363.72	375.96	390.54	406.94	425.69	444.17	465.00	485.57	508.22	531.13	555.87	580.60	607.42	634.50	663.40	677.72	706.62	731.61	748.01	768.58	781.08
Sutter Health Plus	Sutter Health Plus	HMO B	265.77	289.40	298.43	307.46	317.19	326.92	336.99	347.43	347.43	347.43	347.43	348.81	355.75	364.09	377.64	388.76	394.32	402.66	410.99	416.20	421.76	424.54	427.32	430.10	432.88	438.44	444.00	452.34	460.33	471.44	485.34	501.67	521.12	543.01	568.03	592.69	620.49	647.93	678.16	708.73	741.73	774.74	810.52	846.65	885.22	904.33	942.89	976.24	998.13	1025.57	1042.24
Sutter Health Plus	Sutter Health Plus	HMO C	242.30	263.84	272.08	280.31	289.18	298.05	307.23	316.75	316.75	316.75	316.75	318.00	324.34	331.94	344.29	354.43	359.50	367.10	374.70	379.45	384.52	387.05	389.59	392.12	394.65	399.72	404.79	412.39	419.68	429.81	442.48	457.37	475.10	495.06	517.86	540.35	565.69	590.71	618.27	646.14	676.23	706.32	738.95	771.89	807.04	824.46	859.62	890.03	909.98	935.00	950.20
UnitedHealthcare	SignatureValue	HMO A	359.87	391.86	404.09	416.32	429.49	442.67	456.31	470.42	470.42	470.42	470.42	472.30	481.71	493.00	511.35	526.40	533.93	545.22	556.51	563.56	571.09	574.85	578.62	582.38	586.14	593.67	601.20	612.49	623.31	638.36	657.18	679.29	705.63	735.27	769.14	802.54	840.17	877.33	918.26	959.66	1004.35	1049.04	1097.49	1146.41	1198.63	1224.50	1276.72	1321.88	1351.52	1388.68	1411.26
UnitedHealthcare	Harmony	HMO F	275.39	299.87	309.23	318.59	328.67	338.75	349.19	359.99	359.99	359.99	359.99	361.43	368.63	377.27	391.31	402.83	408.59	417.23	425.87	431.27	437.03	439.91	442.79	445.67	448.55	454.31	460.07	468.71	476.99	488.51	502.91	519.83	539.99	562.66	588.58	614.14	642.94	671.38	702.70	734.38	768.58	802.78	839.86	877.30	917.25	937.05	977.01	1011.57	1034.25	1062.69	1079.97
UnitedHealthcare	Harmony	HMO G	243.91	265.59	273.88	282.17	291.10	300.03	309.27	318.84	318.84	318.84	318.84	320.12	326.49	334.14	346.58	356.78	361.88	369.54	377.19	381.97	387.07	389.62	392.17	394.72	397.27	402.38	407.48	415.13	422.46	432.67	445.42	460.40	478.26	498.35	521.30	543.94	569.45	594.64	622.38	650.43	680.72	711.01	743.85	777.01	812.40	829.94	865.33	895.94	916.03	941.22	956.52
Western Health	Full	HMO A	225.53	245.58	253.24	260.91	269.16	277.42	285.97	294.81	294.81	294.81	294.81	295.99	301.89	308.96	320.46	329.89	334.61	341.69	348.76	353.18	357.90	360.26	362.62	364.98	367.34	372.05	376.77	383.84	390.63	400.06	411.85	425.71	442.22	460.79	482.02	502.95	526.53	549.82	575.47	601.42	629.42	657.43	687.80	718.46	751.18	767.39	800.12	828.42	846.99	870.28	884.44
Western Health	Full	HMO B	236.83	257.88	265.93	273.98	282.65	291.32	300.29	309.58	309.58	309.58	309.58	310.82	317.01	324.44	336.51	346.42	351.37	358.80	366.23	370.88	375.83	378.31	380.79	383.26	385.74	390.69	395.65	403.07	410.20	420.10	432.49	447.04	464.37	483.88	506.17	528.15	552.91	577.37	604.30	631.55	660.96	690.37	722.25	754.45	788.81	805.84	840.20	869.92	889.43	913.88	928.74
Western Health	Full	HMO C	220.93	240.56	248.07	255.58	263.67	271.75	280.13	288.79	288.79	288.79	288.79	289.95	295.72	302.65	313.92	323.16	327.78	334.71	341.64	345.97	350.59	352.90	355.21	357.52	359.83	364.46	369.08	376.01	382.65	391.89	403.44	417.02	433.19	451.38	472.17	492.68	515.78	538.60	563.72	589.14	616.57	644.01	673.75	703.79	735.84	751.72	783.78	811.50	829.70	852.51	866.38

Health Care Service Plan rates will vary by county

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Continued

Gold		AGE -->	0-14	15	16	17	18	19	20	21	22	23	24	25
CARRIER	NETWORK	PLAN												
Anthem Blue Cross	Select HMO	HMO A	336.96	366.91	378.36	389.82	402.15	414.48	427.26	440.47	440.47	440.47	440.47	442.23
Anthem Blue Cross	CaliforniaCare HMO	HMO B	389.32	423.93	437.16	450.39	464.64	478.89	493.65	508.92	508.92	508.92	508.92	510.96
Anthem Blue Cross	Priority Select HMO	HMO C	294.56	320.75	330.76	340.77	351.55	362.33	373.50	385.05	385.05	385.05	385.05	386.59
Anthem Blue Cross	Advantage PPO	PPO A	417.64	454.76	468.95	483.15	498.43	513.72	529.55	545.93	545.93	545.93	545.93	548.11
Anthem Blue Cross	Select PPO	PPO B	367.50	400.16	412.66	425.15	438.60	452.05	465.98	480.39	480.39	480.39	480.39	482.31
Anthem Blue Cross	Select PPO	PPO C	382.14	416.11	429.10	442.08	456.07	470.06	484.54	499.53	499.53	499.53	499.53	501.53
Anthem Blue Cross	Select PPO	PPO D	357.46	389.24	401.38	413.53	426.62	439.70	453.25	467.27	467.27	467.27	467.27	469.14
Anthem Blue Cross	Prudent Buyer - Small Group	PPO E	413.17	449.89	463.94	477.98	493.10	508.22	523.89	540.09	540.09	540.09	540.09	542.25
Cigna + Oscar	LocalPlus	EPO C	378.30	411.93	424.79	437.64	451.49	465.33	479.68	494.51	494.51	494.51	494.51	496.49
Cigna + Oscar	LocalPlus	EPO D	366.76	399.36	411.82	424.29	437.71	451.13	465.04	479.42	479.42	479.42	479.42	481.34
Cigna + Oscar	LocalPlus	EPO E	374.71	408.02	420.76	433.49	447.21	460.92	475.13	489.82	489.82	489.82	489.82	491.78
Health Net	WholeCare	HMO A	499.18	543.55	560.51	577.48	595.75	614.02	632.94	652.52	652.52	652.52	652.52	655.13
Health Net	WholeCare	HMO B	489.23	532.72	549.35	565.98	583.88	601.79	620.34	639.52	639.52	639.52	639.52	642.08
Health Net	WholeCare	HMO C	495.18	539.20	556.03	572.86	590.98	609.11	627.88	647.30	647.30	647.30	647.30	649.89
Health Net	Salud HMO y Mas	HMO D	277.89	302.59	312.03	321.48	331.65	341.82	352.35	363.25	363.25	363.25	363.25	364.70
Health Net	Full	HMO E	539.38	587.32	605.66	623.99	643.73	663.47	683.92	705.07	705.07	705.07	705.07	707.89
Health Net	Full	HMO F	511.40	556.86	574.24	591.62	610.34	629.06	648.44	668.50	668.50	668.50	668.50	671.17
Health Net	Full	HMO G	553.95	603.19	622.01	640.84	661.11	681.39	702.39	724.11	724.11	724.11	724.11	727.01
Kaiser Permanente	Full	HMO B	318.07	345.10	355.44	365.77	376.90	374.04	385.57	397.49	397.49	397.49	397.49	399.08
Kaiser Permanente	Full	HMO C	335.68	364.27	375.20	386.14	397.91	395.69	407.89	420.50	420.50	420.50	420.50	422.19
Kaiser Permanente	Full	HMO D	300.30	325.75	335.48	345.21	355.69	352.18	363.03	374.26	374.26	374.26	374.26	375.75
Kaiser Permanente	Full	HMO E	278.54	302.06	311.05	320.04	329.72	325.41	335.44	345.82	345.82	345.82	345.82	347.20
Sharp Health Plan	Performance	HMO A	261.56	284.81	293.70	302.59	312.16	321.74	331.65	341.91	341.91	341.91	341.91	343.28
Sharp Health Plan	Premier	HMO B	250.61	272.88	281.40	289.92	299.09	308.26	317.76	327.59	327.59	327.59	327.59	328.90
Sharp Health Plan	Performance	HMO D	280.56	305.50	315.04	324.57	334.84	345.11	355.75	366.75	366.75	366.75	366.75	368.22
Sutter Health Plus	Sutter Health Plus	HMO A	302.65	329.55	339.84	350.13	361.20	372.28	383.76	395.63	395.63	395.63	395.63	397.21
Sutter Health Plus	Sutter Health Plus	HMO B	315.23	343.25	353.96	364.68	376.21	387.75	399.70	412.07	412.07	412.07	412.07	413.71
UnitedHealthcare	SignatureValue	HMO A	394.42	429.48	442.88	456.29	470.72	485.16	500.11	515.58	515.58	515.58	515.58	517.64
UnitedHealthcare	SignatureValue	HMO F	455.10	495.55	511.02	526.49	543.14	559.80	577.05	594.90	594.90	594.90	594.90	597.28
UnitedHealthcare	SignatureValue	HMO H	418.25	455.43	469.64	483.86	499.16	514.47	530.33	546.73	546.73	546.73	546.73	548.92
UnitedHealthcare	Harmony	HMO L	301.83	328.66	338.92	349.18	360.22	371.27	382.71	394.55	394.55	394.55	394.55	396.13
UnitedHealthcare	Harmony	HMO M	348.27	379.22	391.06	402.90	415.64	428.39	441.59	455.25	455.25	455.25	455.25	457.07
UnitedHealthcare	Harmony	HMO N	320.06	348.51	359.39	370.27	381.98	393.70	405.83	418.38	418.38	418.38	418.38	420.05
UnitedHealthcare	Harmony	HMO P	297.25	323.67	333.77	343.88	354.76	365.63	376.90	388.56	388.56	388.56	388.56	390.11
UnitedHealthcare	SignatureValue	HMO Q	388.43	422.96	436.16	449.36	463.58	477.79	492.52	507.75	507.75	507.75	507.75	509.78
Western Health	Full	HMO A	261.59	284.84	293.73	302.62	312.20	321.77	331.69	341.95	341.95	341.95	341.95	343.31
Western Health	Full	HMO B	272.56	296.79	306.05	315.32	325.29	335.27	345.60	356.29	356.29	356.29	356.29	357.72
Western Health	Full	HMO C	248.53	270.62	279.06	287.51	296.61	305.70	315.12	324.87	324.87	324.87	324.87	326.17
Western Health	Full	HMO D	239.02	260.26	268.38	276.51	285.26	294.00	303.06	312.44	312.44	312.44	312.44	313.69

Gold		AGE -->	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45
CARRIER	NETWORK	PLAN																				
Anthem Blue Cross	Select HMO	HMO A	451.04	461.61	478.79	492.89	499.93	510.50	521.08	527.68	534.73	538.25	541.78	545.30	548.83	555.87	562.92	573.49	583.62	597.72	615.34	636.04
Anthem Blue Cross	CaliforniaCare HMO	HMO B	521.13	533.35	553.20	569.48	577.62	589.84	602.05	609.69	617.83	621.90	625.97	630.04	634.11	642.26	650.40	662.61	674.32	690.60	710.96	734.88
Anthem Blue Cross	Priority Select HMO	HMO C	394.29	403.53	418.55	430.87	437.03	446.27	455.51	461.29	467.45	470.53	473.61	476.69	479.77	485.93	492.09	501.34	510.19	522.51	537.91	556.01
Anthem Blue Cross	Advantage PPO	PPO A	559.03	572.13	593.43	610.90	619.63	632.73	645.84	654.02	662.76	667.13	671.49	675.86	680.23	688.96	697.70	710.80	723.36	740.83	762.66	788.32
Anthem Blue Cross	Select PPO	PPO B	491.92	503.45	522.18	537.56	545.24	556.77	568.30	575.51	583.19	587.04	590.88	594.72	598.57	606.25	613.94	625.47	636.52	651.89	671.10	693.68
Anthem Blue Cross	Select PPO	PPO C	511.52	523.51	542.99	558.97	566.97	578.96	590.94	598.44	606.43	610.43	614.42	618.42	622.41	630.41	638.40	650.39	661.88	677.86	697.84	721.32
Anthem Blue Cross	Select PPO	PPO D	478.48	489.70	507.92	522.88	530.35	541.57	552.78	559.79	567.27	571.00	574.74	578.48	582.22	589.69	597.17	608.39	619.13	634.09	652.78	674.74
Anthem Blue Cross	Prudent Buyer - Small Group	PPO E	553.05	566.01	587.08	604.36	613.00	625.96	638.93	647.03	655.67	659.99	664.31	668.63	672.95	681.59	690.24	703.20	715.62	732.90	754.51	779.89
Cigna + Oscar	LocalPlus	EPO C	506.38	518.25	537.53	553.36	561.27	573.14	585.01	592.42	600.34	604.29	608.25	612.20	616.16	624.07	631.99	643.85	655.23	671.05	690.83	714.07
Cigna + Oscar	LocalPlus	EPO D	490.92	502.43	521.13	536.47	544.14	555.65	567.15	574.34	582.01	585.85	589.68	593.52	597.36	605.03	612.70	624.20	635.23	650.57	669.75	692.28
Cigna + Oscar	LocalPlus	EPO E	501.58	513.33	532.43	548.11	555.95	567.70	579.46	586.80	594.64	598.56	602.48	606.40	610.32	618.15	625.99	637.75	649.01	664.69	684.28	707.30
Health Net	WholeCare	HMO A	668.18	683.84	709.29	730.17	740.61	756.27	771.93	781.72	792.16	797.38	802.60	807.82	813.04	823.48	833.92	849.58	864.59	885.47	911.57	942.24
Health Net	WholeCare	HMO B	654.87	670.22	695.16	715.63	725.86	741.21	756.55	766.15	776.38	781.50	786.61	791.73	796.84	807.08	817.31	832.66	847.37	867.83	893.41	923.47
Health Net	WholeCare	HMO C	662.83	678.37	703.61	724.33	734.68	750.22	765.75	775.46	785.82	791.00	796.18	801.36	806.53	816.89	827.25	842.78	857.67	878.38	904.28	934.70
Health Net	Salud HMO y Mas	HMO D	371.97	380.69	394.85	406.48	412.29	421.01	429.72	435.17	440.98	443.89	446.80	449.70	452.61	458.42	464.23	472.95	481.31	492.93	507.46	524.53
Health Net	Full	HMO E	721.99	738.92	766.41	788.98	800.26	817.18	834.10	844.68	855.96	861.60	867.24	872.88	878.52	889.80	901.08	918.00	934.22	956.78	984.99	1018.12
Health Net	Full	HMO F	684.54	700.59	726.66	748.05	758.75	774.79	790.84	800.86	811.56	816.91	822.25	827.60	832.95	843.65	854.34	870.39	885.76	907.15	933.89	965.31
Health Net	Full	HMO G	741.49	758.87	787.11	810.28	821.87	839.25	856.62	867.49	879.07	884.87	890.66	896.45	902.24	913.83	925.42	942.79	959.45	982.62	1011.58	1045.62
Kaiser Permanente	Full	HMO B	407.03	416.57	432.07	444.79	451.15	460.69	470.23	476.20	482.56	485.74	488.92	492.10	495.28	501.64	508.00	517.54	526.68	539.40	555.30	573.98
Kaiser Permanente	Full	HMO C	430.60	440.69	457.09	470.54	477.27	487.36	497.46	503.76	510.49	513.86	517.22	520.58	523.95	530.68	537.40	547.50	557.17	570.62	587.44	607.21
Kaiser Permanente	Full	HMO D	383.24	392.22	406.82	418.79	424.78	433.76	442.75	448.36	454.35	457.34	460.34	463.33	466.33	472.31	478.30	487.28	495.89	507.87	522.84	540.43
Kaiser Permanente	Full	HMO E	354.12	362.42	375.90	386.97	392.50	400.80	409.10	414.29	419.82	422.59	425.36	428.12	430.89	436.42	441.95	450.25	458.21	469.27	483.11	499.36
Sharp Health Plan	Performance	HMO A	350.12	358.32	371.66	382.60	388.07	396.27	404.48	409.61	415.08	417.81	420.55	423.28	426.02	431.49	436.96	445.17	453.03	463.97	477.65	493.72
Sharp Health Plan	Premier	HMO B	335.45	343.31	356.09	366.57	371.81	379.68	387.54	392.45	397.69	400.31	402.94	405.56	408.18	413.42	418.66	426.52	434.06	444.54	457.64	473.04
Sharp Health Plan	Performance	HMO D	375.55	384.35	398.66	410.39	416.26	425.06	433.87	439.37	445.23	448.17	451.10	454.04	456.97	462.84	468.71	477.51	485.94	497.68	512.35	529.59
Sutter Health Plus	Sutter Health Plus	HMO A	405.12	414.61	430.04	442.70	449.03	458.53	468.02	473.96	480.29	483.45	486.62	489.78	492.95	499.28	505.61	515.10	524.20	536.86	552.69	571.28
Sutter Health Plus	Sutter Health Plus	HMO B	421.95	431.84	447.91	461.10	467.69	477.58	487.47	493.65	500.24	503.54	506.84	510.13	513.43	520.02	526.62	536.51	545.98	559.17	575.65	595.02
UnitedHealthcare	SignatureValue	HMO A	527.95	540.33	560.44	576.93	585.18	597.56	609.93	617.66	625.91	630.04	634.16	638.29	642.41	650.66	658.91	671.29	683.14	699.64	720.27	744.50
UnitedHealthcare	SignatureValue	HMO F	609.18	623.46	646.66	665.69	675.21	689.49	703.77	712.69	722.21	726.97	731.73	736.49	741.25	750.76	760.28	774.56	788.24	807.28	831.08	859.04
UnitedHealthcare	SignatureValue	HMO H	559.85	572.97	594.30	611.79	620.54	633.66	646.78	654.98	663.73	668.10	672.48	676.85	681.23	689.97	698.72	711.84	724.42	741.91	763.78	789.48
UnitedHealthcare	Harmony	HMO L	404.02	413.49	428.88	441.50	447.81	457.28	466.75	472.67	478.98	482.14	485.30	488.45	491.61	497.92	504.23	513.70	522.78	535.40	551.19	569.73
UnitedHealthcare	Harmony	HMO M	466.18	477.10	494.86	509.42	516.71	527.63	538.56	545.39	552.67	556.32	559.96	563.60	567.24	574.53	581.81	592.74	603.21	617.77	635.98	657.38
UnitedHealthcare	Harmony	HMO N	428.42	438.46	454.78	468.17	474.86	484.90	494.94	501.22	507.91	511.26	514.61	517.95	521.30	528.00	534.69	544.73	554.35	567.74	584.48	604.14
UnitedHealthcare	Harmony	HMO P	397.89	407.21	422.36	434.80	441.02	450.34	459.67	465.49	471.71	474.82	477.93	481.04	484.15	490.36	496.58	505.91	514.84	527.28	542.82	561.08
UnitedHealthcare	SignatureValue	HMO Q	519.94	532.12	551.92	568.17	576.30	588.48	600.67	608.28	616.41	620.47	624.53	628.59	632.66	640.78	648.90	661.09	672.77	689.02	709.33	733.19
Western Health	Full	HMO A	350.15	358.36	371.69	382.64	388.11	396.31	404.52	409.65	415.12	417.86	420.59	423.33	426.06	431.54	437.01	445.21	453.08	464.02	477.70	493.77
Western Health	Full	HMO B	364.84	373.39	387.29	398.69	404.39	412.94	421.49	426.84	432.54	435.39	438.24	441.09	443.94	449.64	455.34	463.89	472.09	483.49	497.74	514.49
Western Health	Full	HMO C	332.67	340.46	353.13	363.53	368.73	376.52	384.32	389.19	394.39	396.99	399.59	402.19	404.79	409.99	415.18	422.98	430.45	440.85	453.84	469.11
Western Health	Full	HMO D	319.94	327.44	339.62	349.62	354.62	362.12	369.61	374.30	379.30	381.80	384.30	386.80	389.30	394.30	399.30	406.79	413.98	423.98	436.48	451.16

Gold		AGE -->	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	660.71	688.45	720.17	751.44	786.68	821.48	859.80	898.56	940.40	982.25	1027.62	1073.43	1122.32	1146.54	1195.44	1237.72	1265.47	1300.27	1321.41
Anthem Blue Cross	CaliforniaCare HMO	HMO B	763.38	795.44	832.08	868.22	908.93	949.14	993.41	1038.20	1086.54	1134.89	1187.31	1240.24	1296.73	1324.72	1381.21	1430.07	1462.13	1502.33	1526.76
Anthem Blue Cross	Priority Select HMO	HMO C	577.58	601.83	629.56	656.90	687.70	718.12	751.62	785.50	822.08	858.66	898.32	938.37	981.11	1002.29	1045.03	1081.99	1106.25	1136.67	1155.15
Anthem Blue Cross	Advantage PPO	PPO A	818.90	853.29	892.60	931.36	975.03	1018.16	1065.66	1113.70	1165.56	1217.42	1273.65	1330.43	1391.03	1421.06	1481.65	1534.06	1568.46	1611.59	1637.79
Anthem Blue Cross	Select PPO	PPO B	720.59	750.85	785.44	819.55	857.98	895.93	937.72	980.00	1025.63	1071.27	1120.75	1170.71	1224.03	1250.46	1303.78	1349.90	1380.16	1418.11	1441.17
Anthem Blue Cross	Select PPO	PPO C	749.30	780.77	816.73	852.20	892.16	931.62	975.08	1019.04	1066.50	1113.95	1165.40	1217.35	1272.80	1300.28	1355.72	1403.68	1435.15	1474.61	1498.59
Anthem Blue Cross	Select PPO	PPO D	700.91	730.34	763.99	797.16	834.54	871.46	912.11	953.23	997.62	1042.01	1090.14	1138.74	1190.60	1216.30	1268.17	1313.03	1342.47	1379.38	1401.81
Anthem Blue Cross	Prudent Buyer - Small Group	PPO E	810.14	844.16	883.05	921.39	964.60	1007.27	1054.26	1101.78	1153.09	1204.40	1260.03	1316.20	1376.15	1405.85	1465.80	1517.65	1551.68	1594.35	1620.27
Cigna + Oscar	LocalPlus	EPO C	741.77	772.92	808.53	843.64	883.20	922.26	965.29	1008.80	1055.78	1102.76	1153.69	1205.12	1260.01	1287.21	1342.10	1389.58	1420.73	1459.80	1483.53
Cigna + Oscar	LocalPlus	EPO D	719.13	749.33	783.85	817.89	856.24	894.12	935.82	978.01	1023.56	1069.10	1118.48	1168.34	1221.56	1247.93	1301.14	1347.17	1377.37	1415.24	1438.26
Cigna + Oscar	LocalPlus	EPO E	734.73	765.59	800.86	835.63	874.82	913.51	956.13	999.23	1045.77	1092.30	1142.75	1193.69	1248.06	1275.00	1329.37	1376.40	1407.25	1445.95	1469.46
Health Net	WholeCare	HMO A	978.78	1019.89	1066.87	1113.20	1165.40	1216.95	1273.72	1331.14	1393.13	1455.12	1522.33	1590.19	1662.62	1698.51	1770.94	1833.58	1874.69	1926.24	1957.56
Health Net	WholeCare	HMO B	959.28	999.57	1045.62	1091.03	1142.19	1192.71	1248.35	1304.63	1365.38	1426.13	1492.01	1558.52	1629.50	1664.68	1735.66	1797.06	1837.35	1887.87	1918.56
Health Net	WholeCare	HMO C	970.95	1011.73	1058.33	1104.29	1156.08	1207.21	1263.53	1320.49	1381.98	1443.48	1510.15	1577.47	1649.32	1684.92	1756.77	1818.91	1859.69	1910.83	1941.90
Health Net	Salud HMO y Mas	HMO D	544.87	567.76	593.91	619.70	648.76	677.46	709.06	741.03	775.54	810.05	847.46	885.24	925.56	945.54	985.86	1020.73	1043.62	1072.31	1089.75
Health Net	Full	HMO E	1057.61	1102.03	1152.79	1202.85	1259.26	1314.96	1376.30	1438.35	1505.33	1572.31	1644.93	1718.26	1796.52	1835.30	1913.56	1981.25	2025.67	2081.37	2115.21
Health Net	Full	HMO F	1002.75	1044.87	1093.00	1140.46	1193.94	1246.75	1304.91	1363.74	1427.25	1490.75	1559.61	1629.13	1703.34	1740.10	1814.31	1878.48	1920.60	1973.41	2005.50
Health Net	Full	HMO G	1086.17	1131.79	1183.92	1235.34	1293.26	1350.47	1413.47	1477.19	1545.98	1614.77	1689.35	1764.66	1845.04	1884.86	1965.24	2034.76	2080.37	2137.58	2172.33
Kaiser Permanente	Full	HMO B	596.24	621.28	649.90	678.12	709.92	741.32	775.91	810.89	848.65	886.41	927.35	968.69	1012.81	1034.67	1078.80	1116.95	1142.00	1173.40	1192.47
Kaiser Permanente	Full	HMO C	630.76	657.25	687.52	717.38	751.02	784.24	820.82	857.83	897.78	937.72	981.04	1024.77	1071.44	1094.57	1141.25	1181.62	1208.11	1241.33	1261.50
Kaiser Permanente	Full	HMO D	561.39	584.97	611.91	638.48	668.42	697.99	730.55	763.49	799.04	834.59	873.14	912.07	953.61	974.19	1015.74	1051.66	1075.24	1104.81	1122.78
Kaiser Permanente	Full	HMO E	518.73	540.51	565.41	589.96	617.63	644.95	675.04	705.47	738.32	771.17	806.79	842.76	881.14	900.16	938.55	971.75	993.53	1020.85	1037.46
Sharp Health Plan	Performance	HMO A	512.87	534.41	559.02	583.30	610.65	637.66	667.41	697.50	729.98	762.46	797.68	833.23	871.19	889.99	927.94	960.77	982.31	1009.32	1025.73
Sharp Health Plan	Premier	HMO B	491.39	512.02	535.61	558.87	585.08	610.96	639.46	668.28	699.40	730.53	764.27	798.34	834.70	852.72	889.08	920.53	941.17	967.05	982.77
Sharp Health Plan	Performance	HMO D	550.13	573.23	599.64	625.68	655.02	683.99	715.90	748.17	783.01	817.85	855.63	893.77	934.48	954.65	995.36	1030.57	1053.67	1082.65	1100.25
Sutter Health Plus	Sutter Health Plus	HMO A	593.44	618.36	646.85	674.93	706.58	737.84	772.26	807.07	844.66	882.24	922.99	964.14	1008.05	1029.81	1073.72	1111.70	1136.63	1167.88	1186.86
Sutter Health Plus	Sutter Health Plus	HMO B	618.09	644.05	673.72	702.98	735.94	768.50	804.35	840.61	879.75	918.90	961.34	1004.20	1049.93	1072.60	1118.34	1157.89	1183.85	1216.41	1236.18
UnitedHealthcare	SignatureValue	HMO A	773.37	805.85	842.97	879.58	920.83	961.56	1006.41	1051.78	1100.76	1149.74	1202.85	1256.47	1313.70	1342.05	1399.28	1448.78	1481.26	1521.99	1546.74
UnitedHealthcare	SignatureValue	HMO F	892.35	929.83	972.66	1014.90	1062.49	1109.49	1161.24	1213.60	1270.11	1326.63	1387.90	1449.77	1515.81	1548.52	1614.56	1671.67	1709.15	1756.14	1784.70
UnitedHealthcare	SignatureValue	HMO H	820.10	854.54	893.90	932.72	976.46	1019.65	1067.22	1115.33	1167.27	1219.21	1275.52	1332.38	1393.07	1423.14	1483.83	1536.31	1570.76	1613.95	1640.19
UnitedHealthcare	Harmony	HMO L	591.83	616.68	645.09	673.10	704.67	735.84	770.16	804.88	842.36	879.85	920.49	961.52	1005.31	1027.01	1070.81	1108.69	1133.54	1164.71	1183.65
UnitedHealthcare	Harmony	HMO M	682.88	711.56	744.33	776.66	813.08	849.04	888.65	928.71	971.96	1015.21	1062.10	1109.44	1159.98	1185.02	1235.55	1279.25	1307.93	1343.90	1365.75
UnitedHealthcare	Harmony	HMO N	627.57	653.93	684.05	713.76	747.23	780.28	816.68	853.50	893.24	932.99	976.08	1019.59	1066.03	1089.04	1135.48	1175.65	1202.01	1235.06	1255.14
UnitedHealthcare	Harmony	HMO P	582.84	607.32	635.30	662.88	693.97	724.66	758.47	792.66	829.58	866.49	906.51	946.92	990.05	1011.42	1054.55	1091.85	1116.33	1147.03	1165.68
UnitedHealthcare	SignatureValue	HMO Q	761.63	793.61	830.17	866.22	906.84	946.95	991.13	1035.81	1084.05	1132.28	1184.58	1237.39	1293.75	1321.67	1378.03	1426.78	1458.77	1498.88	1523.25
Western Health	Full	HMO A	512.92	534.46	559.08	583.36	610.71	637.73	667.48	697.57	730.05	762.54	797.76	833.32	871.28	890.08	928.04	960.87	982.41	1009.42	1025.84
Western Health	Full	HMO B	534.44	556.88	582.54	607.83	636.34	664.48	695.48	726.84	760.68	794.53	831.23	868.28	907.83	927.43	966.98	1001.18	1023.63	1051.77	1068.88
Western Health	Full	HMO C	487.30	507.77	531.16	554.23	580.22	605.88	634.15	662.73	693.60	724.46	757.92	791.71	827.77	845.64	881.70	912.88	933.35	959.01	974.61
Western Health	Full	HMO D	468.66	488.34	510.84	533.02	558.01	582.70	609.88	637.37	667.06	696.74	728.92	761.41	796.09	813.28	847.96	877.95	897.63	922.32	937.31

Platinum		AGE -->	0-14	15	16	17	18	19	20	21	22	23	24	25
CARRIER	NETWORK	PLAN												
Anthem Blue Cross	Select HMO	HMO A	385.07	419.30	432.39	445.47	459.57	473.66	488.26	503.36	503.36	503.36	503.36	505.37
Cigna + Oscar	LocalPlus	EPO C	448.14	487.97	503.20	518.43	534.83	551.24	568.22	585.80	585.80	585.80	585.80	588.14
Cigna + Oscar	LocalPlus	EPO D	439.41	478.47	493.41	508.34	524.43	540.51	557.17	574.40	574.40	574.40	574.40	576.70
Cigna + Oscar	LocalPlus	EPO E	426.47	464.38	478.88	493.37	508.98	524.59	540.76	557.48	557.48	557.48	557.48	559.71
Health Net	WholeCare	HMO C	504.20	549.01	566.15	583.29	601.74	620.19	639.31	659.08	659.08	659.08	659.08	661.72
Health Net	Salud HMO y Mas	HMO D	281.81	306.86	316.44	326.02	336.33	346.65	357.33	368.38	368.38	368.38	368.38	369.85
Health Net	Full	HMO E	560.40	610.22	629.27	648.31	668.82	689.33	710.58	732.56	732.56	732.56	732.56	735.49
Health Net	WholeCare	HMO F	518.97	565.10	582.74	600.37	619.37	638.36	658.04	678.39	678.39	678.39	678.39	681.10
Health Net	Salud HMO y Mas	HMO G	291.23	317.12	327.02	336.92	347.58	358.24	369.28	380.70	380.70	380.70	380.70	382.22
Health Net	Full	HMO H	576.82	628.10	647.70	667.30	688.42	709.53	731.40	754.02	754.02	754.02	754.02	757.03
Kaiser Permanente	Full	HMO A	357.92	388.49	400.18	411.87	424.46	423.06	436.10	449.58	449.58	449.58	449.58	451.38
Kaiser Permanente	Full	HMO B	351.68	381.70	393.18	404.66	417.02	415.39	428.19	441.43	441.43	441.43	441.43	443.20
Sharp Health Plan	Premier	HMO A	282.65	307.78	317.38	326.99	337.34	347.68	358.40	369.48	369.48	369.48	369.48	370.96
Sharp Health Plan	Performance	HMO B	304.58	331.66	342.01	352.36	363.51	374.66	386.21	398.15	398.15	398.15	398.15	399.74
Sharp Health Plan	Premier	HMO C	278.68	303.45	312.93	322.40	332.60	342.80	353.36	364.29	364.29	364.29	364.29	365.75
Sutter Health Plus	Sutter Health Plus	HMO A	344.56	375.18	386.89	398.60	411.22	423.83	436.89	450.41	450.41	450.41	450.41	452.20
Sutter Health Plus	Sutter Health Plus	HMO B	350.80	381.98	393.90	405.82	418.66	431.50	444.80	458.57	458.57	458.57	458.57	460.39
UnitedHealthcare	SignatureValue	HMO A	479.72	522.36	538.66	554.97	572.52	590.08	608.27	627.08	627.08	627.08	627.08	629.59
UnitedHealthcare	SignatureValue	HMO E	519.47	565.64	583.30	600.95	619.96	638.98	658.67	679.04	679.04	679.04	679.04	681.76
UnitedHealthcare	Harmony	HMO H	367.10	399.73	412.21	424.68	438.12	451.56	465.47	479.87	479.87	479.87	479.87	481.79
UnitedHealthcare	Harmony	HMO I	397.52	432.86	446.37	459.88	474.43	488.98	504.05	519.64	519.64	519.64	519.64	521.72
UnitedHealthcare	Harmony	HMO K	361.16	393.26	405.53	417.81	431.03	444.25	457.94	472.10	472.10	472.10	472.10	473.99
UnitedHealthcare	SignatureValue	HMO L	471.95	513.90	529.94	545.98	563.26	580.53	598.42	616.93	616.93	616.93	616.93	619.40
Western Health	Full	HMO A	296.41	322.75	332.83	342.90	353.75	364.60	375.84	387.46	387.46	387.46	387.46	389.01
Western Health	Full	HMO B	303.98	331.00	341.33	351.66	362.78	373.91	385.43	397.35	397.35	397.35	397.35	398.94
Western Health	Full	HMO C	293.61	319.71	329.68	339.66	350.41	361.16	372.29	383.80	383.80	383.80	383.80	385.34

Platinum		AGE -->	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45
CARRIER	NETWORK	PLAN																				
Anthem Blue Cross	Select HMO	HMO A	515.44	527.52	547.15	563.26	571.31	583.39	595.47	603.03	611.08	615.11	619.13	623.16	627.19	635.24	643.29	655.37	666.95	683.06	703.19	726.85
Cigna + Oscar	LocalPlus	EPO C	599.86	613.92	636.76	655.51	664.88	678.94	693.00	701.79	711.16	715.85	720.53	725.22	729.91	739.28	748.65	762.71	776.18	794.93	818.36	845.89
Cigna + Oscar	LocalPlus	EPO D	588.18	601.97	624.37	642.75	651.94	665.73	679.51	688.13	697.32	701.91	706.51	711.10	715.70	724.89	734.08	747.87	761.08	779.46	802.43	829.43
Cigna + Oscar	LocalPlus	EPO E	570.86	584.24	605.98	623.82	632.74	646.12	659.50	667.87	676.78	681.24	685.70	690.16	694.62	703.54	712.46	725.84	738.67	756.50	778.80	805.01
Health Net	WholeCare	HMO C	674.90	690.72	716.42	737.51	748.06	763.87	779.69	789.58	800.12	805.40	810.67	815.94	821.21	831.76	842.30	858.12	873.28	894.37	920.73	951.71
Health Net	Salud HMO y Mas	HMO D	377.22	386.06	400.43	412.22	418.11	426.95	435.80	441.32	447.21	450.16	453.11	456.06	459.00	464.90	470.79	479.63	488.11	499.89	514.63	531.94
Health Net	Full	HMO E	750.14	767.72	796.29	819.73	831.45	849.03	866.61	877.60	889.32	895.18	901.04	906.90	912.76	924.48	936.21	953.79	970.64	994.08	1023.38	1057.81
Health Net	WholeCare	HMO F	694.67	710.95	737.41	759.12	769.97	786.25	802.53	812.71	823.56	828.99	834.42	839.84	845.27	856.13	866.98	883.26	898.86	920.57	947.71	979.59
Health Net	Salud HMO y Mas	HMO G	389.83	398.97	413.82	426.00	432.09	441.23	450.36	456.07	462.17	465.21	468.26	471.30	474.35	480.44	486.53	495.67	504.42	516.61	531.83	549.73
Health Net	Full	HMO H	772.11	790.21	819.62	843.74	855.81	873.91	892.00	903.31	915.38	921.41	927.44	933.47	939.51	951.57	963.63	981.73	999.07	1023.20	1053.36	1088.80
Kaiser Permanente	Full	HMO A	460.37	471.16	488.70	503.09	510.28	521.07	531.86	538.60	545.80	549.39	552.99	556.59	560.18	567.38	574.57	585.36	595.70	610.09	628.07	649.20
Kaiser Permanente	Full	HMO B	452.03	462.62	479.84	493.96	501.02	511.62	522.21	528.83	535.90	539.43	542.96	546.49	550.02	557.09	564.15	574.74	584.90	599.02	616.68	637.43
Sharp Health Plan	Premier	HMO A	378.35	387.22	401.62	413.45	419.36	428.23	437.09	442.64	448.55	451.50	454.46	457.42	460.37	466.28	472.20	481.06	489.56	501.38	516.16	533.53
Sharp Health Plan	Performance	HMO B	407.71	417.26	432.79	445.53	451.90	461.46	471.01	476.98	483.35	486.54	489.72	492.91	496.09	502.47	508.84	518.39	527.55	540.29	556.22	574.93
Sharp Health Plan	Premier	HMO C	373.03	381.78	395.98	407.64	413.47	422.21	430.96	436.42	442.25	445.16	448.08	450.99	453.91	459.73	465.56	474.31	482.68	494.34	508.91	526.03
Sutter Health Plus	Sutter Health Plus	HMO A	461.21	472.02	489.59	504.00	511.20	522.01	532.82	539.58	546.79	550.39	553.99	557.60	561.20	568.41	575.61	586.42	596.78	611.19	629.21	650.38
Sutter Health Plus	Sutter Health Plus	HMO B	469.56	480.57	498.45	513.12	520.46	531.47	542.47	549.35	556.69	560.35	564.02	567.69	571.36	578.70	586.03	597.04	607.59	622.26	640.60	662.15
UnitedHealthcare	SignatureValue	HMO A	642.13	657.18	681.64	701.70	711.74	726.79	741.84	751.24	761.28	766.29	771.31	776.33	781.34	791.37	801.41	816.46	830.88	850.95	876.03	905.50
UnitedHealthcare	SignatureValue	HMO E	695.34	711.63	738.12	759.85	770.71	787.01	803.30	813.49	824.35	829.79	835.22	840.65	846.08	856.95	867.81	884.11	899.73	921.46	948.62	980.53
UnitedHealthcare	Harmony	HMO H	491.39	502.90	521.62	536.97	544.65	556.17	567.69	574.88	582.56	586.40	590.24	594.08	597.92	605.60	613.27	624.79	635.83	651.18	670.38	692.93
UnitedHealthcare	Harmony	HMO I	532.11	544.58	564.85	581.48	589.79	602.26	614.73	622.53	630.84	635.00	639.16	643.31	647.47	655.79	664.10	676.57	688.52	705.15	725.94	750.36
UnitedHealthcare	Harmony	HMO K	483.43	494.76	513.17	528.28	535.83	547.16	558.49	565.58	573.13	576.91	580.68	584.46	588.24	595.79	603.34	614.67	625.53	640.64	659.52	681.71
UnitedHealthcare	SignatureValue	HMO L	631.74	646.54	670.60	690.34	700.22	715.02	729.83	739.08	748.95	753.89	758.82	763.76	768.69	778.57	788.44	803.24	817.43	837.17	861.85	890.85
Western Health	Full	HMO A	396.76	406.06	421.17	433.57	439.77	449.07	458.37	464.18	470.38	473.48	476.58	479.68	482.78	488.98	495.17	504.47	513.39	525.78	541.28	559.49
Western Health	Full	HMO B	406.89	416.43	431.92	444.64	451.00	460.53	470.07	476.03	482.39	485.57	488.74	491.92	495.10	501.46	507.82	517.35	526.49	539.21	555.10	573.78
Western Health	Full	HMO C	393.01	402.22	417.19	429.47	435.61	444.82	454.04	459.79	465.93	469.00	472.07	475.14	478.21	484.36	490.50	499.71	508.54	520.82	536.17	554.21

Platinum		AGE -->	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	755.04	786.75	822.99	858.73	899.00	938.77	982.56	1026.85	1074.67	1122.49	1174.34	1226.69	1282.56	1310.25	1366.12	1414.44	1446.15	1485.92	1510.08
Cigna + Oscar	LocalPlus	EPO C	878.70	915.60	957.78	999.37	1046.24	1092.51	1143.48	1195.03	1250.68	1306.33	1366.67	1427.59	1492.62	1524.83	1589.86	1646.09	1683.00	1729.28	1757.40
Cigna + Oscar	LocalPlus	EPO D	861.60	897.78	939.14	979.92	1025.87	1071.25	1121.22	1171.77	1226.34	1280.91	1340.07	1399.81	1463.57	1495.16	1558.92	1614.06	1650.25	1695.62	1723.19
Cigna + Oscar	LocalPlus	EPO E	836.23	871.35	911.49	951.07	995.67	1039.71	1088.21	1137.27	1190.23	1243.19	1300.61	1358.59	1420.47	1451.13	1513.01	1566.53	1601.65	1645.69	1672.45
Health Net	WholeCare	HMO C	988.62	1030.14	1077.59	1124.39	1177.12	1229.18	1286.52	1344.52	1407.13	1469.75	1537.63	1606.18	1679.33	1715.58	1788.74	1852.01	1893.54	1945.60	1977.24
Health Net	Salud HMO y Mas	HMO D	552.57	575.78	602.30	628.46	657.93	687.03	719.08	751.50	786.49	821.49	859.43	897.75	938.64	958.90	999.79	1035.15	1058.36	1087.46	1105.14
Health Net	Full	HMO E	1098.83	1144.98	1197.73	1249.74	1308.34	1366.22	1429.95	1494.41	1564.01	1633.60	1709.05	1785.24	1866.55	1906.84	1988.16	2058.48	2104.63	2162.50	2197.68
Health Net	WholeCare	HMO F	1017.58	1060.32	1109.16	1157.33	1211.60	1265.19	1324.21	1383.91	1448.36	1512.81	1582.68	1653.23	1728.53	1765.84	1841.15	1906.27	1949.01	2002.60	2035.17
Health Net	Salud HMO y Mas	HMO G	571.04	595.03	622.44	649.47	679.92	710.00	743.12	776.62	812.79	848.95	888.16	927.76	970.01	990.95	1033.21	1069.76	1093.74	1123.82	1142.10
Health Net	Full	HMO H	1131.03	1178.53	1232.82	1286.35	1346.67	1406.24	1471.84	1538.19	1609.83	1681.46	1759.12	1837.54	1921.24	1962.71	2046.40	2118.79	2166.29	2225.86	2262.06
Kaiser Permanente	Full	HMO A	674.38	702.70	735.07	766.99	802.96	838.48	877.59	917.15	959.86	1002.57	1048.88	1095.64	1145.54	1170.27	1220.17	1263.33	1291.66	1327.17	1348.74
Kaiser Permanente	Full	HMO B	662.15	689.96	721.74	753.08	788.40	823.27	861.67	900.52	942.46	984.39	1029.86	1075.77	1124.77	1149.05	1198.04	1240.42	1268.23	1303.10	1324.29
Sharp Health Plan	Premier	HMO A	554.22	577.50	604.10	630.33	659.89	689.08	721.22	753.74	788.84	823.94	862.00	900.42	941.44	961.76	1002.77	1038.24	1061.52	1090.70	1108.44
Sharp Health Plan	Performance	HMO B	597.23	622.31	650.98	679.24	711.10	742.55	777.19	812.23	850.05	887.87	928.88	970.29	1014.49	1036.38	1080.58	1118.80	1143.88	1175.34	1194.45
Sharp Health Plan	Premier	HMO C	546.44	569.39	595.61	621.48	650.62	679.40	711.09	743.15	777.76	812.37	849.89	887.77	928.21	948.25	988.68	1023.65	1046.61	1075.38	1092.87
Sutter Health Plus	Sutter Health Plus	HMO A	675.60	703.98	736.41	768.38	804.42	840.00	879.18	918.82	961.61	1004.39	1050.79	1097.63	1147.62	1172.39	1222.39	1265.63	1294.00	1329.58	1351.19
Sutter Health Plus	Sutter Health Plus	HMO B	687.83	716.72	749.74	782.30	818.98	855.21	895.10	935.45	979.02	1022.58	1069.81	1117.50	1168.40	1193.62	1244.52	1288.54	1317.43	1353.66	1375.66
UnitedHealthcare	SignatureValue	HMO A	940.62	980.13	1025.28	1069.80	1119.96	1169.50	1224.06	1279.24	1338.82	1398.39	1462.98	1528.19	1597.80	1632.29	1701.90	1762.09	1801.60	1851.14	1881.24
UnitedHealthcare	SignatureValue	HMO E	1018.56	1061.34	1110.23	1158.44	1212.77	1266.41	1325.49	1385.24	1449.75	1514.26	1584.20	1654.82	1730.19	1767.54	1842.91	1908.10	1950.88	2004.53	2037.12
UnitedHealthcare	Harmony	HMO H	719.81	750.04	784.59	818.66	857.05	894.96	936.71	978.93	1024.52	1070.11	1119.54	1169.44	1222.71	1249.10	1302.37	1348.43	1378.67	1416.58	1439.61
UnitedHealthcare	Harmony	HMO I	779.46	812.20	849.61	886.51	928.08	969.13	1014.34	1060.07	1109.43	1158.80	1212.32	1266.36	1324.04	1352.62	1410.30	1460.19	1492.93	1533.98	1558.92
UnitedHealthcare	Harmony	HMO K	708.15	737.89	771.88	805.40	843.17	880.47	921.54	963.08	1007.93	1052.78	1101.41	1150.51	1202.91	1228.88	1281.28	1326.60	1356.34	1393.64	1416.30
UnitedHealthcare	SignatureValue	HMO L	925.40	964.26	1008.68	1052.48	1101.84	1150.57	1204.25	1258.54	1317.15	1375.75	1439.30	1503.46	1571.94	1605.87	1674.35	1733.57	1772.44	1821.18	1850.79
Western Health	Full	HMO A	581.19	605.60	633.50	661.01	692.00	722.61	756.32	790.42	827.23	864.04	903.95	944.24	987.25	1008.56	1051.57	1088.76	1113.17	1143.78	1162.38
Western Health	Full	HMO B	596.03	621.06	649.67	677.88	709.67	741.06	775.63	810.60	848.35	886.10	927.02	968.35	1012.46	1034.31	1078.42	1116.56	1141.60	1172.99	1192.06
Western Health	Full	HMO C	575.70	599.88	627.51	654.76	685.47	715.79	749.18	782.95	819.41	855.87	895.41	935.32	977.92	999.03	1041.63	1078.48	1102.66	1132.98	1151.40

Health Care Service Plan rates will vary by county

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USE EMPLOYER ZIP CODE FOR RATING

AREA 3

04/01/22 - 06/01/22

Bronze		AGE ->	0-14	15	16	17	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	Prudent Buyer - Small Group	PPO A	329.67	358.97	370.18	381.38	393.45	405.51	418.01	430.94	430.94	430.94	430.94	432.66	441.28	451.63	468.43	482.22	489.12	499.46	509.80	516.27	523.16	526.61	530.06	533.50	536.95	543.85	550.74	561.08	571.00	584.79	602.02	622.28	646.41	673.56	704.59	735.18	769.66	803.70	841.19	879.12	920.06	961.00	1005.38	1050.20	1098.04	1121.74	1169.57	1210.94	1238.09	1272.13	1292.82
Anthem Blue Cross	Select PPO	PPO B	309.08	336.55	347.05	357.56	368.87	380.18	391.90	404.02	404.02	404.02	404.02	405.64	413.72	423.41	439.17	452.10	458.56	468.26	477.96	484.02	490.48	493.71	496.94	500.18	503.41	509.87	516.34	526.03	535.33	548.26	564.42	583.40	606.03	631.48	660.57	689.26	721.58	753.50	788.65	824.20	862.58	900.96	942.58	984.60	1029.44	1051.66	1096.51	1135.30	1160.75	1192.67	1212.06
Anthem Blue Cross	Prudent Buyer - Small Group	EPO A	333.02	362.62	373.94	385.26	397.45	409.64	422.26	435.32	435.32	435.32	435.32	437.06	445.77	456.22	473.19	487.12	494.09	504.54	514.98	521.51	528.48	531.96	535.44	538.93	542.41	549.37	556.34	566.79	576.80	590.73	608.14	628.60	652.98	680.41	711.75	742.66	777.48	811.87	849.74	888.05	929.41	970.76	1015.60	1060.87	1109.20	1133.14	1181.46	1223.25	1250.67	1285.06	1305.96
Cigna + Oscar	LocalPlus	EPO C	256.67	279.48	288.21	296.93	306.33	315.72	325.45	335.52	335.52	335.52	335.52	336.86	343.57	351.62	364.71	375.44	380.81	388.86	396.92	401.95	407.32	410.00	412.68	415.37	418.05	423.42	428.79	436.84	444.56	455.30	468.72	484.49	503.27	524.41	548.57	572.39	599.23	625.74	654.93	684.45	716.33	748.20	782.76	817.65	854.90	873.35	910.59	942.80	963.94	990.44	1006.55
Cigna + Oscar	LocalPlus	EPO D	248.13	270.19	278.62	287.06	296.14	305.22	314.63	324.36	324.36	324.36	324.36	325.65	332.14	339.93	352.58	362.96	368.15	375.93	383.71	388.58	393.77	396.36	398.96	401.55	404.15	409.34	414.53	422.31	429.77	440.15	453.13	468.37	486.54	506.97	530.32	553.35	579.30	604.93	633.15	661.69	692.50	723.32	756.73	790.46	826.46	844.30	880.31	911.44	931.88	957.50	973.07
Health Net	CommunityCare	HMO A	214.95	234.06	241.36	248.67	256.54	264.40	272.55	280.98	280.98	280.98	280.98	282.10	287.72	294.47	305.43	314.42	318.91	325.66	332.40	336.61	341.11	343.36	345.61	347.85	350.10	354.60	359.09	365.84	372.30	381.29	392.53	405.74	421.47	439.17	459.40	479.35	501.83	524.03	548.47	573.20	599.89	626.59	655.53	684.75	715.94	731.39	762.58	789.56	807.26	829.45	842.94
Kaiser Permanente	Full	HMO A	222.04	240.53	247.60	254.67	262.29	255.91	263.80	271.96	271.96	271.96	271.96	273.05	278.49	285.01	295.62	304.32	308.67	315.20	321.73	325.81	330.16	332.34	334.51	336.69	338.86	343.21	347.57	354.09	360.35	369.05	379.93	392.71	407.94	425.07	444.66	463.96	485.72	507.21	530.87	554.80	580.64	606.47	634.48	662.77	692.95	707.91	738.10	764.21	781.34	802.83	815.88
Kaiser Permanente	Full	HMO B	218.06	236.20	243.14	250.07	257.54	251.02	258.76	266.76	266.76	266.76	266.76	267.83	273.16	279.57	289.97	298.51	302.78	309.18	315.58	319.58	323.85	325.98	328.12	330.25	332.39	336.65	340.92	347.32	353.46	362.00	372.67	385.20	400.14	416.95	436.16	455.10	476.44	497.51	520.72	544.19	569.54	594.88	622.36	650.10	679.71	694.38	723.99	749.60	766.41	787.48	800.28
Kaiser Permanente	Full	HMO C	209.72	227.12	233.77	240.42	247.59	240.76	248.18	255.86	255.86	255.86	255.86	256.88	262.00	268.14	278.12	286.30	290.40	296.54	302.68	306.52	310.61	312.66	314.70	316.75	318.80	322.89	326.99	333.13	339.01	347.20	357.43	369.46	383.79	399.91	418.33	436.49	456.96	477.17	499.43	521.95	546.26	570.56	596.92	623.53	651.93	666.00	694.40	718.96	735.08	755.29	767.58
Sharp Health Plan	Premier	HMO A	181.79	197.95	204.12	210.30	216.96	223.61	230.50	237.63	237.63	237.63	237.63	238.58	243.33	249.04	258.30	265.91	269.71	275.41	281.12	284.68	288.48	290.38	292.28	294.19	296.09	299.89	303.69	309.39	314.86	322.46	331.97	343.14	356.45	371.42	388.53	405.40	424.41	443.18	463.85	484.77	507.34	529.91	554.39	579.10	605.48	618.55	644.93	667.74	682.71	701.48	712.89
Sharp Health Plan	Performance	HMO B	200.32	218.13	224.94	231.75	239.08	246.41	254.00	261.86	261.86	261.86	261.86	262.91	268.14	274.43	284.64	293.02	297.21	303.50	309.78	313.71	317.90	319.99	322.09	324.18	326.28	330.47	334.66	340.94	346.96	355.34	365.82	378.13	392.79	409.29	428.14	446.73	467.68	488.37	511.15	534.19	559.07	583.95	610.92	638.15	667.22	681.62	710.69	735.83	752.32	773.01	785.58
Sutter Health Plus	Sutter Health Plus	HMO A	196.91	214.42	221.11	227.80	235.01	242.22	249.68	257.41	257.41	257.41	257.41	258.43	263.58	269.76	279.80	288.04	292.15	298.33	304.51	308.37	312.49	314.55	316.61	318.67	320.73	324.84	328.96	335.14	341.06	349.30	359.59	371.69	386.11	402.32	420.86	439.13	459.73	480.06	502.45	525.11	549.56	574.01	600.53	627.30	655.87	670.02	698.60	723.31	739.52	759.86	772.20
Sutter Health Plus	Sutter Health Plus	HMO B	201.82	219.76	226.62	233.48	240.87	248.26	255.91	263.83	263.83	263.83	263.83	264.88	270.15	276.48	286.77	295.22	299.44	305.77	312.10	316.06	320.28	322.39	324.50	326.61	328.72	332.94	337.16	343.50	349.56	358.01	368.56	380.96	395.73	412.35	431.35	450.08	471.19	492.03	514.98	538.20	563.26	588.32	615.50	642.93	672.22	686.73	716.01	741.34	757.96	778.80	791.45
Western Health	Full	HMO B	190.84	207.80	214.29	220.78	227.76	234.75	241.98	249.46	249.46	249.46	249.46	250.46	255.45	261.44	271.17	279.15	283.14	289.13	295.12	298.86	302.85	304.85	306.84	308.84	310.83	314.82	318.82	324.80	330.54	338.52	348.50	360.23	374.20	389.91	407.87	425.59	445.54	465.25	486.95	508.91	532.61	556.31	582.00	607.94	635.63	649.36	677.05	700.99	716.71	736.42	748.39
Western Health	Full	HMO C	195.77	213.17	219.83	226.48	233.65	240.81	248.23	255.91	255.91	255.91	255.91	256.93	262.05	268.19	278.17	286.36	290.46	296.60	302.74	306.58	310.67	312.72	314.77	316.82	318.86	322.96	327.05	333.19	339.08	347.27	357.51	369.53	383.86	399.99	418.41	436.58	457.05	477.27	499.54	522.06	546.37	570.68	597.04	623.65	652.06	666.13	694.54	719.11	735.23	755.44	767.73

Silver		AGE ->	0-14	15	16	17	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	321.19	349.74	360.66	371.58	383.33	395.09	407.26	419.86	419.86	419.86	419.86	421.54	429.94	440.01	456.39	469.82	476.54	486.62	496.69	502.99	509.71	513.07	516.43	519.79	523.15	529.86	536.58	546.66	556.31	569.75	586.54	606.28	629.79	656.24	686.47	716.28	749.87	783.04	819.57	856.51	896.40	936.29	979.53	1023.20	1069.80	1092.90	1139.50	1179.81	1206.26	1239.43	1259.58
Anthem Blue Cross	CaliforniaCare HMO	HMO B	372.75	405.89	418.56	431.23	444.87	458.51	472.64	487.26	487.26	487.26	487.26	489.21	498.95	510.65	529.65	545.24	553.04	564.73	576.43	583.74	591.53	595.43	599.33	603.23	607.13	614.92	622.72	634.41	645.62	661.21	680.70	703.60	730.89	761.59	796.67	831.27	870.25	908.74	951.13	994.01	1040.30	1086.59	1136.78	1187.45	1241.54	1268.34	1322.42	1369.20	1399.90	1438.39	1461.78
Anthem Blue Cross	Priority Select HMO	HMO C	220.39	239.98	247.47	254.96	263.03	271.09	279.45	288.09	288.09	288.09	288.09	289.24	295.00	301.92	313.15	322.37	326.98	333.90	340.81	345.13	349.74	352.05	354.35	356.66	358.96	363.57	368.18	375.09	381.72	390.94	402.46	416.00	432.14	450.28	471.03	491.48	514.53	537.29	562.35	587.70	615.07	642.44	672.11	702.08	734.05	749.90	781.88	809.53	827.68	850.44	864.27
Anthem Blue Cross	Advantage PPO	PPO A	368.78	401.56	414.10	426.63	440.13	453.63	467.61	482.07	482.07	482.07	482.07	484.00	493.64	505.21	524.01	539.44	547.15	558.72	570.29	577.52	585.23	589.09	592.95	596.80	600.66	608.37	616.09	627.66	638.74	654.17	673.45	696.11	723.11	753.48	788.18	822.41	860.98	899.06	941.00	983.42	1029.22	1075.02	1124.67	1174.80	1228.31	1254.83	1308.34	1354.62	1384.99	1423.07	1446.21
Anthem Blue Cross	Select PPO	PPO B	342.04	372.44	384.07	395.69	408.21	420.73	433.70	447.11	447.11	447.11	447.11	448.90	457.84	468.57	486.01	500.32	507.47	518.20	528.93	535.64	542.79	546.37	549.95	553.52	557.10	564.25	571.41	582.14	592.42	606.73	624.61	645.63	670.67	698.83	731.02	762.77	798.54	833.86	872.76	912.10	954.58	997.06	1043.11	1089.61	1139.24	1163.83	1213.46	1256.38	1284.55	1319.87	1341.33
Anthem Blue Cross	Prudent Buyer - Small Group	PPO C	364.84	397.27	409.67	422.07	435.42	448.77	462.60	476.91	476.91	476.91	476.91	478.82	488.36	499.80	518.40	533.66	541.29	552.74	564.18	571.34	578.97	582.78	586.60	590.41	594.23	601.86	609.49	620.94	631.91	647.17	666.24	688.66	715.37	745.41	779.75	813.61	851.76	889.44	930.93	972.90	1018.20	1063.51	1112.63	1162.23	1215.17	1241.40	1294.33	1340.12	1370.16	1407.84	1430.73
Anthem Blue Cross	Prudent Buyer - Small Group	EPO A	356.41	388.09	400.20	412.31	425.36	438.40	451.91	465.89	465.89	465.89	465.89	467.75	477.07	488.25	506.42	521.33	528.79	539.97	551.15	558.14	565.59	569.32	573.04	576.77	580.50	587.95	595.41	606.59	617.30	632.21	650.85	672.75	698.84	728.19	761.73	794.81	832.08	868.88	909.42	950.42	994.68	1038.93	1086.92	1135.37	1187.09	1212.71	1264.43	1309.15	1338.50	1375.31	1397.67
Anthem Blue Cross	Prudent Buyer - Small Group	EPO B	356.51	388.20	400.32	412.44	425.49	438.53	452.05	466.03	466.03	466.03	466.03	467.89	477.21	488.40	506.57	521.49	528.94	540.13	551.31	558.30	565.76	569.49	573.22	576.95	580.67	588.13	595.59	606.77	617.49	632.40	651.04	672.95	699.05	728.40	761.96	795.05	832.33	869.15	909.69	950.70	994.97	1039.25	1087.25	1135.72	1187.44	1213.08	1264.81	1309.54	1338.90	1375.72	1398.09
Cigna + Oscar	LocalPlus	EPO C	329.18	358.44	369.62	380.81	392.86	404.91	417.39	430.30	430.30	430.30	430.30	432.02	440.62	450.95	467.73	481.50	488.39	498.71	509.04	515.50	522.38	525.82	529.27	532.71	536.15	543.03	549.92	560.25	570.14	583.91	601.12	621.35	645.45	672.55	703.54	734.09	768.51	802.50	839.94	877.81	918.68	959.56	1003.88	1048.63	1096.40	1120.06	1167.83	1209.13	1236.24	1270.24	1290.89
Cigna + Oscar	LocalPlus	EPO D	322.33	350.98	361.93	372.89	384.69	396.48	408.70	421.34	421.34	421.34	421.34	423.03	431.45	441.57	458.00	471.48	478.22	488.34	498.45	504.77	511.51	514.88	518.25	521.62	524.99	531.73	538.48	548.59	558.28	571.76	588.62	608.42	632.01	658.56	688.90	718.81	752.52	785.80	822.46	859.54	899.57	939.59	982.99	1026.81	1073.58	1096.75	1143.52	1183.97	1210.52	1243.80	1264.03
Cigna + Oscar	LocalPlus	EPO E	314.07	341.99	352.66	363.34	374.83	386.33	398.23	410.55	410.55	410.55	410.55	412.19	420.40	430.26	446.27	459.41	465.97	475.83	485.68	491.84	498.41	501.69	504.98	508.26	511.55	518.11	524.68	534.54	543.98	557.12	573.54	592.83	615.83	641.69	671.25	700.40	733.24	765.68	801.39	837.52	876.52	915.53	957.81	1000.51	1046.08	1068.66	1114.23	1153.65	1179.51	1211.94	1231.65
Health Net	WholeCare	HMO A	259.27	282.32	291.13	299.94	309.43	318.92	328.75	338.91	338.91	338.91	338.91	340.27	347.05	355.18	368.40	379.25	384.67	392.80	400.94	406.02	411.44	414.15	416.86	419.58	422.29	427.71	433.13	441.27	449.06	459.91	473.46	489.39	508.37	529.72	554.12	578.19	605.30	632.08	661.56	691.39	723.58	755.78	790.69	825.93	863.55	882.19	919.81	952.35	973.70	1000.48	1016.73
Health Net	CommunityCare	HMO C	235.35	256.27	264.27	272.27	280.89	289.50	298.42	307.65	307.65	307.65	307.65	308.88	315.04	322.42	334.42	344.26	349.18	356.57	363.95	368.57	373.49	375.95	378.41	380.87	383.33	388.26	393.18	400.56	407.64	417.48	429.79	444.25	461.48	480.86	503.01	524.85	549.47	573.77	600.54	627.61	656.84	686.06	717.75	749.75	783.90	800.82	834.97	864.50	883.88	908.19	922.95
Kaiser Permanente	Full	HMO A	253.72	275.02	283.17	291.32	300.09	294.88	303.97	313.37	313.37	313.37	313.37	314.62	320.89	328.41	340.63	350.66	355.67	363.19	370.71	375.41	380.43	382.93	385.44	387.95	390.46	395.47	400.48	408.00	415.21	425.24	437.77	452.50	470.05	489.79	512.36	534.60	559.67	584.43	611.69	639.27	669.04	698.81	731.09	763.68	798.46	815.70	850.48	880.56	900.30	925.06	940.11
Kaiser Permanente	Full	HMO B	258.22	279.93	288.23	296.53	305.47	300.42	309.68	319.26	319.26	319.26	319.26	320.53	326.92	334.58	347.03	357.25	362.36	370.02	377.68	382.47	387.58	390.13	392.68	395.24	397.79	402.90	408.01	415.67	423.01	433.23	446.00	461.01	478.88	499.00	521.98	544.65	570.19	595.41	623.19	651.28	681.61	711.94	744.82	778.03	813.46	831.02	866.46	897.11	917.22	942.44	957.78
Kaiser Permanente	Full	HMO C	256.31	277.85	286.08	294.32	303.19	298.07	307.25	316.75	316.75	316.75	316.75	318.02	324.36	331.96	344.31	354.45	359.52	367.12	374.72	379.47	384.54	387.07	389.61	392.14	394.68	399.74	404.81	412.41	419.70	429.84	442.51	457.39	475.13	495.09	517.89	540.38	565.72	590.75	618.31	646.18	676.27	706.36	738.99	771.93	807.09	824.51	859.67	890.08	910.04	935.06	950.25
Kaiser Permanente	Full	HMO D	239.96	260.05	267.73	275.41	283.68	277.96	286.52	295.38	295.38	295.38	295.38	296.57	302.47	309.56	321.08	330.54	335.26	342.35	349.44	353.87	358.60	360.96	363.32	365.69	368.05	372.78	377.50	384.59	391.38	400.84	412.65	426.54	443.08	461.69	482.95	503.93	527.56	550.89	576.59	602.58	630.65	658.71	689.13	719.85	752.64	768.89	801.67	830.03	848.64	871.97	886.14
Kaiser Permanente	Full	HMO E	250.31	271.31	279.34	287.38	296.02	290.68	299.64	308.91	308.91	308.91	308.91	310.15	316.32	323.74	335.78	345.67	350.61	358.03	365.44	370.07	375.02	377.49	379.96	382.43	384.90	389.84	394.79	402.20	409.31	419.19	431.55	446.07	463.36	482.83	505.07	527.00	551.71	576.12	602.99	630.18	659.52	688.87	720.69	752.81	787.10	804.09	838.38	868.04	887.50	911.90	926.73
Sharp Health Plan	Premier	HMO A	203.65	221.75	228.67	235.60	243.05	250.58	258.22	266.21	266.21	266.21	266.21	267.27	272.60	278.99	289.37	297.89	302.15	308.54	314.93	318.92	323.18	325.31	327.44	329.57	331.70	335.96	340.22	346.61	352.73	361.25	371.90	384.41	399.32	416.09	435.25	454.15	475.45	496.48	519.64	543.07	568.36	593.65	621.07	648.75	678.30	692.94	722.49	748.05	764.82	785.85	798.63
Sharp Health Plan	Performance	HMO B	216.16	235.37	242.72	250.07	257.98	265.89	274.08	282.56	282.56	282.56	282.56	283.69	289.34	296.12	307.14	316.18	320.71	327.49	334.27	338.51	343.03	345.29	347.55	349.81	352.07	356.59	361.11	367.89	374.39	383.43	394.74	408.02	423.84	441.64	461.99	482.05	504.65	526.97	551.56	576.42	603.27	630.11	659.21	688.60	719.96	735.50	766.87	793.99	811.79	834.12	847.68
Sharp Health Plan	Premier	HMO C	199.18	216.88	223.65	230.42	237.71	245.00	252.55	260.36	260.36	260.36	260.36	261.40	266.61	272.86	283.01	291.34	295.51	301.76	308.01	311.91	316.08	318.16	320.24	322.33	324.41	328.57	332.74	338.99	344.98	353.31	363.72	375.96	390.54	406.94	425.69	444.17	465.00	485.57	508.22	531.13	555.87	580.60	607.42	634.50	663.40	677.72	706.62	731.61	748.01	768.58	781.08
Sutter Health Plus	Sutter Health Plus	HMO B	254.00	276.58	285.21	293.85	303.14	312.44	322.07	332.04	332.04	332.04	332.04	333.36	340.00	347.97	360.92	371.54	376.85	384.82	392.79	397.77	403.08	405.74	408.40	411.05	413.71	419.02	424.33	432.30	439.94	450.56	463.85	479.45	498.05	518.96	542.87	566.44	593.01	619.24	648.12	677.34	708.88	740.43	774.63	809.16	846.01	864.27	901.13	933.00	953.92	980.15	996.08
Sutter Health Plus	Sutter Health Plus	HMO C	231.57	252.16	260.03	267.90	276.37	284.85	293.63	302.72	302.72	302.72	302.72	303.92	309.97	317.24	329.04	338.73	343.57	350.84	358.10	362.64	367.49	369.91	372.33	374.75	377.17	382.02	386.86	394.13	401.09	410.78	422.88	437.11	454.06	473.13	494.93	516.42	540.64	564.55	590.89	617.53	646.28	675.04	706.22	737.70	771.30	787.95	821.55	850.61	869.68	893.60	908.12
UnitedHealthcare	SignatureValue	HMO A	341.87	372.26	383.88	395.50	408.01	420.52	433.48	446.89	446.89	446.89	446.89	448.68	457.62	468.34	485.77	500.07	507.22	517.95	528.67	535.37	542.52	546.10	549.67	553.25	556.82	563.98	571.13	581.85	592.13	606.43	624.31	645.31	670.34	698.49	730.67	762.39	798.15	833.45	872.33	911.66	954.11	996.56	1042.59	1089.07	1138.68	1163.25	1212.86	1255.76	1283.91	1319.22	1340.67
Western Health	Full	HMO A	210.34	229.03	236.18	243.33	251.03	258.73	266.70	274.95	274.95	274.95	274.95	276.05	281.55	288.15	298.87	307.67	312.07	318.67	325.26	329.39	333.79	335.99	338.19	340.39	342.59	346.99	351.38	357.98	364.31	373.11	384.10	397.03	412.42	429.74	449.54	469.06	491.06	512.78	536.70	560.90	587.02	613.14	641.46	670.05	700.57	715.69	746.21	772.61	789.93	811.65	824.85
Western Health	Full	HMO B	220.82	240.44	247.95	255.45	263.54	271.62	279.99	288.65	288.65	288.65	288.65	289.80	295.58	302.50	313.76	323.00	327.62	334.54	341.47	345.80	350.42	352.73	355.04	357.35	359.66	364.27	368.89	375.82	382.46	391.70	403.24	416.81	432.97	451.16	471.94	492.43	515.53	538.33	563.44	588.84	616.26	643.69	673.42	703.44	735.48	751.35	783.39	811.10	829.29	852.09	865.94
Western Health	Full	HMO C	206.21	224.53	231.54	238.55	246.10	253.65	261.46	269.55	269.55	269.55	269.55	270.63	276.02	282.49	293.00	301.63	305.94	312.41	318.88	322.92	327.23	329.39	331.55	333.70	335.86	340.17	344.48	350.95	357.15	365.78	376.56	389.23	404.32	421.31	440.71	459.85	481.42	502.71	526.16	549.88	575.49	601.10	628.86	656.89	686.81	701.64	731.56	757.43	774.42	795.71	808.65

Health Care Service Plan rates will vary by county

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Continued

USE EMPLOYER ZIP CODE FOR RATING

AREA 3 - Continued

04/01/22 - 06/01/22

Gold		AGE -->	0-14	15	16	17	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	392.80	427.71	441.06	454.41	468.79	483.17	498.06	513.46	513.46	513.46	513.46	515.51	525.78	538.11	558.13	574.56	582.78	595.10	607.42	615.13	623.34	627.45	631.56	635.66	639.77	647.99	656.20	668.52	680.33	696.77	717.30	741.44	770.19	802.54	839.51	875.96	917.04	957.60	1002.27	1047.46	1096.24	1145.02	1197.90	1251.30	1308.30	1336.54	1393.53	1442.82	1475.17	1515.73	1540.38
Anthem Blue Cross	CaliforniaCare HMO	HMO B	455.89	496.41	511.90	527.40	544.08	560.77	578.05	595.93	595.93	595.93	595.93	598.31	610.23	624.53	647.78	666.85	676.38	690.68	704.99	713.92	723.46	728.23	732.99	737.76	742.53	752.06	761.60	775.90	789.61	808.68	832.51	860.52	893.90	931.44	974.35	1016.66	1064.33	1111.41	1163.26	1215.70	1272.31	1328.92	1390.30	1452.28	1518.43	1551.21	1617.35	1674.56	1712.11	1759.19	1787.79
Anthem Blue Cross	Priority Select HMO	HMO C	269.45	293.40	302.56	311.71	321.58	331.44	341.65	352.22	352.22	352.22	352.22	353.63	360.67	369.13	382.86	394.13	399.77	408.22	416.68	421.96	427.60	430.41	433.23	436.05	438.87	444.50	450.14	458.59	466.69	477.96	492.05	508.61	528.33	550.52	575.88	600.89	629.06	656.89	687.53	718.53	751.99	785.45	821.73	858.36	897.46	916.83	955.93	989.74	1011.93	1039.75	1056.66
Anthem Blue Cross	Advantage PPO	PPO A	435.29	473.99	488.78	503.57	519.51	535.44	551.94	569.01	569.01	569.01	569.01	571.29	582.67	596.32	618.51	636.72	645.83	659.48	673.14	681.67	690.78	695.33	699.88	704.43	708.99	718.09	727.19	740.85	753.94	772.15	794.91	821.65	853.52	889.36	930.33	970.73	1016.25	1061.20	1110.71	1160.78	1214.84	1268.89	1327.50	1386.68	1449.84	1481.13	1544.29	1598.92	1634.77	1679.72	1707.03
Anthem Blue Cross	Select PPO	PPO B	388.23	422.74	435.93	449.13	463.34	477.55	492.27	507.49	507.49	507.49	507.49	509.52	519.67	531.85	551.64	567.88	576.00	588.18	600.36	607.97	616.09	620.15	624.21	628.27	632.33	640.45	648.57	660.75	672.42	688.66	708.96	732.82	761.24	793.21	829.75	865.78	906.38	946.47	990.62	1035.28	1083.49	1131.70	1183.97	1236.75	1293.08	1321.00	1377.33	1426.05	1458.02	1498.11	1522.47
Anthem Blue Cross	Select PPO	PPO C	403.70	439.58	453.30	467.02	481.80	496.58	511.88	527.71	527.71	527.71	527.71	529.82	540.38	553.04	573.62	590.51	598.95	611.62	624.28	632.20	640.64	644.86	649.08	653.30	657.53	665.97	674.41	687.08	699.22	716.10	737.21	762.01	791.57	824.81	862.81	900.27	942.49	984.18	1030.09	1076.53	1126.66	1176.79	1231.15	1286.03	1344.61	1373.63	1432.20	1482.87	1516.11	1557.80	1583.13
Anthem Blue Cross	Select PPO	PPO D	377.62	411.19	424.02	436.85	450.68	464.50	478.81	493.62	493.62	493.62	493.62	495.59	505.47	517.31	536.56	552.36	560.26	572.11	583.95	591.36	599.25	603.20	607.15	611.10	615.05	622.95	630.85	642.69	654.05	669.84	689.59	712.79	740.43	771.53	807.07	842.12	881.61	920.60	963.55	1006.98	1053.88	1100.77	1151.62	1202.95	1257.74	1284.89	1339.68	1387.07	1418.17	1457.17	1480.86
Anthem Blue Cross	Prudent Buyer - Small Group	PPO E	430.62	468.90	483.53	498.17	513.93	529.69	546.01	562.90	562.90	562.90	562.90	565.15	576.41	589.92	611.87	629.89	638.89	652.40	665.91	674.35	683.36	687.86	692.37	696.87	701.37	710.38	719.39	732.90	745.84	763.86	786.37	812.83	844.35	879.81	920.34	960.31	1005.34	1049.81	1098.78	1148.32	1201.79	1255.27	1313.25	1371.79	1434.27	1465.23	1527.71	1581.75	1617.21	1661.68	1688.70
Cigna + Oscar	LocalPlus	EPO C	364.13	396.50	408.88	421.25	434.58	447.91	461.71	475.99	475.99	475.99	475.99	477.90	487.41	498.84	517.40	532.63	540.25	551.67	563.10	570.24	577.85	581.66	585.47	589.28	593.08	600.70	608.32	619.74	630.69	645.92	664.96	687.33	713.99	743.97	778.25	812.04	850.12	887.72	929.13	971.02	1016.24	1061.46	1110.49	1159.99	1212.83	1239.00	1291.84	1337.54	1367.52	1405.13	1427.97
Cigna + Oscar	LocalPlus	EPO D	353.02	384.40	396.40	408.40	421.32	434.24	447.62	461.46	461.46	461.46	461.46	463.31	472.54	483.61	501.61	516.38	523.76	534.84	545.91	552.83	560.22	563.91	567.60	571.29	574.98	582.37	589.75	600.83	611.44	626.21	644.66	666.35	692.20	721.27	754.49	787.26	824.17	860.63	900.78	941.39	985.22	1029.06	1076.59	1124.59	1175.81	1201.19	1252.41	1296.71	1325.78	1362.24	1384.39
Cigna + Oscar	LocalPlus	EPO E	360.68	392.74	405.00	417.26	430.46	443.66	457.33	471.48	471.48	471.48	471.48	473.36	482.79	494.11	512.49	527.58	535.13	546.44	557.76	564.83	572.37	576.14	579.92	583.69	587.46	595.00	602.55	613.86	624.71	639.79	658.65	680.81	707.21	736.92	770.86	804.34	842.06	879.30	920.32	961.81	1006.60	1051.39	1099.95	1148.99	1201.32	1227.25	1279.59	1324.85	1354.55	1391.80	1414.43
Health Net	WholeCare	HMO A	297.44	323.88	333.99	344.10	354.99	365.88	377.15	388.82	388.82	388.82	388.82	390.37	398.15	407.48	422.64	435.08	441.31	450.64	459.97	465.80	472.02	475.13	478.24	481.35	484.46	490.68	496.91	506.24	515.18	527.62	543.17	561.45	583.22	607.72	635.71	663.32	694.42	725.14	758.97	793.18	830.12	867.06	907.11	947.54	990.70	1012.09	1055.24	1092.57	1117.07	1147.78	1166.46
Health Net	WholeCare	HMO B	291.52	317.43	327.34	337.25	347.92	358.59	369.64	381.07	381.07	381.07	381.07	382.60	390.22	399.36	414.22	426.42	432.52	441.66	450.81	456.52	462.62	465.67	468.72	471.77	474.81	480.91	487.01	496.15	504.92	517.11	532.36	550.27	571.61	595.61	623.05	650.11	680.59	710.70	743.85	777.38	813.59	849.79	889.04	928.67	970.97	991.93	1034.23	1070.81	1094.82	1124.92	1143.21
Health Net	WholeCare	HMO C	295.06	321.29	331.32	341.35	352.15	362.95	374.13	385.70	385.70	385.70	385.70	387.25	394.96	404.22	419.26	431.60	437.77	447.03	456.29	462.07	468.25	471.33	474.42	477.50	480.59	486.76	492.93	502.19	511.06	523.40	538.83	556.96	578.56	602.86	630.63	658.01	688.87	719.34	752.90	786.84	823.48	860.12	899.85	939.96	982.78	1003.99	1046.80	1083.83	1108.13	1138.60	1157.10
Health Net	Salud HMO y Mas	HMO D	277.89	302.59	312.03	321.48	331.65	341.82	352.35	363.25	363.25	363.25	363.25	364.70	371.97	380.69	394.85	406.48	412.29	421.01	429.72	435.17	440.98	443.89	446.80	449.70	452.61	458.42	464.23	472.95	481.31	492.93	507.46	524.53	544.87	567.76	593.91	619.70	648.76	677.46	709.06	741.03	775.54	810.05	847.46	885.24	925.56	945.54	985.86	1020.73	1043.62	1072.31	1089.75
Health Net	Full	HMO E	302.88	329.80	340.10	350.39	361.48	372.56	384.05	395.92	395.92	395.92	395.92	397.51	405.43	414.93	430.37	443.04	449.37	458.88	468.38	474.32	480.65	483.82	486.99	490.15	493.32	499.66	505.99	515.49	524.60	537.27	553.11	571.71	593.89	618.83	647.34	675.45	707.12	738.40	772.84	807.68	845.30	882.91	923.69	964.87	1008.81	1030.59	1074.54	1112.55	1137.49	1168.77	1187.76
Health Net	Full	HMO F	287.17	312.70	322.46	332.22	342.73	353.24	364.13	375.39	375.39	375.39	375.39	376.89	384.40	393.41	408.05	420.06	426.06	435.07	444.08	449.71	455.72	458.72	461.73	464.73	467.73	473.74	479.75	488.75	497.39	509.40	524.42	542.06	563.08	586.73	613.76	640.41	670.44	700.10	732.76	765.79	801.45	837.11	875.78	914.82	956.49	977.13	1018.80	1054.84	1078.49	1108.14	1126.17
Health Net	Full	HMO G	311.06	338.71	349.28	359.86	371.24	382.63	394.42	406.62	406.62	406.62	406.62	408.24	416.37	426.13	441.99	455.00	461.51	471.27	481.03	487.13	493.63	496.88	500.14	503.39	506.64	513.15	519.66	529.41	538.77	551.78	568.04	587.15	609.92	635.54	664.82	693.69	726.22	758.34	793.71	829.50	868.13	906.75	948.63	990.92	1036.06	1058.42	1103.56	1142.59	1168.21	1200.33	1219.86
Kaiser Permanente	Full	HMO B	302.87	328.55	338.36	348.18	358.76	355.34	366.29	377.62	377.62	377.62	377.62	379.13	386.68	395.74	410.47	422.55	428.60	437.66	446.72	452.39	458.43	461.45	464.47	467.49	470.51	476.55	482.60	491.66	500.34	512.43	527.53	545.28	566.43	590.22	617.41	644.22	674.43	704.26	737.11	770.34	806.21	842.09	880.98	920.26	962.17	982.94	1024.86	1061.11	1084.90	1114.73	1132.86
Kaiser Permanente	Full	HMO C	319.59	346.76	357.14	367.53	378.71	375.91	387.49	399.48	399.48	399.48	399.48	401.08	409.07	418.65	434.23	447.02	453.41	463.00	472.58	478.58	484.97	488.16	491.36	494.55	497.75	504.14	510.53	520.12	529.31	542.09	558.07	576.85	599.22	624.39	653.15	681.51	713.47	745.03	779.78	814.94	852.89	890.84	931.98	973.53	1017.87	1039.84	1084.19	1122.54	1147.70	1179.26	1198.44
Kaiser Permanente	Full	HMO D	285.98	310.16	319.40	328.65	338.60	334.57	344.88	355.54	355.54	355.54	355.54	356.97	364.08	372.61	386.48	397.85	403.54	412.08	420.61	425.94	431.63	434.48	437.32	440.16	443.01	448.70	454.39	462.92	471.10	482.47	496.70	513.41	533.32	555.72	581.32	606.56	635.00	663.09	694.02	725.31	759.09	792.87	829.49	866.46	905.93	925.48	964.95	999.08	1021.48	1049.57	1066.62
Kaiser Permanente	Full	HMO E	265.31	287.65	296.19	304.74	313.93	309.14	318.67	328.53	328.53	328.53	328.53	329.84	336.41	344.30	357.11	367.62	372.88	380.76	388.65	393.57	398.83	401.46	404.09	406.72	409.34	414.60	419.86	427.74	435.30	445.81	458.95	474.39	492.79	513.49	537.14	560.47	586.75	612.70	641.28	670.19	701.40	732.61	766.45	800.62	837.09	855.15	891.62	923.16	943.86	969.81	985.59
Sharp Health Plan	Performance	HMO A	261.56	284.81	293.70	302.59	312.16	321.74	331.65	341.91	341.91	341.91	341.91	343.28	350.12	358.32	371.66	382.60	388.07	396.27	404.48	409.61	415.08	417.81	420.55	423.28	426.02	431.49	436.96	445.17	453.03	463.97	477.65	493.72	512.87	534.41	559.02	583.30	610.65	637.66	667.41	697.50	729.98	762.46	797.68	833.23	871.19	889.99	927.94	960.77	982.31	1009.32	1025.73
Sharp Health Plan	Premier	HMO B	250.61	272.88	281.40	289.92	299.09	308.26	317.76	327.59	327.59	327.59	327.59	328.90	335.45	343.31	356.09	366.57	371.81	379.68	387.54	392.45	397.69	400.31	402.94	405.56	408.18	413.42	418.66	426.52	434.06	444.54	457.64	473.04	491.39	512.02	535.61	558.87	585.08	610.96	639.46	668.28	699.40	730.53	764.27	798.34	834.70	852.72	889.08	920.53	941.17	967.05	982.77
Sharp Health Plan	Performance	HMO D	280.56	305.50	315.04	324.57	334.84	345.11	355.75	366.75	366.75	366.75	366.75	368.22	375.55	384.35	398.66	410.39	416.26	425.06	433.87	439.37	445.23	448.17	451.10	454.04	456.97	462.84	468.71	477.51	485.94	497.68	512.35	529.59	550.13	573.23	599.64	625.68	655.02	683.99	715.90	748.17	783.01	817.85	855.63	893.77	934.48	954.65	995.36	1030.57	1053.67	1082.65	1100.25
Sutter Health Plus	Sutter Health Plus	HMO A	289.25	314.96	324.79	334.62	345.21	355.79	366.76	378.11	378.11	378.11	378.11	379.62	387.18	396.25	411.00	423.10	429.15	438.22	447.30	452.97	459.02	462.04	465.07	468.09	471.12	477.17	483.22	492.29	500.99	513.09	528.21	545.98	567.15	590.97	618.20	645.04	675.29	705.16	738.06	771.33	807.25	843.17	882.11	921.44	963.41	984.20	1026.17	1062.47	1086.29	1116.16	1134.30
Sutter Health Plus	Sutter Health Plus	HMO B	301.27	328.05	338.29	348.52	359.55	370.58	382.00	393.82	393.82	393.82	393.82	395.39	403.26	412.72	428.07	440.68	446.98	456.43	465.88	471.79	478.09	481.24	484.39	487.54	490.69	496.99	503.29	512.74	521.80	534.40	550.16	568.67	590.72	615.53	643.88	671.84	703.35	734.46	768.72	803.38	840.79	878.20	918.77	959.72	1003.44	1025.10	1068.81	1106.61	1131.42	1162.54	1181.43
UnitedHealthcare	SignatureValue	HMO A	374.70	408.00	420.74	433.47	447.19	460.90	475.11	489.80	489.80	489.80	489.80	491.76	501.56	513.31	532.41	548.09	555.92	567.68	579.43	586.78	594.62	598.54	602.45	606.37	610.29	618.13	625.96	637.72	648.99	664.66	684.25	707.27	734.70	765.56	800.82	835.60	874.78	913.48	956.09	999.19	1045.72	1092.25	1142.70	1193.64	1248.01	1274.95	1329.32	1376.34	1407.20	1445.89	1469.40
UnitedHealthcare	SignatureValue	HMO F	432.34	470.77	485.46	500.16	515.98	531.81	548.20	565.15	565.15	565.15	565.15	567.41	578.71	592.28	614.32	632.40	641.45	655.01	668.57	677.05	686.09	690.61	695.13	699.66	704.18	713.22	722.26	735.83	748.82	766.91	789.51	816.08	847.73	883.33	924.02	964.15	1009.36	1054.00	1103.17	1152.91	1206.60	1260.28	1318.49	1377.27	1440.00	1471.09	1533.82	1588.07	1623.68	1668.32	1695.45
UnitedHealthcare	SignatureValue	HMO H	397.33	432.64	446.15	459.65	474.19	488.74	503.80	519.38	519.38	519.38	519.38	521.46	531.85	544.31	564.57	581.19	589.50	601.96	614.43	622.22	630.53	634.68	638.84	642.99	647.15	655.46	663.77	676.23	688.18	704.80	725.57	749.98	779.07	811.79	849.19	886.06	927.61	968.64	1013.83	1059.54	1108.88	1158.22	1211.71	1265.73	1323.38	1351.95	1409.60	1459.46	1492.18	1533.21	1558.14
UnitedHealthcare	SignatureValue	HMO Q	369.01	401.81	414.35	426.89	440.39	453.90	467.89	482.36	482.36	482.36	482.36	484.29	493.94	505.51	524.33	539.76	547.48	559.06	570.63	577.87	585.59	589.44	593.30	597.16	601.02	608.74	616.46	628.03	639.13	654.56	673.86	696.53	723.54	753.93	788.66	822.91	861.49	899.60	941.57	984.01	1029.84	1075.66	1125.35	1175.51	1229.05	1255.58	1309.13	1355.43	1385.82	1423.93	1447.08
Western Health	Full	HMO A	243.78	265.45	273.73	282.02	290.94	299.86	309.10	318.66	318.66	318.66	318.66	319.94	326.31	333.96	346.39	356.58	361.68	369.33	376.98	381.76	386.86	389.41	391.96	394.50	397.05	402.15	407.25	414.90	422.23	432.43	445.17	460.15	477.99	498.07	521.01	543.64	569.13	594.31	622.03	650.07	680.35	710.62	743.44	776.58	811.95	829.48	864.85	895.44	915.52	940.69	955.99
Western Health	Full	HMO B	254.64	277.28	285.93	294.59	303.91	313.23	322.88	332.87	332.87	332.87	332.87	334.20	340.85	348.84	361.83	372.48	377.80	385.79	393.78	398.77	404.10	406.76	409.42	412.09	414.75	420.08	425.40	433.39	441.05	451.70	465.01	480.66	499.30	520.27	544.24	567.87	594.50	620.79	649.75	679.05	710.67	742.29	776.58	811.19	848.14	866.45	903.40	935.35	956.32	982.62	998.60
Western Health	Full	HMO C	231.85	252.46	260.34	268.22	276.70	285.19	293.98	303.07	303.07	303.07	303.07	304.28	310.34	317.62	329.44	339.13	343.98	351.26	358.53	363.08	367.92	370.35	372.77	375.20	377.62	382.47	387.32	394.59	401.57	411.26	423.39	437.63	454.60	473.70	495.52	517.03	541.28	565.22	591.59	618.26	647.05	675.84	707.06	738.58	772.22	788.89	822.53	851.62	870.71	894.66	909.20
Western Health	Full	HMO D	222.88	242.70	250.27	257.85	266.00	274.16	282.61	291.35	291.35	291.35	291.35	292.52	298.34	305.34	316.70	326.02	330.69	337.68	344.67	349.04	353.70	356.03	358.36	360.69	363.03	367.69	372.35	379.34	386.04	395.37	407.02	420.71	437.03	455.38	476.36	497.05	520.36	543.37	568.72	594.36	622.04	649.72	679.73	710.03	742.37	758.39	790.73	818.70	837.06	860.07	874.06

Platinum		AGE -->	0-14	15	16	17	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	448.92	488.83	504.09	519.34	535.78	552.21	569.23	586.83	586.83	586.83	586.83	589.18	600.91	615.00	637.88	656.66	666.05	680.14	694.22	703.02	712.41	717.11	721.80	726.50	731.19	740.58	749.97	764.05	777.55	796.33	819.80	847.38	880.25	917.22	959.47	1001.13	1048.08	1094.44	1145.49	1197.13	1252.88	1308.63	1369.07	1430.10	1495.24	1527.52	1592.66	1648.99	1685.96	1732.32	1760.49
Cigna + Oscar	LocalPlus	EPO C	431.35	469.70	484.36	499.02	514.80	530.59	546.94	563.86	563.86	563.86	563.86	566.12	577.39	590.93	612.92	630.96	639.98	653.51	667.05	675.50	684.53	689.04	693.55	698.06	702.57	711.59	720.61	734.15	747.11	765.16	787.71	814.21	845.79	881.31	921.91	961.95	1007.05	1051.60	1100.65	1150.27	1203.84	1257.41	1315.49	1374.13	1436.72	1467.73	1530.32	1584.45	1619.97	1664.51	1691.58
Cigna + Oscar	LocalPlus	EPO D	422.96	460.55	474.93	489.30	504.78	520.27	536.30	552.89	552.89	552.89	552.89	555.10	566.16	579.42	600.99	618.68	627.53	640.79	654.06	662.36	671.20	675.63	680.05	684.47	688.90	697.74	706.59	719.86	732.57	750.27	772.38	798.37	829.33	864.16	903.97	943.22	987.45	1031.13	1079.23	1127.89	1180.41	1232.94	1289.88	1347.38	1408.75	1439.16	1500.53	1553.61	1588.44	1632.12	1658.66
Cigna + Oscar	LocalPlus	EPO E	410.50	446.99	460.94	474.90	489.92	504.95	520.51	536.61	536.61	536.61	536.61	538.75	549.48	562.36	583.29	600.46	609.05	621.93	634.80	642.85	651.44	655.73	660.02	664.32	668.61	677.20	685.78	698.66	711.00	728.17	749.64	774.86	804.91	838.71	877.35	915.45	958.38	1000.77	1047.45	1094.67	1145.65	1196.63	1251.90	1307.71	1367.27	1396.78	1456.35	1507.86	1541.67	1584.06	1609.82
Health Net	WholeCare	HMO C	300.43	327.14	337.35	347.56	358.56	369.55	380.94	392.72	392.72	392.72	392.72	394.30	402.15	411.58	426.89	439.46	445.74	455.17	464.59	470.48	476.77	479.91	483.05	486.19	489.33	495.62	501.90	511.33	520.36	532.93	548.64	567.09	589.09	613.83	642.10	669.99	701.41	732.43	766.60	801.16	838.47	875.78	916.23	957.07	1000.66	1022.26	1065.85	1103.56	1128.30	1159.32	1178.16
Health Net	Salud HMO y Mas	HMO D	281.81	306.86	316.44	326.02	336.33	346.65	357.33	368.38	368.38	368.38	368.38	369.85	377.22	386.06	400.43	412.22	418.11	426.95	435.80	441.32	447.21	450.16	453.11	456.06	459.00	464.90	470.79	479.63	488.11	499.89	514.63	531.94	552.57	575.78	602.30	628.46	657.93	687.03	719.08	751.50	786.49	821.49	859.43	897.75	938.64	958.90	999.79	1035.15	1058.36	1087.46	1105.14
Health Net	Full	HMO E	314.69	342.66	353.36	364.05	375.57	387.09	399.02	411.36	411.36	411.36	411.36	413.00	421.23	431.10	447.15	460.31	466.89	476.76	486.64	492.81	499.39	502.68	505.97	509.26	512.55	519.13	525.71	535.59	545.05	558.21	574.67	594.00	617.04	642.95	672.57	701.78	734.68	767.18	802.97	839.17	878.25	917.33	959.70	1002.48	1048.14	1070.76	1116.42	1155.91	1181.83	1214.33	1234.08
Health Net	WholeCare	HMO F	309.24	336.72	347.23	357.74	369.06	380.38	392.10	404.23	404.23	404.23	404.23	405.85	413.93	423.63	439.40	452.33	458.80	468.50	478.20	484.27	490.74	493.97	497.20	500.44	503.67	510.14	516.61	526.31	535.60	548.54	564.71	583.71	606.35	631.81	660.92	689.62	721.95	753.89	789.06	824.63	863.03	901.43	943.07	985.11	1029.98	1052.21	1097.08	1135.89	1161.35	1193.29	1212.69
Health Net	Salud HMO y Mas	HMO G	291.23	317.12	327.02	336.92	347.58	358.24	369.28	380.70	380.70	380.70	380.70	382.22	389.83	398.97	413.82	426.00	432.09	441.23	450.36	456.07	462.17	465.21	468.26	471.30	474.35	480.44	486.53	495.67	504.42	516.61	531.83	549.73	571.04	595.03	622.44	649.47	679.92	710.00	743.12	776.62	812.79	848.95	888.16	927.76	970.01	990.95	1033.21	1069.76	1093.74	1123.82	1142.10
Health Net	Full	HMO H	323.91	352.70	363.71	374.72	386.57	398.43	410.71	423.41	423.41	423.41	423.41	425.10	433.57	443.73	460.24	473.79	480.57	490.73	500.89	507.24	514.02	517.41	520.79	524.18	527.57	534.34	541.12	551.28	561.02	574.57	591.50	611.40	635.11	661.79	692.27	722.33	756.21	789.66	826.49	863.75	903.98	944.20	987.81	1031.85	1078.84	1102.13	1149.13	1189.78	1216.45	1249.90	1270.23
Kaiser Permanente	Full	HMO A	340.73	369.77	380.87	391.98	403.94	401.91	414.29	427.11	427.11	427.11	427.11	428.81	437.36	447.61	464.26	477.93	484.76	495.02	505.27	511.67	518.51	521.92	525.34	528.76	532.17	539.01	545.84	556.09	565.91	579.58	596.67	616.74	640.66	667.57	698.32	728.64	762.81	796.55	833.71	871.30	911.87	952.45	996.44	1040.86	1088.27	1111.76	1159.16	1200.17	1227.07	1260.82	1281.33
Kaiser Permanente	Full	HMO B	334.80	363.32	374.22	385.12	396.87	394.62	406.78	419.36	419.36	419.36	419.36	421.04	429.42	439.49	455.84	469.26	475.97	486.04	496.10	502.39	509.10	512.46	515.81	519.17	522.52	529.23	535.94	546.01	555.65	569.07	585.85	605.56	629.04	655.46	685.65	715.43	748.98	782.11	818.59	855.49	895.33	935.17	978.37	1021.98	1068.53	1091.59	1138.14	1178.40	1204.82	1237.95	1258.08
Sharp Health Plan	Premier	HMO A	282.65	307.78	317.38	326.99	337.34	347.68	358.40	369.48	369.48	369.48	369.48	370.96	378.35	387.22	401.62	413.45	419.36	428.23	437.09	442.64	448.55	451.50	454.46	457.42	460.37	466.28	472.20	481.06	489.56	501.38	516.16	533.53	554.22	577.50	604.10	630.33	659.89	689.08	721.22	753.74	788.84	823.94	862.00	900.42	941.44	961.76	1002.77	1038.24	1061.52	1090.70	1108.44
Sharp Health Plan	Performance	HMO B	304.58	331.66	342.01	352.36	363.51	374.66	386.21	398.15	398.15	398.15	398.15	399.74	407.71	417.26	432.79	445.53	451.90	461.46	471.01	476.98	483.35	486.54	489.72	492.91	496.09	502.47	508.84	518.39	527.55	540.29	556.22	574.93	597.23	622.31	650.98	679.24	711.10	742.55	777.19	812.23	850.05	887.87	928.88	970.29	1014.49	1036.38	1080.58	1118.80	1143.88	1175.34	1194.45
Sharp Health Plan	Premier	HMO C	278.68	303.45	312.93	322.40	332.60	342.80	353.36	364.29	364.29	364.29	364.29	365.75	373.03	381.78	395.98	407.64	413.47	422.21	430.96	436.42	442.25	445.16	448.08	450.99	453.91	459.73	465.56	474.31	482.68	494.34	508.91	526.03	546.44	569.39	595.61	621.48	650.62	679.40	711.09	743.15	777.76	812.37	849.89	887.77	928.21	948.25	988.68	1023.65	1046.61	1075.38	1092.87
Sutter Health Plus	Sutter Health Plus	HMO A	329.30	358.57	369.76	380.95	393.00	405.06	417.54	430.46	430.46	430.46	430.46	432.18	440.78	451.12	467.90	481.68	488.56	498.90	509.23	515.68	522.57	526.01	529.46	532.90	536.35	543.23	550.12	560.45	570.35	584.13	601.34	621.58	645.68	672.80	703.79	734.35	768.79	802.80	840.25	878.13	919.02	959.91	1004.25	1049.02	1096.80	1120.47	1168.25	1209.57	1236.69	1270.70	1291.35
Sutter Health Plus	Sutter Health Plus	HMO B	335.26	365.06	376.45	387.85	400.12	412.39	425.10	438.26	438.26	438.26	438.26	440.00	448.77	459.28	476.37	490.40	497.41	507.93	518.45	525.02	532.03	535.54	539.04	542.55	546.06	553.07	560.08	570.60	580.68	594.70	612.23	632.83	657.37	684.98	716.53	747.65	782.71	817.33	855.46	894.02	935.66	977.29	1022.43	1068.01	1116.65	1140.76	1189.40	1231.47	1259.08	1293.71	1314.73
UnitedHealthcare	SignatureValue	HMO A	455.73	496.23	511.72	527.21	543.89	560.57	577.85	595.72	595.72	595.72	595.72	598.10	610.02	624.31	647.55	666.61	676.14	690.44	704.74	713.67	723.20	727.97	732.74	737.50	742.27	751.80	761.33	775.63	789.33	808.39	832.22	860.22	893.58	931.11	974.00	1016.30	1063.96	1111.02	1162.85	1215.27	1271.86	1328.46	1389.81	1451.77	1517.89	1550.66	1616.78	1673.97	1711.50	1758.57	1787.16
UnitedHealthcare	SignatureValue	HMO E	493.49	537.35	554.12	570.90	588.96	607.02	625.73	645.08	645.08	645.08	645.08	647.66	660.56	676.04	701.20	721.84	732.17	747.65	763.13	772.81	783.13	788.29	793.45	798.61	803.77	814.09	824.41	839.89	854.73	875.37	901.18	931.50	967.62	1008.26	1054.71	1100.51	1152.11	1203.07	1259.20	1315.96	1377.25	1438.53	1504.97	1572.06	1643.66	1679.14	1750.75	1812.67	1853.31	1904.28	1935.24
UnitedHealthcare	SignatureValue	HMO L	448.34	488.20	503.43	518.67	535.08	551.49	568.49	586.07	586.07	586.07	586.07	588.41	600.14	614.20	637.06	655.81	665.19	679.26	693.32	702.11	711.49	716.18	720.87	725.55	730.24	739.62	749.00	763.06	776.54	795.30	818.74	846.29	879.11	916.03	958.22	999.84	1046.72	1093.02	1144.01	1195.58	1251.26	1306.94	1367.30	1428.25	1493.31	1525.54	1590.59	1646.86	1683.78	1730.08	1758.21
Western Health	Full	HMO A	277.06	301.69	311.10	320.52	330.66	340.80	351.30	362.17	362.17	362.17	362.17	363.62	370.86	379.55	393.68	405.27	411.06	419.75	428.45	433.88	439.67	442.57	445.47	448.37	451.26	457.06	462.85	471.55	479.87	491.46	505.95	522.97	543.25	566.07	592.15	617.86	646.84	675.45	706.96	738.83	773.23	807.64	844.94	882.61	922.81	942.73	982.93	1017.70	1040.51	1069.13	1086.51
Western Health	Full	HMO B	283.58	308.79	318.43	328.07	338.45	348.83	359.58	370.70	370.70	370.70	370.70	372.18	379.59	388.49	402.95	414.81	420.74	429.64	438.54	444.10	450.03	452.99	455.96	458.92	461.89	467.82	473.75	482.65	491.17	503.04	517.86	535.29	556.05	579.40	606.09	632.41	662.07	691.35	723.60	756.22	791.44	826.66	864.84	903.39	944.54	964.93	1006.07	1041.66	1065.01	1094.30	1112.09
Western Health	Full	HMO C	273.93	298.28	307.59	316.90	326.93	336.96	347.34	358.08	358.08	358.08	358.08	359.52	366.68	375.27	389.24	400.70	406.42	415.02	423.61	428.98	434.71	437.58	440.44	443.31	446.17	451.90	457.63	466.22	474.46	485.92	500.24	517.07	537.13	559.68	585.47	610.89	639.54	667.83	698.98	730.49	764.51	798.53	835.41	872.65	912.40	932.09	971.84	1006.21	1028.77	1057.06	1074.25

Health Care Service Plan rates will vary by county

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USE EMPLOYER ZIP CODE FOR RATING | AREA 4 | 04/01/22 - 06/01/22

Bronze		AGE ->	0-14	15	16	17	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	Prudent Buyer - Small Group	PPO A	337.30	367.28	378.74	390.21	402.55	414.90	427.68	440.91	440.91	440.91	440.91	442.67	451.49	462.07	479.27	493.38	500.43	511.01	521.60	528.21	535.26	538.79	542.32	545.85	549.37	556.43	563.48	574.06	584.21	598.31	615.95	636.67	661.37	689.14	720.89	752.19	787.47	822.30	860.66	899.46	941.34	983.23	1028.64	1074.50	1123.44	1147.69	1196.63	1238.96	1266.73	1301.57	1322.73
Anthem Blue Cross	Select PPO	PPO B	337.30	367.28	378.74	390.21	402.55	414.90	427.68	440.91	440.91	440.91	440.91	442.67	451.49	462.07	479.27	493.38	500.43	511.01	521.60	528.21	535.26	538.79	542.32	545.85	549.37	556.43	563.48	574.06	584.21	598.31	615.95	636.67	661.37	689.14	720.89	752.19	787.47	822.30	860.66	899.46	941.34	983.23	1028.64	1074.50	1123.44	1147.69	1196.63	1238.96	1266.73	1301.57	1322.73
Anthem Blue Cross	Prudent Buyer - Small Group	EPO A	340.72	371.00	382.58	394.16	406.63	419.10	432.02	445.38	445.38	445.38	445.38	447.16	456.07	466.76	484.13	498.38	505.51	516.20	526.88	533.57	540.69	544.25	547.82	551.38	554.94	562.07	569.20	579.88	590.13	604.38	622.20	643.13	668.07	696.13	728.20	759.82	795.45	830.63	869.38	908.58	950.89	993.20	1039.07	1085.39	1134.83	1159.32	1208.76	1251.52	1279.58	1314.76	1336.14
Cigna + Oscar	LocalPlus	EPO C	246.84	268.79	277.18	285.57	294.60	303.64	312.99	322.67	322.67	322.67	322.67	323.96	330.42	338.16	350.75	361.07	366.23	373.98	381.72	386.56	391.72	394.31	396.89	399.47	402.05	407.21	412.38	420.12	427.54	437.87	450.77	465.94	484.01	504.34	527.57	550.48	576.29	601.79	629.86	658.25	688.91	719.56	752.80	786.35	822.17	839.92	875.73	906.71	927.04	952.53	968.02
Cigna + Oscar	LocalPlus	EPO D	238.64	259.85	267.96	276.07	284.80	293.54	302.58	311.94	311.94	311.94	311.94	313.19	319.43	326.91	339.08	349.06	354.05	361.54	369.03	373.71	378.70	381.19	383.69	386.18	388.68	393.67	398.66	406.15	413.32	423.30	435.78	450.44	467.91	487.56	510.02	532.17	557.13	581.77	608.91	636.36	665.99	695.63	727.76	760.20	794.83	811.98	846.61	876.56	896.21	920.85	935.82
Health Net	CommunityCare	HMO A	214.95	234.06	241.36	248.67	256.54	264.40	272.55	280.98	280.98	280.98	280.98	282.10	287.72	294.47	305.43	314.42	318.91	325.66	332.40	336.61	341.11	343.36	345.61	347.85	350.10	354.60	359.09	365.84	372.30	381.29	392.53	405.74	421.47	439.17	459.40	479.35	501.83	524.03	548.47	573.20	599.89	626.59	655.53	684.75	715.94	731.39	762.58	789.56	807.26	829.45	842.94
Kaiser Permanente	Full	HMO A	243.94	264.38	272.19	280.01	288.43	282.85	291.57	300.59	300.59	300.59	300.59	301.79	307.80	315.02	326.74	336.36	341.17	348.38	355.60	360.10	364.91	367.32	369.72	372.13	374.53	379.34	384.15	391.37	398.28	407.90	419.92	434.05	450.88	469.82	491.46	512.80	536.85	560.60	586.75	613.20	641.75	670.31	701.27	732.53	765.90	782.43	815.79	844.65	863.59	887.33	901.77
Kaiser Permanente	Full	HMO B	239.54	259.59	267.26	274.93	283.18	277.45	286.00	294.84	294.84	294.84	294.84	296.02	301.92	308.99	320.49	329.93	334.65	341.72	348.80	353.22	357.94	360.30	362.66	365.01	367.37	372.09	376.81	383.88	390.67	400.10	411.89	425.75	442.26	460.84	482.07	503.00	526.59	549.88	575.53	601.48	629.49	657.50	687.87	718.53	751.26	767.47	800.20	828.51	847.08	870.37	884.52
Kaiser Permanente	Full	HMO C	230.32	249.55	256.91	264.26	272.18	266.11	274.31	282.79	282.79	282.79	282.79	283.92	289.58	296.36	307.39	316.44	320.97	327.75	334.54	338.78	343.31	345.57	347.83	350.09	352.36	356.88	361.41	368.19	374.70	383.75	395.06	408.35	424.19	442.00	462.36	482.44	505.06	527.40	552.01	576.89	603.76	630.62	659.75	689.16	720.55	736.10	767.49	794.64	812.46	834.80	848.37
Sharp Health Plan	Premier	HMO A	181.79	197.95	204.12	210.30	216.96	223.61	230.50	237.63	237.63	237.63	237.63	238.58	243.33	249.04	258.30	265.91	269.71	275.41	281.12	284.68	288.48	290.38	292.28	294.19	296.09	299.89	303.69	309.39	314.86	322.46	331.97	343.14	356.45	371.42	388.53	405.40	424.41	443.18	463.85	484.77	507.34	529.91	554.39	579.10	605.48	618.55	644.93	667.74	682.71	701.48	712.89
Sharp Health Plan	Performance	HMO B	200.32	218.13	224.94	231.75	239.08	246.41	254.00	261.86	261.86	261.86	261.86	262.91	268.14	274.43	284.64	293.02	297.21	303.50	309.78	313.71	317.90	319.99	322.09	324.18	326.28	330.47	334.66	340.94	346.96	355.34	365.82	378.13	392.79	409.29	428.14	446.73	467.68	488.37	511.15	534.19	559.07	583.95	610.92	638.15	667.22	681.62	710.69	735.83	752.32	773.01	785.58
Sutter Health Plus	Sutter Health Plus	HMO A	217.88	237.24	244.65	252.05	260.03	268.00	276.26	284.81	284.81	284.81	284.81	285.94	291.64	298.47	309.58	318.70	323.25	330.09	336.92	341.20	345.75	348.03	350.31	352.59	354.87	359.42	363.98	370.81	377.37	386.48	397.87	411.26	427.21	445.15	465.65	485.88	508.66	531.16	555.94	581.00	608.06	635.11	664.45	694.07	725.68	741.35	772.96	800.30	818.24	840.74	854.40
Sutter Health Plus	Sutter Health Plus	HMO B	223.31	243.16	250.75	258.33	266.51	274.68	283.15	291.91	291.91	291.91	291.91	293.07	298.91	305.92	317.30	326.64	331.31	338.32	345.32	349.70	354.37	356.71	359.04	361.38	363.71	368.38	373.05	380.06	386.77	396.11	407.79	421.51	437.86	456.25	477.26	497.99	521.34	544.40	569.80	595.48	623.21	650.95	681.01	711.37	743.77	759.83	792.23	820.25	838.64	861.70	875.70
Western Health	Full	HMO B	223.32	243.17	250.76	258.35	266.53	274.70	283.17	291.93	291.93	291.93	291.93	293.09	298.93	305.94	317.32	326.67	331.34	338.34	345.35	349.73	354.40	356.73	359.07	361.40	363.74	368.41	373.08	380.09	386.80	396.14	407.82	421.54	437.89	456.28	477.30	498.03	521.38	544.44	569.80	595.53	623.26	651.00	681.06	711.42	743.83	759.88	792.29	820.31	838.70	861.77	875.78
Western Health	Full	HMO C	229.09	249.46	257.24	265.03	273.41	281.80	290.48	299.47	299.47	299.47	299.47	300.67	306.66	313.84	325.52	335.11	339.90	347.08	354.27	358.76	363.55	365.95	368.35	370.74	373.14	377.93	382.72	389.91	396.80	406.38	418.36	432.43	449.20	468.07	489.63	510.89	534.85	558.51	584.56	610.92	639.37	667.81	698.66	729.80	763.05	779.52	812.76	841.51	860.37	884.03	898.41

Silver		AGE ->	0-14	15	16	17	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	262.82	286.19	295.12	304.05	313.67	323.29	333.25	343.56	343.56	343.56	343.56	344.93	351.81	360.05	373.45	384.44	389.94	398.19	406.43	411.58	417.08	419.83	422.58	425.33	428.08	433.57	439.07	447.32	455.22	466.21	479.95	496.10	515.34	536.98	561.72	586.11	613.60	640.74	670.63	700.86	733.50	766.14	801.53	837.26	875.39	894.29	932.42	965.40	987.05	1014.19	1030.68
Anthem Blue Cross	CaliforniaCare HMO	HMO B	312.54	340.32	350.94	361.57	373.01	384.45	396.29	408.55	408.55	408.55	408.55	410.18	418.36	428.16	444.09	457.17	463.70	473.51	483.31	489.44	495.98	499.25	502.52	505.78	509.05	515.59	522.13	531.93	541.33	554.40	570.74	589.95	612.83	638.56	667.98	696.99	729.67	761.95	797.49	833.44	872.25	911.07	953.15	995.64	1040.99	1063.46	1108.80	1148.03	1173.76	1206.04	1225.65
Anthem Blue Cross	Priority Select HMO	HMO C	210.53	229.24	236.40	243.55	251.26	258.96	266.94	275.20	275.20	275.20	275.20	276.30	281.80	288.41	299.14	307.95	312.35	318.96	325.56	329.69	334.09	336.29	338.50	340.70	342.90	347.30	351.71	358.31	364.64	373.45	384.45	397.39	412.80	430.14	449.95	469.49	491.51	513.25	537.19	561.41	587.55	613.70	642.04	670.66	701.21	716.35	746.89	773.31	790.65	812.39	825.60
Anthem Blue Cross	Advantage PPO	PPO A	377.29	410.83	423.65	436.47	450.28	464.09	478.39	493.19	493.19	493.19	493.19	495.16	505.03	516.86	536.10	551.88	559.77	571.61	583.44	590.84	598.73	602.68	606.62	610.57	614.51	622.41	630.30	642.13	653.48	669.26	688.99	712.17	739.79	770.86	806.37	841.38	880.84	919.80	962.71	1006.11	1052.96	1099.81	1150.61	1201.90	1256.65	1283.77	1338.52	1385.86	1416.93	1455.90	1479.57
Anthem Blue Cross	Select PPO	PPO B	373.27	406.45	419.13	431.82	445.48	459.14	473.29	487.93	487.93	487.93	487.93	489.88	499.64	511.35	530.38	545.99	553.80	565.51	577.22	584.54	592.35	596.25	600.15	604.06	607.96	615.77	623.57	635.28	646.51	662.12	681.64	704.57	731.90	762.63	797.77	832.41	871.44	909.99	952.44	995.38	1041.73	1088.08	1138.34	1189.09	1243.25	1270.08	1324.24	1371.08	1401.82	1440.37	1463.79
Anthem Blue Cross	Prudent Buyer - Small Group	PPO C	373.27	406.45	419.13	431.82	445.48	459.14	473.29	487.93	487.93	487.93	487.93	489.88	499.64	511.35	530.38	545.99	553.80	565.51	577.22	584.54	592.35	596.25	600.15	604.06	607.96	615.77	623.57	635.28	646.51	662.12	681.64	704.57	731.90	762.63	797.77	832.41	871.44	909.99	952.44	995.38	1041.73	1088.08	1138.34	1189.09	1243.25	1270.08	1324.24	1371.08	1401.82	1440.37	1463.79
Anthem Blue Cross	Prudent Buyer - Small Group	EPO A	364.63	397.04	409.43	421.83	435.17	448.52	462.34	476.64	476.64	476.64	476.64	478.55	488.08	499.52	518.11	533.36	540.99	552.43	563.87	571.01	578.64	582.45	586.27	590.08	593.89	601.52	609.15	620.59	631.55	646.80	665.87	688.27	714.96	744.99	779.31	813.15	851.28	888.93	930.40	972.35	1017.63	1062.91	1112.00	1161.57	1214.48	1240.69	1293.60	1339.36	1369.39	1407.04	1429.92
Anthem Blue Cross	Prudent Buyer - Small Group	EPO B	364.75	397.17	409.57	421.97	435.32	448.67	462.50	476.80	476.80	476.80	476.80	478.71	488.24	499.69	518.28	533.54	541.17	552.61	564.05	571.21	578.84	582.65	586.46	590.28	594.09	601.72	609.35	620.79	631.76	647.02	666.09	688.50	715.20	745.24	779.57	813.42	851.56	889.23	930.71	972.67	1017.97	1063.26	1112.37	1161.96	1214.89	1241.11	1294.04	1339.81	1369.85	1407.51	1430.40
Cigna + Oscar	LocalPlus	EPO C	316.58	344.72	355.48	366.24	377.82	389.41	401.41	413.83	413.83	413.83	413.83	415.48	423.76	433.69	449.83	463.07	469.69	479.62	489.56	495.76	502.38	505.69	509.01	512.32	515.63	522.25	528.87	538.80	548.32	561.56	578.11	597.56	620.74	646.81	676.60	705.99	739.09	771.78	807.79	844.20	883.52	922.83	965.45	1008.49	1054.43	1077.19	1123.12	1162.85	1188.92	1221.61	1241.48
Cigna + Oscar	LocalPlus	EPO D	309.99	337.54	348.08	358.61	369.96	381.31	393.06	405.21	405.21	405.21	405.21	406.83	414.94	424.66	440.47	453.43	459.92	469.64	479.37	485.45	491.93	495.17	498.41	501.65	504.90	511.38	517.86	527.59	536.91	549.88	566.08	585.13	607.82	633.35	662.52	691.30	723.71	755.72	790.98	826.64	865.13	903.63	945.36	987.51	1032.49	1054.77	1099.75	1138.65	1164.18	1196.19	1215.64
Cigna + Oscar	LocalPlus	EPO E	302.05	328.90	339.16	349.43	360.48	371.54	382.99	394.83	394.83	394.83	394.83	396.41	404.31	413.79	429.19	441.82	448.14	457.61	467.09	473.01	479.33	482.49	485.65	488.81	491.96	498.28	504.60	514.07	523.16	535.79	551.58	570.14	592.25	617.13	645.55	673.59	705.17	736.37	770.72	805.46	842.97	880.48	921.15	962.21	1006.04	1027.75	1071.58	1109.49	1134.36	1165.55	1184.50
Health Net	WholeCare	HMO A	286.71	312.19	321.94	331.68	342.17	352.67	363.54	374.78	374.78	374.78	374.78	376.28	383.78	392.77	407.39	419.38	425.38	434.37	443.37	448.99	454.98	457.98	460.98	463.98	466.98	472.97	478.97	487.96	496.58	508.58	523.57	541.18	562.17	585.78	612.77	639.38	669.36	698.97	731.57	764.55	800.16	835.76	874.36	913.34	954.94	975.55	1017.16	1053.13	1076.75	1106.35	1124.34
Health Net	CommunityCare	HMO C	235.35	256.27	264.27	272.27	280.89	289.50	298.42	307.65	307.65	307.65	307.65	308.88	315.04	322.42	334.42	344.26	349.18	356.57	363.95	368.57	373.49	375.95	378.41	380.87	383.33	388.26	393.18	400.56	407.64	417.48	429.79	444.25	461.48	480.86	503.01	524.85	549.47	573.77	600.54	627.61	656.84	686.06	717.75	749.75	783.90	800.82	834.97	864.50	883.88	908.19	922.95
Kaiser Permanente	Full	HMO A	278.95	302.50	311.51	320.51	330.21	325.92	335.96	346.35	346.35	346.35	346.35	347.74	354.67	362.98	376.49	387.57	393.11	401.42	409.74	414.93	420.47	423.24	426.01	428.79	431.56	437.10	442.64	450.95	458.92	470.00	483.86	500.13	519.53	541.35	566.29	590.88	618.59	645.95	676.08	706.56	739.46	772.37	808.04	844.06	882.51	901.56	940.00	973.25	995.07	1022.44	1039.05
Kaiser Permanente	Full	HMO B	283.93	307.92	317.10	326.27	336.15	332.04	342.28	352.86	352.86	352.86	352.86	354.27	361.33	369.80	383.56	394.85	400.50	408.97	417.44	422.73	428.37	431.20	434.02	436.84	439.67	445.31	450.96	459.43	467.54	478.83	492.95	509.53	529.29	551.52	576.93	601.98	630.21	658.09	688.79	719.84	753.36	786.88	823.23	859.92	899.09	918.50	957.67	991.54	1013.77	1041.65	1058.58
Kaiser Permanente	Full	HMO C	281.81	305.62	314.72	323.83	333.63	329.44	339.59	350.10	350.10	350.10	350.10	351.50	358.50	366.90	380.56	391.76	397.36	405.76	414.17	419.42	425.02	427.82	430.62	433.42	436.22	441.82	447.42	455.83	463.88	475.08	489.09	505.54	525.15	547.20	572.41	597.27	625.27	652.93	683.39	714.20	747.46	780.72	816.78	853.19	892.05	911.30	950.16	983.77	1005.83	1033.49	1050.30
Kaiser Permanente	Full	HMO D	263.75	285.95	294.43	302.92	312.06	307.22	316.68	326.48	326.48	326.48	326.48	327.78	334.31	342.15	354.88	365.33	370.55	378.39	386.22	391.12	396.34	398.96	401.57	404.18	406.79	412.01	417.24	425.07	432.58	443.03	456.09	471.43	489.72	510.28	533.79	556.97	583.09	608.88	637.28	666.01	697.03	728.04	761.67	795.63	831.80	849.82	886.06	917.40	937.97	963.76	979.44
Kaiser Permanente	Full	HMO E	275.18	298.40	307.28	316.15	325.71	321.28	331.18	341.43	341.43	341.43	341.43	342.79	349.62	357.81	371.13	382.06	387.52	395.71	403.91	409.03	414.49	417.22	419.95	422.69	425.42	430.88	436.34	444.54	452.39	463.32	476.97	493.02	512.14	533.65	558.23	582.47	609.79	636.76	666.46	696.51	728.95	761.38	796.55	832.06	869.95	888.73	926.63	959.41	980.92	1007.89	1024.29
Sharp Health Plan	Premier	HMO A	203.65	221.75	228.67	235.60	243.05	250.58	258.22	266.21	266.21	266.21	266.21	267.27	272.60	278.99	289.37	297.89	302.15	308.54	314.93	318.92	323.18	325.31	327.44	329.57	331.70	335.96	340.22	346.61	352.73	361.25	371.90	384.41	399.32	416.09	435.25	454.15	475.45	496.48	519.64	543.07	568.36	593.65	621.07	648.75	678.30	692.94	722.49	748.05	764.82	785.85	798.63
Sharp Health Plan	Performance	HMO B	216.16	235.37	242.72	250.07	257.98	265.89	274.08	282.56	282.56	282.56	282.56	283.69	289.34	296.12	307.14	316.18	320.71	327.49	334.27	338.51	343.03	345.29	347.55	349.81	352.07	356.59	361.11	367.89	374.39	383.43	394.74	408.02	423.84	441.64	461.99	482.05	504.65	526.97	551.56	576.42	603.27	630.11	659.21	688.60	719.96	735.50	766.87	793.99	811.79	834.12	847.68
Sharp Health Plan	Premier	HMO C	199.18	216.88	223.65	230.42	237.71	245.00	252.55	260.36	260.36	260.36	260.36	261.40	266.61	272.86	283.01	291.34	295.51	301.76	308.01	311.91	316.08	318.16	320.24	322.33	324.41	328.57	332.74	338.99	344.98	353.31	363.72	375.96	390.54	406.94	425.69	444.17	465.00	485.57	508.22	531.13	555.87	580.60	607.42	634.50	663.40	677.72	706.62	731.61	748.01	768.58	781.08
Sutter Health Plus	Sutter Health Plus	HMO B	281.04	306.02	315.57	325.12	335.41	345.70	356.35	367.38	367.38	367.38	367.38	368.84	376.19	385.01	399.33	411.09	416.97	425.79	434.60	440.11	445.99	448.93	451.87	454.81	457.75	463.62	469.50	478.32	486.77	498.52	513.22	530.49	551.06	574.20	600.65	626.74	656.13	685.15	717.11	749.44	784.34	819.24	857.08	895.29	936.07	956.27	997.05	1032.32	1055.46	1084.48	1102.11
Sutter Health Plus	Sutter Health Plus	HMO C	256.22	279.00	287.70	296.41	305.79	315.17	324.88	334.94	334.94	334.94	334.94	336.27	342.97	351.01	364.07	374.79	380.15	388.18	396.22	401.25	406.61	409.28	411.96	414.64	417.32	422.68	428.04	436.08	443.78	454.50	467.90	483.64	502.40	523.50	547.61	571.39	598.19	624.64	653.78	683.26	715.08	746.89	781.39	816.22	853.40	871.82	909.00	941.15	962.25	988.71	1004.78
UnitedHealthcare	SignatureValue	HMO A	346.70	377.52	389.30	401.08	413.77	426.46	439.60	453.20	453.20	453.20	453.20	455.01	464.08	474.95	492.63	507.13	514.38	525.26	536.14	542.93	550.18	553.81	557.44	561.06	564.69	571.94	579.19	590.07	600.49	614.99	633.12	654.42	679.80	708.35	740.98	773.16	809.42	845.22	884.65	924.53	967.58	1010.64	1057.32	1104.45	1154.75	1179.68	1229.98	1273.49	1302.04	1337.85	1359.60
UnitedHealthcare	Harmony	HMO F	265.31	288.89	297.91	306.93	316.64	326.35	336.41	346.81	346.81	346.81	346.81	348.20	355.13	363.46	376.98	388.08	393.63	401.95	410.28	415.48	421.03	423.80	426.58	429.35	432.13	437.67	443.22	451.55	459.52	470.62	484.49	500.79	520.22	542.06	567.03	591.66	619.40	646.80	676.97	707.49	740.44	773.39	809.11	845.18	883.67	902.75	941.24	974.54	996.39	1023.78	1040.43
UnitedHealthcare	Harmony	HMO G	234.99	255.87	263.86	271.85	280.45	289.05	297.95	307.17	307.17	307.17	307.17	308.40	314.54	321.91	333.89	343.72	348.64	356.01	363.38	367.99	372.90	375.36	377.82	380.28	382.73	387.65	392.56	399.94	407.00	416.83	429.12	443.55	460.76	480.11	502.22	524.03	548.61	572.87	599.60	626.63	655.81	684.99	716.63	748.57	782.67	799.56	833.66	863.15	882.50	906.77	921.51
Western Health	Full	HMO A	246.14	268.02	276.38	284.75	293.76	302.77	312.10	321.75	321.75	321.75	321.75	323.04	329.47	337.19	349.74	360.04	365.18	372.91	380.63	385.45	390.60	393.18	395.75	398.32	400.90	406.05	411.19	418.92	426.32	436.61	449.48	464.60	482.62	502.89	526.06	548.90	574.64	600.06	628.05	656.37	686.93	717.50	750.64	784.10	819.81	837.51	873.23	904.11	924.38	949.80	965.25
Western Health	Full	HMO B	258.40	281.37	290.15	298.94	308.39	317.85	327.65	337.78	337.78	337.78	337.78	339.13	345.89	353.99	367.17	377.98	383.38	391.49	399.59	404.66	410.06	412.77	415.47	418.17	420.87	426.28	431.68	439.79	447.56	458.37	471.88	487.75	506.67	527.95	552.27	576.25	603.27	629.96	659.35	689.07	721.16	753.25	788.04	823.17	860.66	879.24	916.73	949.16	970.44	997.13	1013.34
Western Health	Full	HMO C	241.30	262.75	270.95	279.16	287.99	296.82	305.97	315.43	315.43	315.43	315.43	316.69	323.00	330.57	342.87	352.97	358.01	365.58	373.15	377.89	382.93	385.46	387.98	390.50	393.03	398.07	403.12	410.69	417.95	428.04	440.66	455.48	473.15	493.02	515.73	538.12	563.36	588.28	615.72	643.48	673.44	703.41	735.90	768.70	803.72	821.07	856.08	886.36	906.23	931.15	946.29

Health Care Service Plan rates will vary by county

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CARRIER	NETWORK	PLAN	0-14	15	16	17	18	19	20	21	22	23
Anthem Blue Cross	Select HMO	HMO A	321.34	349.90	360.82	371.74	383.51	395.27	407.45	420.05	420.05	420.05
Anthem Blue Cross	CaliforniaCare HMO	HMO B	382.19	416.17	429.16	442.15	456.13	470.12	484.61	499.60	499.60	499.60
Anthem Blue Cross	Priority Select HMO	HMO C	257.39	280.27	289.02	297.77	307.19	316.61	326.37	336.46	336.46	336.46
Anthem Blue Cross	Advantage PPO	PPO A	445.34	484.92	500.06	515.19	531.49	547.79	564.68	582.14	582.14	582.14
Anthem Blue Cross	Select PPO	PPO B	423.67	461.33	475.73	490.13	505.64	521.14	537.21	553.82	553.82	553.82
Anthem Blue Cross	Select PPO	PPO C	440.55	479.71	494.68	509.65	525.78	541.90	558.60	575.88	575.88	575.88
Anthem Blue Cross	Select PPO	PPO D	412.10	448.73	462.73	476.74	491.82	506.91	522.53	538.69	538.69	538.69
Anthem Blue Cross	Prudent Buyer - Small Group	PPO E	440.55	479.71	494.68	509.65	525.78	541.90	558.60	575.88	575.88	575.88
Cigna + Oscar	LocalPlus	EPO C	350.19	381.32	393.23	405.13	417.94	430.76	444.04	457.77	457.77	457.77
Cigna + Oscar	LocalPlus	EPO D	339.51	369.68	381.22	392.76	405.19	417.62	430.49	443.80	443.80	443.80
Cigna + Oscar	LocalPlus	EPO E	346.87	377.71	389.49	401.28	413.98	426.68	439.83	453.43	453.43	453.43
Health Net	WholeCare	HMO A	328.92	358.16	369.34	380.52	392.56	404.59	417.06	429.96	429.96	429.96
Health Net	WholeCare	HMO B	322.37	351.03	361.98	372.94	384.74	396.54	408.76	421.40	421.40	421.40
Health Net	WholeCare	HMO C	326.29	355.29	366.38	377.47	389.42	401.36	413.73	426.52	426.52	426.52
Health Net	Salud HMO y Mas	HMO D	277.89	302.59	312.03	321.48	331.65	341.82	352.35	363.25	363.25	363.25
Health Net	Full	HMO E	355.41	387.00	399.08	411.16	424.17	437.18	450.65	464.59	464.59	464.59
Health Net	Full	HMO F	336.98	366.93	378.38	389.84	402.17	414.50	427.28	440.49	440.49	440.49
Health Net	Full	HMO G	365.01	397.46	409.86	422.27	435.63	448.99	462.82	477.14	477.14	477.14
Kaiser Permanente	Full	HMO B	333.28	361.66	372.51	383.36	395.05	392.74	404.85	417.37	417.37	417.37
Kaiser Permanente	Full	HMO C	351.76	381.78	393.26	404.74	417.11	415.48	428.28	441.53	441.53	441.53
Kaiser Permanente	Full	HMO D	314.61	341.33	351.55	361.77	372.77	369.79	381.18	392.97	392.97	392.97
Kaiser Permanente	Full	HMO E	291.77	316.46	325.90	335.34	345.51	341.68	352.21	363.11	363.11	363.11
Sharp Health Plan	Performance	HMO A	261.56	284.81	293.70	302.59	312.16	321.74	331.65	341.91	341.91	341.91
Sharp Health Plan	Premier	HMO B	250.61	272.88	281.40	289.92	299.09	308.26	317.76	327.59	327.59	327.59
Sharp Health Plan	Performance	HMO D	280.56	305.50	315.04	324.57	334.84	345.11	355.75	366.75	366.75	366.75
Sutter Health Plus	Sutter Health Plus	HMO A	320.04	348.48	359.36	370.24	381.95	393.67	405.80	418.36	418.36	418.36
Sutter Health Plus	Sutter Health Plus	HMO B	333.33	362.96	374.29	385.62	397.82	410.02	422.66	435.74	435.74	435.74
UnitedHealthcare	SignatureValue	HMO A	379.99	413.77	426.68	439.60	453.51	467.41	481.82	496.72	496.72	496.72
UnitedHealthcare	SignatureValue	HMO F	438.45	477.43	492.33	507.23	523.28	539.32	555.95	573.14	573.14	573.14
UnitedHealthcare	SignatureValue	HMO H	402.94	438.76	452.45	466.15	480.90	495.64	510.92	526.72	526.72	526.72
UnitedHealthcare	Harmony	HMO L	290.78	316.63	326.51	336.40	347.04	357.68	368.71	380.11	380.11	380.11
UnitedHealthcare	Harmony	HMO M	335.51	365.34	376.74	388.14	400.42	412.70	425.42	438.58	438.58	438.58
UnitedHealthcare	Harmony	HMO N	308.35	335.76	346.24	356.72	368.00	379.29	390.98	403.07	403.07	403.07
UnitedHealthcare	Harmony	HMO P	286.36	311.82	321.55	331.28	341.76	352.24	363.10	374.33	374.33	374.33
UnitedHealthcare	SignatureValue	HMO Q	374.22	407.49	420.21	432.92	446.62	460.32	474.50	489.18	489.18	489.18
Western Health	Full	HMO A	285.27	310.63	320.32	330.02	340.46	350.90	361.72	372.90	372.90	372.90
Western Health	Full	HMO B	297.99	324.47	334.60	344.73	355.64	366.54	377.84	389.52	389.52	389.52
Western Health	Full	HMO C	271.31	295.43	304.65	313.87	323.80	333.73	344.01	354.65	354.65	354.65
Western Health	Full	HMO D	260.82	284.01	292.87	301.74	311.28	320.83	330.72	340.94	340.94	340.94

CARRIER	NETWORK	PLAN	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43
Anthem Blue Cross	Select HMO	HMO A	420.05	421.73	430.13	440.21	456.59	470.04	476.76	486.84	496.92	503.22	509.94	513.30	516.66	520.02	523.38	530.10	536.82	546.91	556.57	570.01
Anthem Blue Cross	CaliforniaCare HMO	HMO B	499.60	501.60	511.59	523.58	543.07	559.05	567.05	579.04	591.03	598.52	606.51	610.51	614.51	618.50	622.50	630.50	638.49	650.48	661.97	677.96
Anthem Blue Cross	Priority Select HMO	HMO C	336.46	337.81	344.54	352.61	365.73	376.50	381.88	389.96	398.03	403.08	408.46	411.15	413.85	416.54	419.23	424.61	430.00	438.07	445.81	456.58
Anthem Blue Cross	Advantage PPO	PPO A	582.14	584.47	596.11	610.08	632.79	651.41	660.73	674.70	688.67	697.40	706.72	711.38	716.03	720.69	725.35	734.66	743.97	757.95	771.34	789.96
Anthem Blue Cross	Select PPO	PPO B	553.82	556.04	567.11	580.40	602.00	619.72	628.59	641.88	655.17	663.48	672.34	676.77	681.20	685.63	690.06	698.92	707.78	721.07	733.81	751.53
Anthem Blue Cross	Select PPO	PPO C	575.88	578.18	589.70	603.52	625.98	644.41	653.62	667.44	681.27	689.90	699.12	703.73	708.33	712.94	717.55	726.76	735.97	749.80	763.04	781.47
Anthem Blue Cross	Select PPO	PPO D	538.69	540.84	551.62	564.55	585.56	602.79	611.41	624.34	637.27	645.35	653.97	658.28	662.59	666.90	671.21	679.83	688.45	701.37	713.76	731.00
Anthem Blue Cross	Prudent Buyer - Small Group	PPO E	575.88	578.18	589.70	603.52	625.98	644.41	653.62	667.44	681.27	689.90	699.12	703.73	708.33	712.94	717.55	726.76	735.97	749.80	763.04	781.47
Cigna + Oscar	LocalPlus	EPO C	457.77	459.60	468.76	479.74	497.60	512.25	519.57	530.56	541.54	548.41	555.73	559.40	563.06	566.72	570.38	577.71	585.03	596.02	606.55	621.19
Cigna + Oscar	LocalPlus	EPO D	443.80	445.57	454.45	465.10	482.41	496.61	503.71	514.36	525.01	531.67	538.77	542.32	545.87	549.42	552.97	560.07	567.18	577.83	588.03	602.24
Cigna + Oscar	LocalPlus	EPO E	453.43	455.24	464.31	475.19	492.88	507.39	514.64	525.52	536.41	543.21	550.46	554.09	557.72	561.34	564.97	572.23	579.48	590.36	600.79	615.30
Health Net	WholeCare	HMO A	429.96	431.68	440.28	450.60	467.37	481.13	488.01	498.33	508.65	515.10	521.97	525.41	528.85	532.29	535.73	542.61	549.49	559.81	569.70	583.46
Health Net	WholeCare	HMO B	421.40	423.08	431.51	441.63	458.06	471.55	478.29	488.40	498.51	504.84	511.58	514.95	518.32	521.69	525.06	531.81	538.55	548.66	558.35	571.84
Health Net	WholeCare	HMO C	426.52	428.23	436.76	447.00	463.63	477.28	484.10	494.34	504.58	510.97	517.80	521.21	524.62	528.04	531.45	538.27	545.10	555.33	565.14	578.79
Health Net	Salud HMO y Mas	HMO D	363.25	364.70	371.97	380.69	394.85	406.48	412.29	421.01	429.72	435.17	440.98	443.89	446.80	449.70	452.61	458.42	464.23	472.95	481.31	492.93
Health Net	Full	HMO E	464.59	466.45	475.74	486.89	505.01	519.88	527.31	538.46	549.61	556.58	564.01	567.73	571.45	575.16	578.88	586.31	593.75	604.90	615.58	630.45
Health Net	Full	HMO F	440.49	442.25	451.06	461.64	478.82	492.91	499.96	510.53	521.10	527.71	534.76	538.28	541.81	545.33	548.85	555.90	562.95	573.52	583.65	597.75
Health Net	Full	HMO G	477.14	479.05	488.59	500.04	518.65	533.92	541.55	553.00	564.45	571.61	579.24	583.06	586.88	590.70	594.51	602.15	609.78	621.23	632.21	647.48
Kaiser Permanente	Full	HMO B	417.37	419.04	427.38	437.40	453.68	467.03	473.71	483.73	493.75	500.01	506.68	510.02	513.36	516.70	520.04	526.72	533.40	543.41	553.01	566.37
Kaiser Permanente	Full	HMO C	441.53	443.30	452.13	462.72	479.94	494.07	501.14	511.73	522.33	528.95	536.02	539.55	543.08	546.61	550.15	557.21	564.27	574.87	585.03	599.15
Kaiser Permanente	Full	HMO D	392.97	394.54	402.40	411.83	427.16	439.73	446.02	455.45	464.88	470.78	477.07	480.21	483.35	486.50	489.64	495.93	502.22	511.65	520.69	533.26
Kaiser Permanente	Full	HMO E	363.11	364.56	371.82	380.54	394.70	406.32	412.13	420.84	429.56	435.00	440.81	443.72	446.62	449.53	452.43	458.24	464.05	472.77	481.12	492.74
Sharp Health Plan	Performance	HMO A	341.91	343.28	350.12	358.32	371.66	382.60	388.07	396.27	404.48	409.61	415.08	417.81	420.55	423.28	426.02	431.49	436.96	445.17	453.03	463.97
Sharp Health Plan	Premier	HMO B	327.59	328.90	335.45	343.31	356.09	366.57	371.81	379.68	387.54	392.45	397.69	400.31	402.94	405.56	408.18	413.42	418.66	426.52	434.06	444.54
Sharp Health Plan	Performance	HMO D	366.75	368.22	375.55	384.35	398.66	410.39	416.26	425.06	433.87	439.37	445.23	448.17	451.10	454.04	456.97	462.84	468.71	477.51	485.94	497.68
Sutter Health Plus	Sutter Health Plus	HMO A	418.36	420.02	428.39	438.43	454.75	468.13	474.83	484.87	494.91	501.18	507.88	511.22	514.57	517.92	521.26	527.96	534.65	544.69	554.31	567.70
Sutter Health Plus	Sutter Health Plus	HMO B	435.74	437.47	446.19	456.65	473.64	487.58	494.56	505.01	515.47	522.01	528.98	532.46	535.95	539.44	542.92	549.89	556.87	567.32	577.34	591.29
UnitedHealthcare	SignatureValue	HMO A	496.72	498.71	508.64	520.56	539.93	555.83	563.78	575.70	587.62	595.07	603.02	606.99	610.97	614.94	618.91	626.86	634.81	646.73	658.15	674.05
UnitedHealthcare	SignatureValue	HMO F	573.14	575.43	586.90	600.65	623.00	641.34	650.51	664.27	678.02	686.62	695.79	700.38	704.96	709.55	714.13	723.30	732.47	746.23	759.41	777.75
UnitedHealthcare	SignatureValue	HMO H	526.72	528.83	539.36	552.00	572.54	589.40	597.83	610.47	623.11	631.01	639.44	643.65	647.87	652.08	656.29	664.72	673.15	685.79	697.90	714.76
UnitedHealthcare	Harmony	HMO L	380.11	381.63	389.23	398.36	413.18	425.34	431.42	440.55	449.67	455.37	461.45	464.49	467.54	470.58	473.62	479.70	485.78	494.90	503.65	515.81
UnitedHealthcare	Harmony	HMO M	438.58	440.33	449.11	459.63	476.74	490.77	497.79	508.31	518.84	525.42	532.44	535.94	539.45	542.96	546.47	553.49	560.51	571.03	581.12	595.15
UnitedHealthcare	Harmony	HMO N	403.07	404.68	412.74	422.42	438.14	451.04	457.48	467.16	476.83	482.88	489.33	492.55	495.78	499.00	502.23	508.67	515.12	524.80	534.07	546.97
UnitedHealthcare	Harmony	HMO P	374.33	375.83	383.31	392.30	406.90	418.88	424.86	433.85	442.83	448.45	454.44	457.43	460.43	463.42	466.42	472.40	478.39	487.38	495.99	507.97
UnitedHealthcare	SignatureValue	HMO Q	489.18	491.14	500.92	512.66	531.74	547.39	555.22	566.96	578.70	586.04	593.86	597.78	601.69	605.60	609.52	617.35	625.17	636.91	648.16	663.82
Western Health	Full	HMO A	372.90	374.39	381.85	390.80	405.35	417.28	423.25	432.19	441.14	446.74	452.70	455.69	458.67	461.65	464.64	470.60	476.57	485.52	494.10	506.03
Western Health	Full	HMO B	389.52	391.08	398.87	408.22	423.41	435.88	442.11	451.46	460.81	466.65	472.88	476.00	479.11	482.23	485.35	491.58	497.81	507.16	516.12	528.58
Western Health	Full	HMO C	354.65	356.07	363.17	371.68	385.51	396.86	402.53	411.04	419.56	424.88	430.55	433.39	436.22	439.06	441.90	447.57	453.25	461.76	469.92	481.27
Western Health	Full	HMO D	340.94	342.31	349.13	357.31	370.61	381.52	386.97	395.15	403.34	408.45	413.91	416.63	419.36	422.09	424.82	430.27	435.73	443.91	451.75	462.66

CARRIER	NETWORK	PLAN	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	586.81	606.55	630.08	656.54	686.78	716.61	750.21	783.39	819.94	856.90	896.81	936.71	979.98	1023.66	1070.29	1093.39	1140.02	1180.34	1206.80	1239.99	1260.15
Anthem Blue Cross	CaliforniaCare HMO	HMO B	697.94	721.42	749.40	780.87	816.85	852.32	892.29	931.75	975.22	1019.18	1066.65	1114.11	1165.57	1217.53	1272.98	1300.46	1355.91	1403.88	1435.35	1474.82	1498.80
Anthem Blue Cross	Priority Select HMO	HMO C	470.03	485.85	504.69	525.89	550.11	574.00	600.92	627.50	656.77	686.38	718.34	750.31	784.96	819.95	857.30	875.81	913.15	945.45	966.65	993.23	1009.38
Anthem Blue Cross	Advantage PPO	PPO A	813.25	840.61	873.21	909.88	951.80	993.13	1039.70	1085.69	1136.34	1187.57	1242.87	1298.17	1358.13	1418.68	1483.29	1515.31	1579.93	1635.81	1672.49	1718.48	1746.42
Anthem Blue Cross	Select PPO	PPO B	773.69	799.72	830.73	865.62	905.50	944.82	989.12	1032.87	1081.06	1129.79	1182.41	1235.02	1292.06	1349.66	1411.13	1441.59	1503.07	1556.23	1591.12	1634.88	1661.46
Anthem Blue Cross	Select PPO	PPO C	804.50	831.57	863.82	900.10	941.56	982.45	1028.52	1074.02	1124.12	1174.80	1229.50	1284.21	1343.53	1403.42	1467.34	1499.02	1562.94	1618.22	1654.50	1700.00	1727.64
Anthem Blue Cross	Select PPO	PPO D	752.55	777.87	808.04	841.97	880.76	919.01	962.10	1004.66	1051.52	1098.93	1150.10	1201.28	1256.76	1312.79	1372.58	1402.21	1462.00	1513.72	1547.66	1590.21	1616.07
Anthem Blue Cross	Prudent Buyer - Small Group	PPO E	804.50	831.57	863.82	900.10	941.56	982.45	1028.52	1074.02	1124.12	1174.80	1229.50	1284.21	1343.53	1403.42	1467.34	1499.02	1562.94	1618.22	1654.50	1700.00	1727.64
Cigna + Oscar	LocalPlus	EPO C	639.51	661.02	686.66	715.50	748.46	780.96	817.58	853.74	893.57	933.85	977.34	1020.83	1067.98	1115.59	1166.40	1191.58	1242.39	1286.34	1315.18	1351.34	1373.31
Cigna + Oscar	LocalPlus	EPO D	619.99	640.85	665.70	693.66	725.61	757.12	792.63	827.69	866.30	905.35	947.51	989.67	1035.38	1081.54	1130.80	1155.21	1204.47	1247.08	1275.04	1310.10	1331.40
Cigna + Oscar	LocalPlus	EPO E	633.44	654.75	680.14	708.71	741.36	773.55	809.82	845.64	885.09	924.99	968.07	1011.15	1057.85	1105.00	1155.34	1180.27	1230.60	1274.13	1302.70	1338.52	1360.29
Health Net	WholeCare	HMO A	600.66	620.87	644.94	672.03	702.99	733.52	767.91	801.88	839.29	877.12	917.97	958.82	1003.10	1047.82	1095.54	1119.19	1166.92	1208.19	1235.28	1269.25	1289.88
Health Net	WholeCare	HMO B	588.69	608.50	632.10	658.65	688.99	718.91	752.62	785.91	822.57	859.65	899.69	939.72	983.12	1026.95	1073.72	1096.90	1143.68	1184.13	1210.68	1243.97	1264.20
Health Net	WholeCare	HMO C	595.85	615.90	639.78	666.65	697.36	727.65	761.77	795.46	832.57	870.11	910.63	951.15	995.08	1039.44	1086.78	1110.24	1157.58	1198.53	1225.40	1259.09	1279.56
Health Net	Salud HMO y Mas	HMO D	507.46	524.53	544.87	567.76	593.91	619.70	648.76	677.46	709.06	741.03	775.54	810.05	847.46	885.24	925.56	945.54	985.86	1020.73	1043.62	1072.31	1089.75
Health Net	Full	HMO E	649.03	670.87	696.89	726.16	759.61	792.59	829.76	866.46	906.88	947.77	991.90	1036.04	1083.89	1132.21	1183.78	1209.33	1260.90	1305.50	1334.77	1371.47	1393.77
Health Net	Full	HMO F	615.37	636.07	660.74	688.49	720.21	751.48	786.72	821.52	859.84	898.61	940.45	982.30	1027.67	1073.48	1122.38	1146.60	1195.50	1237.78	1265.54	1300.33	1321.47
Health Net	Full	HMO G	666.56	688.99	715.71	745.77	780.12	814.00	852.17	889.86	931.37	973.36	1018.69	1064.02	1113.16	1162.78	1215.75	1241.99	1294.95	1340.76	1370.82	1408.51	1431.42
Kaiser Permanente	Full	HMO B	583.06	602.68	626.05	652.35	682.40	712.03	745.42	778.39	814.70	851.43	891.08	930.73	973.72	1017.12	1063.45	1086.41	1132.74	1172.80	1199.10	1232.07	1252.11
Kaiser Permanente	Full	HMO C	616.82	637.57	662.29	690.11	721.90	753.25	788.57	823.45	861.86	900.72	942.66	984.61	1030.09	1076.01	1125.02	1149.30	1198.31	1240.70	1268.51	1303.39	1324.59
Kaiser Permanente	Full	HMO D	548.98	567.45	589.46	614.21	642.51	670.41	701.85	732.89	767.08	801.66	838.99	876.32	916.80	957.67	1001.29	1022.90	1066.52	1104.25	1129.00	1160.05	1178.91
Kaiser Permanente	Full	HMO E	507.26	524.33	544.66	567.54	593.68	619.46	648.51	677.20	708.79	740.74	775.24	809.73	847.13	884.89	925.20	945.17	985.48	1020.33	1043.21	1071.89	1089.33
Sharp Health Plan	Performance	HMO A	477.65	493.72	512.87	534.41	559.02	583.30	610.65	637.66	667.41	697.50	729.98	762.46	797.68	833.23	871.19	889.99	927.94	960.77	982.31	1009.32	1025.73
Sharp Health Plan	Premier	HMO B	457.64	473.04	491.39	512.02	535.61	558.87	585.08	610.96	639.46	668.28	699.40	730.53	764.27	798.34	834.70	852.72	889.08	920.53	941.17	967.05	982.77
Sharp Health Plan	Performance	HMO D	512.35	529.59	550.13	573.23	599.64	625.68	655.02	683.99	715.90	748.17	783.01	817.85	855.63	893.77	934.48	954.65	995.36	1030.57	1053.67	1082.65	1100.25
Sutter Health Plus	Sutter Health Plus	HMO A	584.43	604.10	627.52	653.88	684.00	713.70	747.17	780.22	816.62	853.43	893.18	932.92	976.01	1019.52	1065.95	1088.96	1135.40	1175.56	1201.92	1234.97	1255.04
Sutter Health Plus	Sutter Health Plus	HMO B	608.72	629.20	653.60	681.05	712.42	743.36	778.22	812.64	850.55	888.89	930.29	971.68	1016.56	1061.88	1110.24	1134.21	1182.58	1224.41	1251.86	1286.28	1307.19
UnitedHealthcare	SignatureValue	HMO A	693.92	717.26	745.08	776.37	812.14	847.40	887.14	926.38	969.60	1013.31	1060.50	1107.69	1158.85	1210.51	1265.64	1292.96	1348.10	1395.78	1427.08	1466.32	1490.16
UnitedHealthcare	SignatureValue	HMO F	800.68	827.61	859.71	895.82	937.08	977.78	1023.63	1068.91	1118.77	1169.21	1223.65	1278.10	1337.14	1396.74	1460.36	1491.88	1555.50	1610.52	1646.63	1691.91	1719.42
UnitedHealthcare	SignatureValue	HMO H	735.83	760.58	790.08	823.26	861.19	898.58	940.72	982.33	1028.16	1074.51	1124.55	1174.59	1228.84	1283.62	1342.08	1371.05	1429.52	1480.08	1513.27	1554.88	1580.16
UnitedHealthcare	Harmony	HMO L	531.01	548.88	570.17	594.11	621.48	648.47	678.88	708.91	741.97	775.42	811.53	847.65	886.80	926.33	968.52	989.43	1031.62	1068.11	1092.06	1122.08	1140.33
UnitedHealthcare	Harmony	HMO M	612.70	633.31	657.87	685.50	717.08	748.22	783.30	817.95	856.11	894.70	936.37	978.03	1023.21	1068.82	1117.50	1141.62	1190.31	1232.41	1260.04	1294.69	1315.74
UnitedHealthcare	Harmony	HMO N	563.09	582.03	604.61	630.00	659.02	687.64	719.88	751.73	786.79	822.26	860.55	898.85	940.36	982.28	1027.02	1049.19	1093.93	1132.63	1158.02	1189.86	1209.21
UnitedHealthcare	Harmony	HMO P	522.94	540.53	561.50	585.08	612.03	638.61	668.55	698.13	730.69	763.63	799.19	834.76	873.31	912.24	953.79	974.38	1015.93	1051.87	1075.45	1105.02	1122.99
UnitedHealthcare	SignatureValue	HMO Q	683.38	706.38	733.77	764.59	799.81	834.54	873.68	912.32	954.88	997.93	1044.40	1090.87	1141.26	1192.13	1246.43	1273.34	1327.63	1374.60	1405.41	1444.06	1467.54
Western Health	Full	HMO A	520.95	538.47	559.35	582.85	609.70	636.17	666.01	695.46	727.91	760.72	796.15	831.57	869.98	908.77	950.16	970.67	1012.06	1047.86	1071.35	1100.81	1118.71
Western Health	Full	HMO B	544.16	562.47	584.29	608.83	636.87	664.53	695.69	726.46	760.35	794.63	831.63	868.64	908.76	949.27	992.51	1013.93	1057.17	1094.56	1119.10	1149.87	1168.57
Western Health	Full	HMO C	495.45	512.12	531.98	554.32	579.86	605.04	633.41	661.43	692.29	723.49	757.19	790.88	827.41	864.29	903.66	923.17	962.53	996.58	1018.92	1046.94	1063.96
Western Health	Full	HMO D	476.30	492.32	511.42	532.90	557.44	581.65	608.93	635.86	665.52	695.53	727.92	760.31	795.42	830.88	868.73	887.48	925.32	958.05	979.53	1006.47	1022.83

Platinum

CARRIER	NETWORK	PLAN	0-14	15	16	17	18	19	20	21	22	23
Anthem Blue Cross	Select HMO	HMO A	367.24	399.88	412.36	424.84	438.29	451.73	465.65	480.05	480.05	480.05
Cigna + Oscar	LocalPlus	EPO C	414.84	451.72	465.82	479.91	495.10	510.28	526.01	542.28	542.28	542.28
Cigna + Oscar	LocalPlus	EPO D	406.77	442.92	456.75	470.57	485.46	500.35	515.77	531.72	531.72	531.72
Cigna + Oscar	LocalPlus	EPO E	394.79	429.88	443.30	456.72	471.17	485.62	500.58	516.06	516.06	516.06
Health Net	WholeCare	HMO C	332.23	361.76	373.05	384.34	396.50	408.66	421.26	434.29	434.29	434.29
Health Net	Salud HMO y Mas	HMO D	281.81	306.86	316.44	326.02	336.33	346.65	357.33	368.38	368.38	368.38
Health Net	Full	HMO E	369.27	402.09	414.64	427.19	440.71	454.22	468.22	482.70	482.70	482.70
Health Net	WholeCare	HMO F	341.96	372.36	383.98	395.60	408.12	420.64	433.60	447.01	447.01	447.01
Health Net	Salud HMO y Mas	HMO G	291.23	317.12	327.02	336.92	347.58	358.24	369.28	380.70	380.70	380.70
Health Net	Full	HMO H	380.08	413.87	426.79	439.71	453.62	467.53	481.94	496.84	496.84	496.84
Kaiser Permanente	Full	HMO A	375.12	407.22	419.49	431.77	444.98	444.21	457.90	472.06	472.06	472.06
Kaiser Permanente	Full	HMO B	368.57	400.09	412.14	424.19	437.17	436.16	449.60	463.50	463.50	463.50
Sharp Health Plan	Premier	HMO A	282.65	307.78	317.38	326.99	337.34	347.68	358.40	369.48	369.48	369.48
Sharp Health Plan	Performance	HMO B	304.58	331.66	342.01	352.36	363.51	374.66	386.21	398.15	398.15	398.15
Sharp Health Plan	Premier	HMO C	278.68	303.45	312.93	322.40	332.60	342.80	353.36	364.29	364.29	364.29
Sutter Health Plus	Sutter Health Plus	HMO A	364.35	396.74	409.12	421.50	434.84	448.17	461.98	476.28	476.28	476.28
Sutter Health Plus	Sutter Health Plus	HMO B	370.95	403.92	416.53	429.13	442.71	456.29	470.35	484.91	484.91	484.91
UnitedHealthcare	SignatureValue	HMO A	462.16	503.24	518.95	534.66	551.57	568.49	586.01	604.13	604.13	604.13
UnitedHealthcare	SignatureValue	HMO E	500.46	544.95	561.96	578.97	597.28	615.60	634.57	654.20	654.20	654.20
UnitedHealthcare	Harmony	HMO H	353.66	385.10	397.12	409.14	422.08	435.02	448.43	462.30	462.30	462.30
UnitedHealthcare	Harmony	HMO I	382.97	417.01	430.02	443.04	457.06	471.07	485.59	500.61	500.61	500.61
UnitedHealthcare	Harmony	HMO K	347.94	378.87	390.69	402.52	415.25	427.99	441.18	454.82	454.82	454.82
UnitedHealthcare	SignatureValue	HMO L	454.68	495.09	510.55	526.00	542.64	559.28	576.52	594.35	594.35	594.35
Western Health	Full	HMO A	324.22	353.04	364.06	375.08	386.94	398.81	411.10	423.82	423.82	423.82
Western Health	Full	HMO B	331.85	361.35	372.63	383.91	396.05	408.20	420.78	433.79	433.79	433.79
Western Health	Full	HMO C	320.56	349.06	359.95	370.85	382.58	394.31	406.46	419.03	419.03	419.03

CARRIER	NETWORK	PLAN	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43
Anthem Blue Cross	Select HMO	HMO A	480.05	481.97	491.57	503.09	521.81	537.18	544.86	556.38	567.90	575.10	582.78	586.62	590.46	594.30	598.14	605.82	613.50	625.03	636.07	651.43
Cigna + Oscar	LocalPlus	EPO C	542.28	544.45	555.29	568.31	589.45	606.81	615.48	628.50	641.51	649.65	658.32	662.66	667.00	671.34	675.68	684.35	693.03	706.04	718.52	735.87
Cigna + Oscar	LocalPlus	EPO D	531.72	533.85	544.48	557.24	577.98	595.00	603.50	616.27	629.03	637.00	645.51	649.76	654.02	658.27	662.53	671.03	679.54	692.30	704.53	721.55
Cigna + Oscar	LocalPlus	EPO E	516.06	518.13	528.45	540.84	560.96	577.48	585.73	598.12	610.50	618.25	626.50	630.63	634.76	638.89	643.02	651.27	659.53	671.92	683.79	700.30
Health Net	WholeCare	HMO C	434.29	436.02	444.71	455.13	472.07	485.97	492.91	503.34	513.76	520.27	527.22	530.70	534.17	537.65	541.12	548.07	555.02	565.44	575.43	589.33
Health Net	Salud HMO y Mas	HMO D	368.38	369.85	377.22	386.06	400.43	412.22	418.11	426.95	435.80	441.32	447.21	450.16	453.11	456.06	459.00	464.90	470.79	479.63	488.11	499.89
Health Net	Full	HMO E	482.70	484.63	494.29	505.87	524.70	540.14	547.87	559.45	571.04	578.28	586.00	589.86	593.72	597.58	601.45	609.17	616.89	628.48	639.58	655.03
Health Net	WholeCare	HMO F	447.01	448.80	457.74	468.47	485.90	500.20	507.35	518.08	528.81	535.52	542.67	546.24	549.82	553.40	556.97	564.12	571.28	582.01	592.29	606.59
Health Net	Salud HMO y Mas	HMO G	380.70	382.22	389.83	398.97	413.82	426.00	432.09	441.23	450.36	456.07	462.17	465.21	468.26	471.30	474.35	480.44	486.53	495.67	504.42	516.61
Health Net	Full	HMO H	496.84	498.83	508.77	520.69	540.07	555.97	563.92	575.84	587.76	595.22	603.17	607.14	611.12	615.09	619.07	627.02	634.96	646.89	658.32	674.22
Kaiser Permanente	Full	HMO A	472.06	473.95	483.39	494.72	513.13	528.24	535.79	547.12	558.45	565.53	573.09	576.86	580.64	584.42	588.19	595.74	603.30	614.63	625.48	640.59
Kaiser Permanente	Full	HMO B	463.50	465.36	474.63	485.75	503.83	518.66	526.08	537.20	548.32	555.28	562.69	566.40	570.11	573.82	577.52	584.94	592.36	603.48	614.14	628.97
Sharp Health Plan	Premier	HMO A	369.48	370.96	378.35	387.22	401.62	413.45	419.36	428.23	437.09	442.64	448.55	451.50	454.46	457.42	460.37	466.28	472.20	481.06	489.56	501.38
Sharp Health Plan	Performance	HMO B	398.15	399.74	407.71	417.26	432.79	445.53	451.90	461.46	471.01	476.98	483.35	486.54	489.72	492.91	496.09	502.47	508.84	518.39	527.55	540.29
Sharp Health Plan	Premier	HMO C	364.29	365.75	373.03	381.78	395.98	407.64	413.47	422.21	430.96	436.42	442.25	445.16	448.08	450.99	453.91	459.73	465.56	474.31	482.68	494.34
Sutter Health Plus	Sutter Health Plus	HMO A	476.28	478.18	487.70	499.13	517.71	532.95	540.57	552.00	563.43	570.57	578.20	582.01	585.82	589.63	593.44	601.06	608.68	620.11	631.06	646.30
Sutter Health Plus	Sutter Health Plus	HMO B	484.91	486.84	496.53	508.17	527.08	542.60	550.36	561.99	573.63	580.91	588.66	592.54	596.42	600.30	604.18	611.94	619.70	631.33	642.49	658.00
UnitedHealthcare	SignatureValue	HMO A	604.13	606.55	618.63	633.13	656.69	676.02	685.69	700.19	714.69	723.75	733.41	738.25	743.08	747.91	752.75	762.41	772.08	786.58	800.47	819.80
UnitedHealthcare	SignatureValue	HMO E	654.20	656.82	669.90	685.60	711.12	732.05	742.52	758.22	773.92	783.73	794.20	799.43	804.67	809.90	815.13	825.60	836.07	851.77	866.82	887.75
UnitedHealthcare	Harmony	HMO H	462.30	464.15	473.40	484.49	502.52	517.31	524.71	535.81	546.90	553.84	561.23	564.93	568.63	572.33	576.03	583.42	590.82	601.91	612.55	627.34
UnitedHealthcare	Harmony	HMO I	500.61	502.61	512.62	524.64	544.16	560.18	568.19	580.21	592.22	599.73	607.74	611.75	615.75	619.76	623.76	631.77	639.78	651.79	663.31	679.33
UnitedHealthcare	Harmony	HMO K	454.82	456.64	465.74	476.65	494.39	508.94	516.22	527.14	538.05	544.87	552.15	555.79	559.43	563.07	566.71	573.98	581.26	592.18	602.64	617.19
UnitedHealthcare	SignatureValue	HMO L	594.35	596.73	608.61	622.88	646.06	665.08	674.59	688.85	703.12	712.03	721.54	726.30	731.05	735.81	740.56	750.07	759.58	773.84	787.51	806.53
Western Health	Full	HMO A	423.82	425.51	433.99	444.16	460.69	474.25	481.03	491.20	501.37	507.73	514.51	517.90	521.29	524.68	528.07	534.86	541.64	551.81	561.56	575.12
Western Health	Full	HMO B	433.79	435.53	444.21	454.62	471.54	485.42	492.36	502.77	513.18	519.69	526.63	530.10	533.57	537.04	540.51	547.45	554.39	564.80	574.78	588.66
Western Health	Full	HMO C	419.03	420.71	429.09	439.15	455.49	468.90	475.60	485.66	495.72	502.00	508.71	512.06	515.41	518.76	522.12	528.82	535.53	545.58	555.22	568.63

CARRIER	NETWORK	PLAN	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	670.63	693.19	720.08	750.32	784.88	818.97	857.37	895.29	937.06	979.30	1024.91	1070.51	1119.96	1169.88	1223.17	1249.57	1302.86	1348.94	1379.18	1417.11	1440.15
Cigna + Oscar	LocalPlus	EPO C	757.56	783.05	813.41	847.58	886.62	925.12	968.51	1011.34	1058.52	1106.24	1157.76	1209.28	1265.13	1321.53	1381.72	1411.54	1471.74	1523.80	1557.96	1600.80	1626.83
Cigna + Oscar	LocalPlus	EPO D	742.82	767.81	797.58	831.08	869.37	907.12	949.66	991.66	1037.92	1084.71	1135.23	1185.74	1240.51	1295.81	1354.83	1384.07	1443.09	1494.14	1527.64	1569.64	1595.17
Cigna + Oscar	LocalPlus	EPO E	720.94	745.20	774.10	806.61	843.77	880.41	921.69	962.46	1007.36	1052.77	1101.80	1150.82	1203.98	1257.65	1314.93	1343.32	1400.60	1450.14	1482.65	1523.42	1548.19
Health Net	WholeCare	HMO C	606.70	627.11	651.43	678.79	710.06	740.89	775.63	809.94	847.73	885.94	927.20	968.46	1013.19	1058.35	1106.56	1130.45	1178.65	1220.34	1247.70	1282.01	1302.87
Health Net	Salud HMO y Mas	HMO D	514.63	531.94	552.57	575.78	602.30	628.46	657.93	687.03	719.08	751.50	786.49	821.49	859.43	897.75	938.64	958.90	999.79	1035.15	1058.36	1087.46	1105.14
Health Net	Full	HMO E	674.33	697.02	724.05	754.46	789.22	823.49	862.10	900.24	942.23	984.71	1030.57	1076.42	1126.14	1176.34	1229.92	1256.47	1310.05	1356.39	1386.80	1424.93	1448.10
Health Net	WholeCare	HMO F	624.47	645.48	670.51	698.67	730.86	762.60	798.36	833.67	872.56	911.90	954.36	996.83	1042.87	1089.36	1138.98	1163.56	1213.18	1256.09	1284.26	1319.57	1341.03
Health Net	Salud HMO y Mas	HMO G	531.83	549.73	571.04	595.03	622.44	649.47	679.92	710.00	743.12	776.62	812.79	848.95	888.16	927.76	970.01	990.95	1033.21	1069.76	1093.74	1123.82	1142.10
Health Net	Full	HMO H	694.09	717.44	745.26	776.56	812.34	847.61	887.36	926.61	969.84	1013.56	1060.76	1107.96	1159.13	1210.80	1265.95	1293.28	1348.43	1396.13	1427.43	1466.68	1490.52
Kaiser Permanente	Full	HMO A	659.47	681.66	708.10	737.84	771.82	805.34	843.11	880.40	921.47	963.01	1007.86	1052.70	1101.33	1150.42	1202.82	1228.78	1281.18	1326.50	1356.24	1393.53	1416.18
Kaiser Permanente	Full	HMO B	647.51	669.30	695.25	724.45	757.83	790.74	827.82	864.43	904.76	945.55	989.58	1033.61	1081.35	1129.56	1181.01	1206.50	1257.95	1302.44	1331.64	1368.26	1390.50
Sharp Health Plan	Premier	HMO A	516.16	533.53	554.22	577.50	604.10	630.33	659.89	689.08	721.22	753.74	788.84	823.94	862.00	900.42	941.44	961.76	1002.77	1038.24	1061.52	1090.70	1108.44
Sharp Health Plan	Performance	HMO B	556.22	574.93	597.23	622.31	650.98	679.24	711.10	742.55	777.19	812.23	850.05	887.87	928.88	970.29	1014.49	1036.38	1080.58	1118.80	1143.88	1175.34	1194.45
Sharp Health Plan	Premier	HMO C	508.91	526.03	546.44	569.39	595.61	621.48	650.62	679.40	711.09	743.15	777.76	812.37	849.89	887.77	928.21	948.25	988.68	1023.65	1046.61	1075.38	1092.87
Sutter Health Plus	Sutter Health Plus	HMO A	665.35	687.74	714.41	744.41	778.71	812.52	850.62	888.25	929.68	971.60	1016.84	1062.09	1111.14	1160.68	1213.54	1239.74	1292.60	1338.33	1368.33	1405.96	1428.81
Sutter Health Plus	Sutter Health Plus	HMO B	677.40	700.19	727.34	757.89	792.80	827.23	866.02	904.33	946.52	989.19	1035.25	1081.32	1131.26	1181.69	1235.51	1262.18	1316.01	1362.56	1393.11	1431.41	1454.68
UnitedHealthcare	SignatureValue	HMO A	843.97	872.36	906.20	944.26	987.75	1030.65	1078.98	1126.70	1179.26	1232.43	1289.82	1347.21	1409.44	1472.26	1539.32	1572.55	1639.61	1697.61	1735.67	1783.39	1812.39
UnitedHealthcare	SignatureValue	HMO E	913.92	944.66	981.30	1022.51	1069.62	1116.07	1168.40	1220.08	1277.00	1334.57	1396.72	1458.87	1526.25	1594.29	1666.90	1702.88	1775.50	1838.30	1879.52	1931.20	1962.60
UnitedHealthcare	Harmony	HMO H	645.83	667.56	693.45	722.57	755.86	788.68	825.67	862.19	902.41	943.09	987.01	1030.93	1078.55	1126.63	1177.94	1203.37	1254.68	1299.06	1328.19	1364.71	1386.90
UnitedHealthcare	Harmony	HMO I	699.35	722.88	750.92	782.45	818.50	854.04	894.09	933.64	977.19	1021.24	1068.80	1116.36	1167.92	1219.99	1275.55	1303.09	1358.66	1406.71	1438.25	1477.80	1501.83
UnitedHealthcare	Harmony	HMO K	635.38	656.76	682.23	710.88	743.63	775.92	812.31	848.24	887.81	927.83	971.04	1014.25	1061.10	1108.40	1158.88	1183.90	1234.38	1278.04	1306.70	1342.63	1364.46
UnitedHealthcare	SignatureValue	HMO L	830.31	858.24	891.53	928.97	971.76	1013.96	1061.51	1108.46	1160.17	1212.47	1268.94	1325.40	1386.62	1448.43	1514.40	1547.09	1613.07	1670.12	1707.57	1754.52	1783.05
Western Health	Full	HMO A	592.07	611.99	635.72	662.42	692.94	723.03	756.93	790.42	827.29	864.58	904.85	945.11	988.76	1032.84	1079.88	1103.19	1150.24	1190.92	1217.62	1251.10	1271.45
Western Health	Full	HMO B	606.01	626.40	650.69	678.02	709.25	740.05	774.76	809.03	846.77	884.94	926.15	967.36	1012.04	1057.16	1105.31	1129.17	1177.32	1218.96	1246.29	1280.56	1301.38
Western Health	Full	HMO C	585.39	605.09	628.55	654.95	685.12	714.87	748.39	781.50	817.95	854.83	894.64	934.45	977.61	1021.19	1067.70	1090.75	1137.26	1177.49	1203.88	1236.99	1257.10

Health Care Service Plan rates will vary by county

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USE EMPLOYER ZIP CODE FOR RATING

AREA 5

04/01/22 - 06/01/22

Bronze		AGE ->	0-14	15	16	17	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	Prudent Buyer - Small Group	PPO A	313.31	341.16	351.80	362.45	373.92	385.39	397.26	409.55	409.55	409.55	409.55	411.19	419.38	429.21	445.18	458.29	464.84	474.67	484.50	490.64	497.19	500.47	503.75	507.02	510.30	516.85	523.40	533.23	542.65	555.76	572.14	591.39	614.33	640.13	669.61	698.69	731.46	763.81	799.44	835.48	874.39	913.30	955.48	998.07	1043.53	1066.06	1111.52	1150.84	1176.64	1208.99	1228.65
Anthem Blue Cross	Select PPO	PPO B	313.31	341.16	351.80	362.45	373.92	385.39	397.26	409.55	409.55	409.55	409.55	411.19	419.38	429.21	445.18	458.29	464.84	474.67	484.50	490.64	497.19	500.47	503.75	507.02	510.30	516.85	523.40	533.23	542.65	555.76	572.14	591.39	614.33	640.13	669.61	698.69	731.46	763.81	799.44	835.48	874.39	913.30	955.48	998.07	1043.53	1066.06	1111.52	1150.84	1176.64	1208.99	1228.65
Anthem Blue Cross	Prudent Buyer - Small Group	EPO A	316.48	344.61	355.37	366.12	377.71	389.29	401.29	413.70	413.70	413.70	413.70	415.35	423.63	433.56	449.69	462.93	469.55	479.48	489.41	495.61	502.23	505.54	508.85	512.16	515.47	522.09	528.71	538.64	548.15	561.39	577.94	597.38	620.55	646.61	676.40	705.77	738.87	771.55	807.54	843.95	883.25	922.55	965.16	1008.19	1054.11	1076.86	1122.78	1162.50	1188.56	1221.24	1241.10
Cigna + Oscar	LocalPlus	EPO C	246.84	268.79	277.18	285.57	294.60	303.64	312.99	322.67	322.67	322.67	322.67	323.96	330.42	338.16	350.75	361.07	366.23	373.98	381.72	386.56	391.72	394.31	396.89	399.47	402.05	407.21	412.38	420.12	427.54	437.87	450.77	465.94	484.01	504.34	527.57	550.48	576.29	601.79	629.86	658.25	688.91	719.56	752.80	786.35	822.17	839.92	875.73	906.71	927.04	952.53	968.02
Cigna + Oscar	LocalPlus	EPO D	238.64	259.85	267.96	276.07	284.80	293.54	302.58	311.94	311.94	311.94	311.94	313.19	319.43	326.91	339.08	349.06	354.05	361.54	369.03	373.71	378.70	381.19	383.69	386.18	388.68	393.67	398.66	406.15	413.32	423.30	435.78	450.44	467.91	487.56	510.02	532.17	557.13	581.77	608.91	636.36	665.99	695.63	727.76	760.20	794.83	811.98	846.61	876.56	896.21	920.85	935.82
Health Net	CommunityCare	HMO A	214.95	234.06	241.36	248.67	256.54	264.40	272.55	280.98	280.98	280.98	280.98	282.10	287.72	294.47	305.43	314.42	318.91	325.66	332.40	336.61	341.11	343.36	345.61	347.85	350.10	354.60	359.09	365.84	372.30	381.29	392.53	405.74	421.47	439.17	459.40	479.35	501.83	524.03	548.47	573.20	599.89	626.59	655.53	684.75	715.94	731.39	762.58	789.56	807.26	829.45	842.94
Kaiser Permanente	Full	HMO A	222.04	240.53	247.60	254.67	262.29	255.91	263.80	271.96	271.96	271.96	271.96	273.05	278.49	285.01	295.62	304.32	308.67	315.20	321.73	325.81	330.16	332.34	334.51	336.69	338.86	343.21	347.57	354.09	360.35	369.05	379.93	392.71	407.94	425.07	444.66	463.96	485.72	507.21	530.87	554.80	580.64	606.47	634.48	662.77	692.95	707.91	738.10	764.21	781.34	802.83	815.88
Kaiser Permanente	Full	HMO B	218.06	236.20	243.14	250.07	257.54	251.02	258.76	266.76	266.76	266.76	266.76	267.83	273.16	279.57	289.97	298.51	302.78	309.18	315.58	319.58	323.85	325.98	328.12	330.25	332.39	336.65	340.92	347.32	353.46	362.00	372.67	385.20	400.14	416.95	436.16	455.10	476.44	497.51	520.72	544.19	569.54	594.88	622.36	650.10	679.71	694.38	723.99	749.60	766.41	787.48	800.28
Kaiser Permanente	Full	HMO C	209.72	227.12	233.77	240.42	247.59	240.76	248.18	255.86	255.86	255.86	255.86	256.88	262.00	268.14	278.12	286.30	290.40	296.54	302.68	306.52	310.61	312.66	314.70	316.75	318.80	322.89	326.99	333.13	339.01	347.20	357.43	369.46	383.79	399.91	418.33	436.49	456.96	477.17	499.43	521.95	546.26	570.56	596.92	623.53	651.93	666.00	694.40	718.96	735.08	755.29	767.58
Sharp Health Plan	Premier	HMO A	181.79	197.95	204.12	210.30	216.96	223.61	230.50	237.63	237.63	237.63	237.63	238.58	243.33	249.04	258.30	265.91	269.71	275.41	281.12	284.68	288.48	290.38	292.28	294.19	296.09	299.89	303.69	309.39	314.86	322.46	331.97	343.14	356.45	371.42	388.53	405.40	424.41	443.18	463.85	484.77	507.34	529.91	554.39	579.10	605.48	618.55	644.93	667.74	682.71	701.48	712.89
Sharp Health Plan	Performance	HMO B	200.32	218.13	224.94	231.75	239.08	246.41	254.00	261.86	261.86	261.86	261.86	262.91	268.14	274.43	284.64	293.02	297.21	303.50	309.78	313.71	317.90	319.99	322.09	324.18	326.28	330.47	334.66	340.94	346.96	355.34	365.82	378.13	392.79	409.29	428.14	446.73	467.68	488.37	511.15	534.19	559.07	583.95	610.92	638.15	667.22	681.62	710.69	735.83	752.32	773.01	785.58
Sutter Health Plus	Sutter Health Plus	HMO A	230.67	251.17	259.01	266.85	275.30	283.74	292.48	301.54	301.54	301.54	301.54	302.74	308.77	316.00	327.76	337.41	342.24	349.47	356.71	361.23	366.06	368.47	370.88	373.29	375.71	380.53	385.36	392.59	399.53	409.18	421.24	435.41	452.30	471.29	493.00	514.41	538.53	562.35	588.59	615.12	643.77	672.41	703.47	734.83	768.30	784.88	818.35	847.30	866.30	890.12	904.58
Sutter Health Plus	Sutter Health Plus	HMO B	236.42	257.44	265.47	273.51	282.16	290.81	299.78	309.06	309.06	309.06	309.06	310.28	316.46	323.88	335.93	345.82	350.77	358.19	365.60	370.24	375.18	377.66	380.13	382.60	385.07	390.02	394.96	402.38	409.49	419.38	431.74	446.26	463.57	483.04	505.29	527.23	551.96	576.37	603.26	630.46	659.82	689.17	721.01	753.15	787.45	804.45	838.75	868.42	887.89	912.31	927.13
Western Health	Full	HMO B	223.32	243.17	250.76	258.35	266.53	274.70	283.17	291.93	291.93	291.93	291.93	293.09	298.93	305.94	317.32	326.67	331.34	338.34	345.35	349.73	354.40	356.73	359.07	361.40	363.74	368.41	373.08	380.09	386.80	396.14	407.82	421.54	437.89	456.28	477.30	498.03	521.38	544.44	569.84	595.53	623.26	651.00	681.06	711.42	743.83	759.88	792.29	820.31	838.70	861.77	875.78
Western Health	Full	HMO C	229.09	249.46	257.24	265.03	273.41	281.80	290.48	299.47	299.47	299.47	299.47	300.67	306.66	313.84	325.52	335.11	339.90	347.08	354.27	358.76	363.55	365.95	368.35	370.74	373.14	377.93	382.72	389.91	396.80	406.38	418.36	432.43	449.20	468.07	489.63	510.89	534.85	558.51	584.56	610.92	639.37	667.81	698.66	729.80	763.05	779.52	812.76	841.51	860.37	884.03	898.41

Silver		AGE ->	0-14	15	16	17	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	298.75	325.30	335.46	345.61	356.54	367.48	378.80	390.52	390.52	390.52	390.52	392.08	399.89	409.26	424.50	436.99	443.24	452.61	461.99	467.84	474.09	477.22	480.34	483.46	486.59	492.84	499.08	508.46	517.44	529.94	545.56	563.91	585.78	610.38	638.50	666.23	697.47	728.32	762.30	796.66	833.76	870.86	911.08	951.70	995.04	1016.52	1059.87	1097.36	1121.96	1152.82	1171.56
Anthem Blue Cross	CaliforniaCare HMO	HMO B	330.97	360.39	371.64	382.89	395.00	407.11	419.66	432.64	432.64	432.64	432.64	434.37	443.02	453.41	470.28	484.12	491.05	501.43	511.81	518.30	525.22	528.69	532.15	535.61	539.07	545.99	552.91	563.30	573.25	587.09	604.40	624.73	648.96	676.22	707.37	738.08	772.70	806.87	844.51	882.59	923.69	964.79	1009.35	1054.34	1102.37	1126.16	1174.18	1215.72	1242.97	1277.15	1297.92
Anthem Blue Cross	Priority Select HMO	HMO C	218.97	238.43	245.87	253.31	261.33	269.34	277.64	286.23	286.23	286.23	286.23	287.37	293.10	299.97	311.13	320.29	324.87	331.74	338.61	342.90	347.48	349.77	352.06	354.35	356.64	361.22	365.80	372.67	379.25	388.41	399.86	413.32	429.35	447.38	467.99	488.31	511.21	533.82	558.72	583.91	611.10	638.29	667.77	697.54	729.31	745.06	776.83	804.31	822.34	844.95	858.69
Anthem Blue Cross	Advantage PPO	PPO A	350.45	381.61	393.52	405.43	418.25	431.08	444.37	458.11	458.11	458.11	458.11	459.94	469.10	480.10	497.97	512.63	519.95	530.95	541.94	548.82	556.15	559.81	563.48	567.14	570.81	578.13	585.46	596.46	607.00	621.66	639.98	661.51	687.17	716.03	749.01	781.54	818.18	854.38	894.23	934.54	978.06	1021.59	1068.77	1116.41	1167.26	1192.46	1243.31	1287.29	1316.15	1352.34	1374.33
Anthem Blue Cross	Select PPO	PPO B	346.72	377.54	389.32	401.11	413.80	426.49	439.63	453.23	453.23	453.23	453.23	455.04	464.11	474.99	492.66	507.16	514.42	525.29	536.17	542.97	550.22	553.85	557.47	561.10	564.72	571.98	579.23	590.11	600.53	615.03	633.16	654.46	679.85	708.40	741.03	773.21	809.47	845.27	884.70	924.59	967.65	1010.70	1057.39	1104.52	1154.83	1179.76	1230.07	1273.58	1302.13	1337.93	1359.69
Anthem Blue Cross	Prudent Buyer - Small Group	PPO C	346.72	377.54	389.32	401.11	413.80	426.49	439.63	453.23	453.23	453.23	453.23	455.04	464.11	474.99	492.66	507.16	514.42	525.29	536.17	542.97	550.22	553.85	557.47	561.10	564.72	571.98	579.23	590.11	600.53	615.03	633.16	654.46	679.85	708.40	741.03	773.21	809.47	845.27	884.70	924.59	967.65	1010.70	1057.39	1104.52	1154.83	1179.76	1230.07	1273.58	1302.13	1337.93	1359.69
Anthem Blue Cross	Prudent Buyer - Small Group	EPO A	338.70	368.80	380.31	391.82	404.22	416.62	429.46	442.74	442.74	442.74	442.74	444.51	453.37	463.99	481.26	495.43	502.51	513.14	523.76	530.40	537.49	541.03	544.57	548.11	551.65	558.74	565.82	576.45	586.63	600.80	618.51	639.32	664.11	692.00	723.88	755.31	790.73	825.71	864.23	903.19	945.25	987.31	1032.91	1078.96	1128.10	1152.45	1201.60	1244.10	1271.99	1306.97	1328.22
Anthem Blue Cross	Prudent Buyer - Small Group	EPO B	338.80	368.92	380.43	391.95	404.35	416.75	429.59	442.88	442.88	442.88	442.88	444.65	453.51	464.14	481.41	495.58	502.67	513.30	523.93	530.57	537.66	541.20	544.74	548.29	551.83	558.91	566.00	576.63	586.82	600.99	618.70	639.52	664.32	692.22	724.11	755.55	790.98	825.97	864.50	903.48	945.55	987.62	1033.24	1079.30	1128.46	1152.82	1201.98	1244.49	1272.39	1307.38	1328.64
Cigna + Oscar	LocalPlus	EPO C	316.58	344.72	355.48	366.24	377.82	389.41	401.41	413.83	413.83	413.83	413.83	415.48	423.76	433.69	449.83	463.07	469.69	479.62	489.56	495.76	502.38	505.69	509.01	512.32	515.63	522.25	528.87	538.80	548.32	561.56	578.11	597.56	620.74	646.81	676.60	705.99	739.09	771.78	807.79	844.20	883.52	922.83	965.45	1008.49	1054.43	1077.19	1123.12	1162.85	1188.92	1221.61	1241.48
Cigna + Oscar	LocalPlus	EPO D	309.99	337.54	348.08	358.61	369.96	381.31	393.06	405.21	405.21	405.21	405.21	406.83	414.94	424.66	440.47	453.43	459.92	469.64	479.37	485.45	491.93	495.17	498.41	501.65	504.90	511.38	517.86	527.59	536.91	549.88	566.08	585.13	607.82	633.35	662.52	691.30	723.71	755.72	790.98	826.64	865.13	903.63	945.36	987.51	1032.49	1054.77	1099.75	1138.65	1164.18	1196.19	1215.64
Cigna + Oscar	LocalPlus	EPO E	302.05	328.90	339.16	349.43	360.48	371.54	382.99	394.83	394.83	394.83	394.83	396.41	404.31	413.79	429.19	441.82	448.14	457.61	467.09	473.01	479.33	482.49	485.65	488.81	491.96	498.28	504.60	514.07	523.16	535.79	551.58	570.14	592.25	617.13	645.55	673.59	705.17	736.37	770.72	805.46	842.97	880.48	921.15	962.21	1006.04	1027.75	1071.58	1109.49	1134.36	1165.55	1184.50
Health Net	WholeCare	HMO A	410.88	447.40	461.37	475.33	490.37	505.41	520.99	537.10	537.10	537.10	537.10	539.25	549.99	562.88	583.83	601.02	609.61	622.50	635.39	643.45	652.04	656.34	660.63	664.93	669.23	677.82	686.41	699.30	711.66	728.85	750.33	775.57	805.65	839.49	878.16	916.29	959.26	1001.69	1048.42	1095.68	1146.71	1197.73	1253.05	1308.91	1368.53	1398.07	1457.69	1509.25	1543.09	1585.52	1611.30
Health Net	CommunityCare	HMO C	235.35	256.27	264.27	272.27	280.89	289.50	298.42	307.65	307.65	307.65	307.65	308.88	315.04	322.42	334.42	344.26	349.18	356.57	363.95	368.57	373.49	375.95	378.41	380.87	383.33	388.26	393.18	400.56	407.64	417.48	429.79	444.25	461.48	480.86	503.01	524.85	549.47	573.77	600.54	627.61	656.84	686.06	717.75	749.75	783.90	800.82	834.97	864.50	883.88	908.19	922.95
Kaiser Permanente	Full	HMO A	253.72	275.02	283.17	291.32	300.09	294.88	303.97	313.37	313.37	313.37	313.37	314.62	320.89	328.41	340.63	350.66	355.67	363.19	370.71	375.41	380.43	382.93	385.44	387.95	390.46	395.47	400.48	408.00	415.21	425.24	437.77	452.50	470.05	489.79	512.36	534.60	559.67	584.43	611.69	639.27	669.04	698.81	731.09	763.68	798.46	815.70	850.48	880.56	900.30	925.06	940.11
Kaiser Permanente	Full	HMO B	258.22	279.93	288.23	296.53	305.47	300.42	309.68	319.26	319.26	319.26	319.26	320.53	326.92	334.58	347.03	357.25	362.36	370.02	377.68	382.47	387.58	390.13	392.68	395.24	397.79	402.90	408.01	415.67	423.01	433.23	446.00	461.01	478.88	499.00	521.98	544.65	570.19	595.41	623.19	651.28	681.61	711.94	744.82	778.03	813.46	831.02	866.46	897.11	917.22	942.44	957.78
Kaiser Permanente	Full	HMO C	256.31	277.85	286.08	294.32	303.19	298.07	307.25	316.75	316.75	316.75	316.75	318.02	324.36	331.96	344.31	354.45	359.52	367.12	374.72	379.47	384.54	387.07	389.61	392.14	394.68	399.74	404.81	412.41	419.70	429.84	442.51	457.39	475.13	495.09	517.89	540.38	565.72	590.75	618.31	646.18	676.27	706.36	738.99	771.93	807.09	824.51	859.67	890.08	910.04	935.06	950.25
Kaiser Permanente	Full	HMO D	239.96	260.05	267.73	275.41	283.68	277.96	286.52	295.38	295.38	295.38	295.38	296.57	302.47	309.56	321.08	330.54	335.26	342.35	349.44	353.87	358.60	360.96	363.32	365.69	368.05	372.78	377.50	384.59	391.38	400.84	412.65	426.54	443.08	461.69	482.95	503.93	527.56	550.89	576.59	602.58	630.65	658.71	689.13	719.85	752.64	768.89	801.67	830.03	848.64	871.97	886.14
Kaiser Permanente	Full	HMO E	250.31	271.31	279.34	287.38	296.02	290.68	299.64	308.91	308.91	308.91	308.91	310.15	316.32	323.74	335.78	345.67	350.61	358.03	365.44	370.07	375.02	377.49	379.96	382.43	384.90	389.84	394.79	402.20	409.31	419.19	431.55	446.07	463.36	482.83	505.07	527.00	551.71	576.12	602.99	630.18	659.52	688.87	720.69	752.81	787.10	804.09	838.38	868.04	887.50	911.90	926.73
Sharp Health Plan	Premier	HMO A	203.65	221.75	228.67	235.60	243.05	250.50	258.22	266.21	266.21	266.21	266.21	267.27	272.60	278.99	289.37	297.89	302.15	308.54	314.93	318.92	323.18	325.31	327.44	329.57	331.70	335.96	340.22	346.61	352.73	361.25	371.90	384.41	399.32	416.09	435.25	454.15	475.45	496.48	519.64	543.07	568.36	593.65	621.07	648.75	678.30	692.94	722.49	748.05	764.82	785.85	798.63
Sharp Health Plan	Performance	HMO B	216.16	235.37	242.72	250.07	257.98	265.89	274.08	282.56	282.56	282.56	282.56	283.69	289.34	296.12	307.14	316.18	320.71	327.49	334.27	338.51	343.03	345.29	347.55	349.81	352.07	356.59	361.11	367.89	374.39	383.43	394.74	408.02	423.84	441.64	461.99	482.05	504.65	526.97	551.56	576.42	603.27	630.11	659.21	688.60	719.96	735.50	766.87	793.99	811.79	834.12	847.68
Sharp Health Plan	Premier	HMO C	199.18	216.88	223.65	230.42	237.71	245.00	252.55	260.36	260.36	260.36	260.36	261.40	266.61	272.86	283.01	291.34	295.51	301.76	308.01	311.91	316.08	318.16	320.24	322.33	324.41	328.57	332.74	338.99	344.98	353.31	363.72	375.96	390.54	406.94	425.69	444.17	465.00	485.57	508.22	531.13	555.87	580.60	607.42	634.50	663.40	677.72	706.62	731.61	748.01	768.58	781.08
Sutter Health Plus	Sutter Health Plus	HMO B	297.55	323.99	334.11	344.22	355.11	366.00	377.28	388.96	388.96	388.96	388.96	390.50	398.28	407.62	422.79	435.23	441.46	450.79	460.13	465.96	472.18	475.29	478.41	481.52	484.63	490.85	497.08	506.41	515.36	527.80	543.36	561.64	583.42	607.93	635.93	663.55	694.66	725.39	759.23	793.45	830.40	867.35	907.42	947.87	991.04	1012.43	1055.61	1092.94	1117.45	1148.17	1166.83
Sutter Health Plus	Sutter Health Plus	HMO C	271.27	295.38	304.60	313.82	323.75	333.68	343.96	354.61	354.61	354.61	354.61	356.02	363.11	371.62	385.45	396.80	402.47	410.98	419.49	424.81	430.48	433.32	436.16	438.99	441.83	447.51	453.18	461.69	469.85	481.19	495.38	512.04	531.90	554.24	579.77	604.95	633.32	661.33	692.18	723.38	757.07	790.76	827.28	864.16	903.52	923.02	962.38	996.43	1018.77	1046.78	1063.79
UnitedHealthcare	SignatureValue	HMO A	335.72	365.56	376.97	388.38	400.67	412.96	425.68	438.85	438.85	438.85	438.85	440.61	449.38	459.91	477.03	491.07	498.09	508.63	519.16	525.74	532.76	536.27	539.79	543.30	546.81	553.83	560.85	571.38	581.48	595.52	613.07	633.70	658.28	685.92	717.52	748.68	783.79	818.46	856.64	895.25	936.94	978.64	1023.84	1069.48	1118.19	1142.33	1191.04	1233.17	1260.82	1295.49	1316.55
UnitedHealthcare	Harmony	HMO F	256.92	279.75	288.49	297.22	306.62	316.03	325.76	335.84	335.84	335.84	335.84	337.18	343.90	351.96	365.06	375.80	381.18	389.24	397.30	402.34	407.71	410.40	413.08	415.77	418.46	423.83	429.20	437.26	444.99	455.73	469.17	484.95	503.76	524.92	549.10	572.94	599.81	626.34	655.56	685.11	717.02	748.92	783.51	818.44	855.72	874.19	911.47	943.71	964.87	991.40	1007.52
UnitedHealthcare	Harmony	HMO G	227.55	247.78	255.51	263.24	271.57	279.90	288.53	297.45	297.45	297.45	297.45	298.64	304.59	311.73	323.33	332.85	337.61	344.74	351.88	356.35	361.10	363.48	365.86	368.24	370.62	375.38	380.14	387.28	394.12	403.64	415.54	429.52	446.18	464.91	486.33	507.45	531.25	554.74	580.62	606.80	635.06	663.31	693.95	724.89	757.90	774.26	807.28	835.83	854.57	878.07	892.35
Western Health	Full	HMO A	246.14	268.02	276.38	284.75	293.76	302.77	312.10	321.75	321.75	321.75	321.75	323.04	329.47	337.19	349.74	360.04	365.18	372.91	380.63	385.45	390.60	393.18	395.75	398.32	400.90	406.05	411.19	418.92	426.32	436.61	449.48	464.60	482.62	502.89	526.06	548.90	574.64	600.06	628.05	656.37	686.93	717.50	750.64	784.10	819.81	837.51	873.23	904.11	924.38	949.80	965.25
Western Health	Full	HMO B	258.40	281.37	290.15	298.94	308.39	317.85	327.65	337.78	337.78	337.78	337.78	339.13	345.89	353.99	367.17	377.98	383.38	391.49	399.59	404.66	410.06	412.77	415.47	418.17	420.87	426.28	431.68	439.79	447.56	458.37	471.88	487.75	506.67	527.95	552.27	576.25	603.27	629.96	659.35	689.07	721.16	753.25	788.04	823.17	860.66	879.24	916.73	949.16	970.44	997.13	1013.34
Western Health	Full	HMO C	241.30	262.75	270.95	279.16	287.99	296.82	305.97	315.43	315.43	315.43	315.43	316.69	323.00	330.57	342.87	352.97	358.01	365.58	373.15	377.89	382.93	385.46	387.98	390.50	393.03	398.07	403.12	410.69	417.95	428.04	440.66	455.48	473.15	493.02	515.73	538.12	563.36	588.28	615.72	643.48	673.44	703.41	735.90	768.70	803.72	821.07	856.08	886.36	906.23	931.15	946.29

Health Care Service Plan rates will vary by county

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Gold		AGE -->	0-14	15	16	17	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	365.35	397.82	410.24	422.66	436.03	449.40	463.25	477.58	477.58	477.58	477.58	479.49	489.04	500.50	519.13	534.41	542.05	553.52	564.98	572.14	579.78	583.60	587.42	591.24	595.06	602.71	610.35	621.81	632.79	648.08	667.18	689.63	716.37	746.46	780.84	814.75	852.96	890.69	932.24	974.26	1019.63	1065.00	1114.19	1163.86	1216.87	1243.14	1296.15	1342.00	1372.09	1409.82	1432.74
Anthem Blue Cross	CaliforniaCare HMO	HMO B	404.78	440.76	454.51	468.27	483.09	497.90	513.25	529.12	529.12	529.12	529.12	531.24	541.82	554.52	575.15	592.09	600.55	613.25	625.95	633.89	642.35	646.58	650.82	655.05	659.28	667.75	676.22	688.91	701.08	718.02	739.18	764.05	793.68	827.01	865.11	902.68	945.01	986.81	1032.84	1079.40	1129.67	1179.94	1234.44	1289.47	1348.20	1377.30	1436.03	1486.83	1520.16	1561.96	1587.36
Anthem Blue Cross	Priority Select HMO	HMO C	267.68	291.48	300.57	309.67	319.47	329.27	339.41	349.91	349.91	349.91	349.91	351.31	358.31	366.71	380.35	391.55	397.15	405.55	413.94	419.19	424.79	427.59	430.39	433.19	435.99	441.59	447.18	455.58	463.63	474.83	488.82	505.27	524.87	546.91	572.10	596.95	624.94	652.58	683.02	713.82	747.06	780.30	816.34	852.73	891.57	910.82	949.66	983.25	1005.29	1032.93	1049.73
Anthem Blue Cross	Advantage PPO	PPO A	413.66	450.43	464.49	478.55	493.69	508.83	524.51	540.73	540.73	540.73	540.73	542.89	553.71	566.69	587.77	605.08	613.73	626.71	639.68	647.79	656.45	660.77	665.10	669.42	673.75	682.40	691.05	704.03	716.47	733.77	755.40	780.81	811.10	845.16	884.09	922.49	965.74	1008.46	1055.50	1103.09	1154.46	1205.83	1261.52	1317.76	1377.78	1407.52	1467.54	1519.45	1553.52	1596.23	1622.19
Anthem Blue Cross	Select PPO	PPO B	393.54	428.52	441.90	455.27	469.67	484.08	499.00	514.43	514.43	514.43	514.43	516.49	526.78	539.12	559.19	575.65	583.88	596.22	608.57	616.29	624.52	628.63	632.75	636.86	640.98	649.21	657.44	669.79	681.62	698.08	718.66	742.84	771.65	804.05	841.09	877.62	918.77	959.41	1004.17	1049.44	1098.31	1147.18	1200.17	1253.67	1310.77	1339.06	1396.16	1445.55	1477.96	1518.60	1543.29
Anthem Blue Cross	Select PPO	PPO C	409.22	445.60	459.50	473.41	488.39	503.37	518.88	534.93	534.93	534.93	534.93	537.07	547.77	560.61	581.47	598.59	607.15	619.98	632.82	640.85	649.41	653.68	657.96	662.24	666.52	675.08	683.64	696.48	708.78	725.90	747.30	772.44	802.40	836.10	874.61	912.59	955.38	997.64	1044.18	1091.26	1142.08	1192.89	1247.99	1303.62	1363.00	1392.42	1451.80	1503.15	1536.85	1579.11	1604.79
Anthem Blue Cross	Select PPO	PPO D	382.78	416.81	429.82	442.83	456.84	470.85	485.36	500.37	500.37	500.37	500.37	502.37	512.38	524.39	543.90	559.91	567.92	579.93	591.94	599.44	607.45	611.45	615.46	619.46	623.46	631.47	639.47	651.48	662.99	679.00	699.02	722.53	750.56	782.08	818.10	853.63	893.66	933.19	976.72	1020.75	1068.29	1115.83	1167.36	1219.40	1274.94	1302.46	1358.00	1406.04	1437.56	1477.09	1501.11
Anthem Blue Cross	Prudent Buyer - Small Group	PPO E	409.22	445.60	459.50	473.41	488.39	503.37	518.88	534.93	534.93	534.93	534.93	537.07	547.77	560.61	581.47	598.59	607.15	619.98	632.82	640.85	649.41	653.68	657.96	662.24	666.52	675.08	683.64	696.48	708.78	725.90	747.30	772.44	802.40	836.10	874.61	912.59	955.38	997.64	1044.18	1091.26	1142.08	1192.89	1247.99	1303.62	1363.00	1392.42	1451.80	1503.15	1536.85	1579.11	1604.79
Cigna + Oscar	LocalPlus	EPO C	350.19	381.32	393.23	405.13	417.94	430.76	444.04	457.77	457.77	457.77	457.77	459.60	468.76	479.74	497.60	512.25	519.57	530.56	541.54	548.41	555.73	559.40	563.06	566.72	570.38	577.71	585.03	596.02	606.55	621.19	639.51	661.02	686.66	715.50	748.46	780.96	817.58	853.74	893.57	933.85	977.34	1020.83	1067.98	1115.59	1166.40	1191.58	1242.39	1286.34	1315.18	1351.34	1373.31
Cigna + Oscar	LocalPlus	EPO D	339.51	369.68	381.22	392.76	405.19	417.62	430.49	443.80	443.80	443.80	443.80	445.57	454.45	465.10	482.41	496.61	503.71	514.36	525.01	531.67	538.77	542.32	545.87	549.42	552.97	560.07	567.18	577.83	588.03	602.24	619.99	640.85	665.70	693.66	725.61	757.12	792.63	827.69	866.30	905.35	947.51	989.67	1035.38	1081.54	1130.80	1155.21	1204.47	1247.08	1275.04	1310.10	1331.40
Cigna + Oscar	LocalPlus	EPO E	346.87	377.71	389.49	401.28	413.98	426.68	439.83	453.43	453.43	453.43	453.43	455.24	464.31	475.19	492.88	507.39	514.64	525.52	536.41	543.21	550.46	554.09	557.72	561.34	564.97	572.23	579.48	590.36	600.79	615.30	633.44	654.75	680.14	708.71	741.36	773.55	809.82	845.64	885.09	924.99	968.07	1011.15	1057.85	1105.00	1155.34	1180.27	1230.60	1274.13	1302.70	1338.52	1360.29
Health Net	WholeCare	HMO A	471.38	513.28	529.30	545.32	562.57	579.83	597.70	616.18	616.18	616.18	616.18	618.65	630.97	645.76	669.79	689.51	699.37	714.15	728.94	738.19	748.04	752.97	757.90	762.83	767.76	777.62	787.48	802.27	816.44	836.16	860.81	889.77	924.27	963.09	1007.46	1051.21	1100.50	1149.18	1202.79	1257.01	1315.55	1374.08	1437.55	1501.63	1570.03	1603.92	1672.32	1731.47	1770.29	1818.97	1848.54
Health Net	WholeCare	HMO B	461.99	503.06	518.76	534.46	551.37	568.28	585.79	603.91	603.91	603.91	603.91	606.32	618.40	632.90	656.45	675.77	685.44	699.93	714.42	723.48	733.15	737.98	742.81	747.64	752.47	762.13	771.80	786.29	800.18	819.50	843.66	872.04	905.86	943.91	987.39	1030.27	1078.58	1126.29	1178.83	1231.97	1289.34	1346.72	1408.92	1471.73	1538.76	1571.97	1639.01	1696.98	1735.03	1782.74	1811.73
Health Net	WholeCare	HMO C	467.61	509.17	525.07	540.96	558.07	575.19	592.91	611.25	611.25	611.25	611.25	613.70	625.92	640.59	664.43	683.99	693.77	708.44	723.11	732.28	742.06	746.95	751.84	756.73	761.62	771.40	781.18	795.85	809.91	829.47	853.92	882.65	916.88	955.39	999.40	1042.80	1091.70	1139.98	1193.16	1246.95	1305.02	1363.09	1426.05	1489.62	1557.47	1591.09	1658.94	1717.62	1756.13	1804.42	1833.75
Health Net	Salud HMO y Mas	HMO D	277.89	302.59	312.03	321.48	331.65	341.82	352.35	363.25	363.25	363.25	363.25	364.70	371.97	380.69	394.85	406.48	412.29	421.01	429.72	435.17	440.98	443.89	446.80	449.70	452.61	458.42	464.23	472.95	481.31	492.93	507.46	524.53	544.87	567.76	593.91	619.70	648.76	677.46	709.06	741.03	775.54	810.05	847.46	885.24	925.56	945.54	985.86	1020.73	1043.62	1072.31	1089.75
Health Net	Full	HMO E	509.34	554.62	571.93	589.24	607.88	626.53	645.83	665.81	665.81	665.81	665.81	668.47	681.79	697.77	723.73	745.04	755.69	771.67	787.65	797.64	808.29	813.62	818.94	824.27	829.60	840.25	850.90	866.88	882.20	903.50	930.13	961.43	998.71	1040.66	1088.60	1135.87	1189.13	1241.73	1299.66	1358.25	1421.50	1484.75	1553.33	1622.57	1696.48	1733.10	1807.00	1870.92	1912.87	1965.46	1997.43
Health Net	Full	HMO F	482.92	525.85	542.26	558.68	576.35	594.03	612.33	631.27	631.27	631.27	631.27	633.80	646.42	661.57	686.19	706.39	716.49	731.64	746.80	756.26	766.36	771.41	776.46	781.52	786.57	796.67	806.77	821.92	836.44	856.64	881.89	911.56	946.91	986.68	1032.13	1076.95	1127.45	1177.32	1232.24	1287.80	1347.77	1407.74	1472.76	1538.41	1608.48	1643.20	1713.27	1773.88	1813.65	1863.52	1893.81
Health Net	Full	HMO G	523.10	569.60	587.37	605.15	624.30	643.44	663.27	683.79	683.79	683.79	683.79	686.52	700.20	716.61	743.28	765.16	776.10	792.51	808.92	819.18	830.12	835.59	841.06	846.53	852.00	862.94	873.88	890.29	906.02	927.90	955.25	987.39	1025.68	1068.76	1117.99	1166.54	1221.25	1275.26	1334.75	1394.93	1459.89	1524.85	1595.28	1666.39	1742.29	1779.90	1855.80	1921.44	1964.52	2018.54	2051.37
Kaiser Permanente	Full	HMO B	302.87	328.55	338.36	348.18	358.76	355.34	366.29	377.62	377.62	377.62	377.62	379.13	386.68	395.74	410.47	422.55	428.60	437.66	446.72	452.39	458.43	461.45	464.47	467.49	470.51	476.55	482.60	491.66	500.34	512.43	527.53	545.28	566.43	590.22	617.41	644.22	674.43	704.26	737.11	770.34	806.21	842.09	880.98	920.26	962.17	982.94	1024.86	1061.11	1084.90	1114.73	1132.86
Kaiser Permanente	Full	HMO C	319.59	346.76	357.14	367.53	378.71	375.91	387.49	399.48	399.48	399.48	399.48	401.08	409.07	418.65	434.23	447.02	453.41	463.00	472.58	478.58	484.97	488.16	491.36	494.55	497.75	504.14	510.53	520.12	529.31	542.09	558.07	576.85	599.22	624.39	653.15	681.51	713.47	745.03	779.78	814.94	852.89	890.84	931.98	973.53	1017.87	1039.84	1084.19	1122.54	1147.70	1179.26	1198.44
Kaiser Permanente	Full	HMO D	285.98	310.16	319.40	328.65	338.60	334.57	344.88	355.54	355.54	355.54	355.54	356.97	364.08	372.61	386.48	397.85	403.54	412.08	420.61	425.94	431.63	434.48	437.32	440.16	443.01	448.70	454.39	462.92	471.10	482.47	496.70	513.41	533.32	555.72	581.32	606.56	635.00	663.09	694.02	725.31	759.09	792.87	829.49	866.46	905.93	925.48	964.95	999.08	1021.48	1049.57	1066.62
Kaiser Permanente	Full	HMO E	265.31	287.65	296.19	304.74	313.93	309.14	318.67	328.53	328.53	328.53	328.53	329.84	336.41	344.30	357.11	367.62	372.88	380.76	388.65	393.57	398.83	401.46	404.09	406.72	409.34	414.60	419.86	427.74	435.30	445.81	458.95	474.39	492.79	513.49	537.14	560.47	586.75	612.70	641.28	670.19	701.40	732.61	766.45	800.62	837.09	855.15	891.62	923.16	943.86	969.81	985.59
Sharp Health Plan	Performance	HMO A	261.56	284.81	293.70	302.59	312.16	321.74	331.65	341.91	341.91	341.91	341.91	343.28	350.12	358.32	371.66	382.60	388.07	396.27	404.48	409.61	415.08	417.81	420.55	423.28	426.02	431.49	436.96	445.17	453.03	463.97	477.65	493.72	512.87	534.41	559.02	583.30	610.65	637.66	667.41	697.50	729.98	762.46	797.68	833.23	871.19	889.99	927.94	960.77	982.31	1009.32	1025.73
Sharp Health Plan	Premier	HMO B	250.61	272.88	281.40	289.92	299.09	308.26	317.76	327.59	327.59	327.59	327.59	328.90	335.45	343.31	356.09	366.57	371.81	379.68	387.54	392.45	397.69	400.31	402.94	405.56	408.18	413.42	418.66	426.52	434.06	444.54	457.64	473.04	491.39	512.02	535.61	558.87	585.08	610.96	639.46	668.28	699.40	730.53	764.27	798.34	834.70	852.72	889.08	920.53	941.17	967.05	982.77
Sharp Health Plan	Performance	HMO D	280.56	305.50	315.04	324.57	334.84	345.11	355.75	366.75	366.75	366.75	366.75	368.22	375.55	384.35	398.66	410.39	416.26	425.06	433.87	439.37	445.23	448.17	451.10	454.04	456.97	462.84	468.71	477.51	485.94	497.68	512.35	529.59	550.13	573.23	599.64	625.68	655.02	683.99	715.90	748.17	783.01	817.85	855.63	893.77	934.48	954.65	995.36	1030.57	1053.67	1082.65	1100.25
Sutter Health Plus	Sutter Health Plus	HMO A	338.83	368.95	380.47	391.98	404.38	416.79	429.63	442.93	442.93	442.93	442.93	444.69	453.55	464.18	481.45	495.63	502.71	513.34	523.97	530.62	537.70	541.25	544.79	548.33	551.88	558.96	566.05	576.68	586.87	601.04	618.76	639.57	664.38	692.28	724.17	755.62	791.05	826.04	864.58	903.55	945.63	987.71	1033.33	1079.39	1128.56	1152.92	1202.08	1244.60	1272.50	1307.50	1328.75
Sutter Health Plus	Sutter Health Plus	HMO B	352.91	384.28	396.28	408.27	421.19	434.10	447.48	461.33	461.33	461.33	461.33	463.17	472.39	483.47	501.46	516.22	523.60	534.67	545.74	552.66	560.04	563.74	567.43	571.12	574.81	582.19	589.57	600.64	611.25	626.01	644.47	666.15	691.98	721.05	754.26	787.02	823.92	860.37	900.50	941.10	984.92	1028.75	1076.26	1124.24	1175.45	1200.82	1252.03	1296.31	1325.38	1361.82	1383.96
UnitedHealthcare	SignatureValue	HMO A	367.96	400.66	413.17	425.68	439.14	452.61	466.56	480.99	480.99	480.99	480.99	482.91	492.53	504.08	522.84	538.23	545.92	557.47	569.01	576.23	583.92	587.77	591.62	595.47	599.31	607.01	614.71	626.25	637.31	652.70	671.94	694.55	721.49	751.79	786.42	820.57	859.05	897.05	938.89	981.22	1026.91	1072.61	1122.15	1172.17	1225.56	1252.02	1305.41	1351.58	1381.88	1419.88	1442.97
UnitedHealthcare	SignatureValue	HMO F	424.56	462.30	476.73	491.16	506.70	522.24	538.33	554.98	554.98	554.98	554.98	557.20	568.30	581.62	603.26	621.02	629.90	643.22	656.54	664.87	673.75	678.19	682.63	687.07	691.51	700.38	709.26	722.58	735.35	753.11	775.31	801.39	832.47	867.43	907.39	946.80	991.19	1035.04	1083.32	1132.16	1184.88	1237.61	1294.77	1352.49	1414.09	1444.61	1506.22	1559.49	1594.46	1638.30	1664.94
UnitedHealthcare	SignatureValue	HMO H	390.18	424.86	438.12	451.39	465.67	479.95	494.74	510.04	510.04	510.04	510.04	512.08	522.28	534.52	554.41	570.73	578.90	591.14	603.38	611.03	619.19	623.27	627.35	631.43	635.51	643.67	651.83	664.07	675.80	692.12	712.53	736.50	765.06	797.19	833.92	870.13	910.93	951.22	995.60	1040.48	1088.94	1137.39	1189.92	1242.97	1299.58	1327.63	1384.25	1433.21	1465.34	1505.64	1530.12
UnitedHealthcare	Harmony	HMO L	281.58	306.61	316.18	325.75	336.06	346.36	357.04	368.08	368.08	368.08	368.08	369.55	376.91	385.75	400.10	411.88	417.77	426.60	435.44	440.96	446.85	449.79	452.74	455.68	458.63	464.52	470.41	479.24	487.71	499.48	514.21	531.51	552.12	575.31	601.81	627.94	657.39	686.47	718.49	750.88	785.85	820.82	858.73	897.01	937.87	958.11	998.97	1034.30	1057.49	1086.57	1104.24
UnitedHealthcare	Harmony	HMO M	324.90	353.78	364.83	375.87	387.76	399.65	411.97	424.71	424.71	424.71	424.71	426.41	434.90	445.10	461.66	475.25	482.05	492.24	502.43	508.80	515.60	519.00	522.39	525.79	529.19	535.98	542.78	552.97	562.74	576.33	593.32	613.28	637.07	663.82	694.40	724.56	758.53	792.08	829.03	866.41	906.76	947.10	990.85	1035.02	1082.16	1105.52	1152.66	1193.44	1220.19	1253.74	1274.13
UnitedHealthcare	Harmony	HMO N	298.59	325.14	335.28	345.43	356.36	367.29	378.61	390.32	390.32	390.32	390.32	391.88	399.69	409.06	424.28	436.77	443.01	452.38	461.75	467.60	473.85	476.97	480.09	483.22	486.34	492.58	498.83	508.20	517.17	529.66	545.28	563.62	585.48	610.07	638.17	665.89	697.11	727.95	761.90	796.25	833.33	870.41	910.62	951.21	994.54	1016.00	1059.33	1096.80	1121.39	1152.22	1170.96
UnitedHealthcare	Harmony	HMO P	277.30	301.95	311.38	320.80	330.95	341.10	351.62	362.49	362.49	362.49	362.49	363.94	371.19	379.89	394.03	405.63	411.43	420.13	428.83	434.26	440.06	442.96	445.86	448.76	451.66	457.46	463.26	471.96	480.30	491.90	506.40	523.44	543.74	566.57	592.67	618.41	647.41	676.04	707.58	739.48	773.92	808.35	845.69	883.39	923.62	943.56	983.80	1018.60	1041.43	1070.07	1087.47
UnitedHealthcare	SignatureValue	HMO Q	362.37	394.58	406.89	419.21	432.47	445.73	459.47	473.68	473.68	473.68	473.68	475.57	485.05	496.42	514.89	530.05	537.63	549.00	560.36	567.47	575.05	578.84	582.63	586.42	590.21	597.78	605.36	616.73	627.63	642.78	661.73	683.99	710.52	740.36	774.47	808.10	845.99	883.41	924.62	966.31	1011.31	1056.31	1105.10	1154.36	1206.94	1232.99	1285.57	1331.04	1360.88	1398.30	1421.04
Western Health	Full	HMO A	285.27	310.63	320.32	330.02	340.46	350.90	361.72	372.90	372.90	372.90	372.90	374.39	381.85	390.80	405.35	417.28	423.25	432.19	441.14	446.74	452.70	455.69	458.67	461.65	464.64	470.60	476.57	485.52	494.10	506.03	520.95	538.47	559.35	582.85	609.70	636.17	666.01	695.46	727.91	760.72	796.15	831.57	869.98	908.77	950.16	970.67	1012.06	1047.86	1071.35	1100.81	1118.71
Western Health	Full	HMO B	297.99	324.47	334.60	344.73	355.64	366.54	377.84	389.52	389.52	389.52	389.52	391.08	398.87	408.22	423.41	435.88	442.11	451.46	460.81	466.65	472.88	476.00	479.11	482.23	485.35	491.58	497.81	507.16	516.12	528.58	544.16	562.47	584.29	608.83	636.87	664.53	695.69	726.46	760.35	794.63	831.63	868.64	908.76	949.27	992.51	1013.93	1057.17	1094.56	1119.10	1149.87	1168.57
Western Health	Full	HMO C	271.31	295.43	304.65	313.87	323.80	333.73	344.01	354.65	354.65	354.65	354.65	356.07	363.17	371.68	385.51	396.86	402.53	411.04	419.56	424.88	430.55	433.39	436.22	439.06	441.90	447.57	453.25	461.76	469.92	481.27	495.45	512.12	531.98	554.32	579.86	605.04	633.41	661.43	692.29	723.49	757.19	790.88	827.41	864.29	903.66	923.17	962.53	996.58	1018.92	1046.94	1063.96
Western Health	Full	HMO D	260.82	284.01	292.87	301.74	311.28	320.83	330.72	340.94	340.94	340.94	340.94	342.31	349.13	357.31	370.61	381.52	386.97	395.15	403.34	408.45	413.91	416.63	419.36	422.09	424.82	430.27	435.73	443.91	451.75	462.66	476.30	492.32	511.42	532.90	557.44	581.65	608.93	635.86	665.52	695.53	727.92	760.31	795.42	830.88	868.73	887.48	925.32	958.05	979.53	1006.47	1022.83

Platinum		AGE -->	0-14	15	16	17	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	417.54	454.66	468.85	483.04	498.32	513.61	529.44	545.81	545.81	545.81	545.81	547.99	558.91	572.01	593.30	610.76	619.49	632.59	645.69	653.88	662.61	666.98	671.35	675.71	680.08	688.81	697.55	710.64	723.20	740.66	762.50	788.15	818.72	853.10	892.40	931.15	974.82	1017.94	1065.42	1113.45	1165.30	1217.16	1273.37	1330.14	1390.72	1420.74	1481.33	1533.73	1568.11	1611.23	1637.43
Cigna + Oscar	LocalPlus	EPO C	414.84	451.72	465.82	479.91	495.10	510.28	526.01	542.28	542.28	542.28	542.28	544.45	555.29	568.31	589.45	606.81	615.48	628.50	641.51	649.65	658.32	662.66	667.00	671.34	675.68	684.35	693.03	706.04	718.52	735.87	757.56	783.05	813.41	847.58	886.62	925.12	968.51	1011.34	1058.52	1106.24	1157.76	1209.28	1265.13	1321.53	1381.72	1411.54	1471.74	1523.80	1557.96	1600.80	1626.83
Cigna + Oscar	LocalPlus	EPO D	406.77	442.92	456.75	470.57	485.46	500.35	515.77	531.72	531.72	531.72	531.72	533.85	544.48	557.24	577.98	595.00	603.50	616.27	629.03	637.00	645.51	649.76	654.02	658.27	662.53	671.03	679.54	692.30	704.53	721.55	742.82	767.81	797.58	831.08	869.37	907.12	949.66	991.66	1037.92	1084.71	1135.23	1185.74	1240.51	1295.81	1354.83	1384.07	1443.09	1494.14	1527.64	1569.64	1595.17
Cigna + Oscar	LocalPlus	EPO E	394.79	429.88	443.30	456.72	471.17	485.62	500.58	516.06	516.06	516.06	516.06	518.13	528.45	540.84	560.96	577.48	585.73	598.12	610.50	618.25	626.50	630.63	634.76	638.89	643.02	651.27	659.53	671.92	683.79	700.30	720.94	745.20	774.10	806.61	843.77	880.41	921.69	962.46	1007.36	1052.77	1101.80	1150.82	1203.98	1257.65	1314.93	1343.32	1400.60	1450.14	1482.65	1523.42	1548.19
Health Net	WholeCare	HMO C	476.12	518.44	534.62	550.80	568.23	585.66	603.71	622.38	622.38	622.38	622.38	624.87	637.31	652.25	676.52	696.44	706.40	721.33	736.27	745.61	755.57	760.54	765.52	770.50	775.48	785.44	795.40	810.33	824.65	844.57	869.46	898.71	933.57	972.77	1017.59	1061.77	1111.56	1160.73	1214.88	1269.65	1328.77	1387.90	1452.00	1516.73	1585.82	1620.05	1689.13	1748.88	1788.09	1837.26	1867.14
Health Net	Salud HMO y Mas	HMO D	281.81	306.86	316.44	326.02	336.33	346.65	357.33	368.38	368.38	368.38	368.38	369.85	377.22	386.06	400.43	412.22	418.11	426.95	435.80	441.32	447.21	450.16	453.11	456.06	459.00	464.90	470.79	479.63	488.11	499.89	514.63	531.94	552.57	575.78	602.30	628.46	657.93	687.03	719.08	751.50	786.49	821.49	859.43	897.75	938.64	958.90	999.79	1035.15	1058.36	1087.46	1105.14
Health Net	Full	HMO E	529.20	576.24	594.22	612.21	631.58	650.95	671.01	691.76	691.76	691.76	691.76	694.53	708.36	724.97	751.94	774.08	785.15	801.75	818.35	828.73	839.80	845.33	850.87	856.40	861.93	873.00	884.07	900.67	916.58	938.72	966.39	998.90	1037.64	1081.22	1131.03	1180.14	1235.49	1290.13	1350.32	1411.19	1476.91	1542.63	1613.88	1685.82	1762.61	1800.65	1877.44	1943.85	1987.43	2042.08	2075.28
Health Net	WholeCare	HMO F	490.07	533.63	550.28	566.94	584.88	602.81	621.39	640.61	640.61	640.61	640.61	643.17	655.98	671.36	696.34	716.84	727.09	742.47	757.84	767.45	777.70	782.83	787.95	793.08	798.20	808.45	818.70	834.07	848.81	869.31	894.93	925.04	960.92	1001.27	1047.40	1092.88	1144.13	1194.74	1250.47	1306.85	1367.70	1428.56	1494.54	1561.17	1632.28	1667.51	1738.62	1800.11	1840.47	1891.08	1921.83
Health Net	Salud HMO y Mas	HMO G	291.23	317.12	327.02	336.92	347.58	358.24	369.28	380.70	380.70	380.70	380.70	382.22	389.83	398.97	413.82	426.00	432.09	441.23	450.36	456.07	462.17	465.21	468.26	471.30	474.35	480.44	486.53	495.67	504.42	516.61	531.83	549.73	571.04	595.03	622.44	649.47	679.92	710.00	743.12	776.62	812.79	848.95	888.16	927.76	970.01	990.95	1033.21	1069.76	1093.74	1123.82	1142.10
Health Net	Full	HMO H	544.70	593.12	611.63	630.14	650.08	670.02	690.67	712.03	712.03	712.03	712.03	714.88	729.12	746.20	773.97	796.76	808.15	825.24	842.33	853.01	864.40	870.10	875.79	881.49	887.19	898.58	909.97	927.06	943.44	966.22	994.70	1028.17	1068.04	1112.90	1164.16	1214.72	1271.68	1327.93	1389.88	1452.54	1520.18	1587.82	1661.16	1735.21	1814.25	1853.41	1932.44	2000.80	2045.65	2101.90	2136.09
Kaiser Permanente	Full	HMO A	340.73	369.77	380.87	391.98	403.94	401.91	414.29	427.11	427.11	427.11	427.11	428.81	437.36	447.61	464.26	477.93	484.76	495.02	505.27	511.67	518.51	521.92	525.34	528.76	532.17	539.01	545.84	556.09	565.91	579.58	596.67	616.74	640.66	667.57	698.32	728.64	762.81	796.55	833.71	871.30	911.87	952.45	996.44	1040.86	1088.27	1111.76	1159.16	1200.17	1227.07	1260.82	1281.33
Kaiser Permanente	Full	HMO B	334.80	363.32	374.22	385.12	396.87	394.62	406.78	419.36	419.36	419.36	419.36	421.04	429.42	439.49	455.84	469.26	475.97	486.04	496.10	502.39	509.10	512.46	515.81	519.17	522.52	529.23	535.94	546.01	555.65	569.07	585.85	605.56	629.04	655.46	685.65	715.43	748.98	782.11	818.59	855.49	895.33	935.17	978.37	1021.98	1068.53	1091.59	1138.14	1178.40	1204.82	1237.95	1258.08
Sharp Health Plan	Premier	HMO A	282.65	307.78	317.38	326.99	337.34	347.68	358.40	369.48	369.48	369.48	369.48	370.96	378.35	387.22	401.62	413.45	419.36	428.23	437.09	442.64	448.55	451.50	454.46	457.42	460.37	466.28	472.20	481.06	489.56	501.38	516.16	533.53	554.22	577.50	604.10	630.33	659.89	689.08	721.22	753.74	788.84	823.94	862.00	900.42	941.44	961.76	1002.77	1038.24	1061.52	1090.70	1108.44
Sharp Health Plan	Performance	HMO B	304.58	331.66	342.01	352.36	363.51	374.66	386.21	398.15	398.15	398.15	398.15	399.74	407.71	417.26	432.79	445.53	451.90	461.46	471.01	476.98	483.35	486.54	489.72	492.91	496.09	502.47	508.84	518.39	527.55	540.29	556.22	574.93	597.23	622.31	650.98	679.24	711.10	742.55	777.19	812.23	850.05	887.87	928.88	970.29	1014.49	1036.38	1080.58	1118.80	1143.88	1175.34	1194.45
Sharp Health Plan	Premier	HMO C	278.68	303.45	312.93	322.40	332.60	342.80	353.36	364.29	364.29	364.29	364.29	365.75	373.03	381.78	395.98	407.64	413.47	422.21	430.96	436.42	442.25	445.16	448.08	450.99	453.91	459.73	465.56	474.31	482.68	494.34	508.91	526.03	546.44	569.39	595.61	621.48	650.62	679.40	711.09	743.15	777.76	812.37	849.89	887.77	928.21	948.25	988.68	1023.65	1046.61	1075.38	1092.87
Sutter Health Plus	Sutter Health Plus	HMO A	385.75	420.04	433.15	446.26	460.37	474.49	489.12	504.25	504.25	504.25	504.25	506.26	516.35	528.45	548.11	564.25	572.32	584.42	596.52	604.08	612.15	616.19	620.22	624.25	628.29	636.36	644.42	656.53	668.12	684.26	704.43	728.13	756.37	788.13	824.44	860.24	900.58	940.41	984.28	1028.66	1076.56	1124.46	1176.40	1228.84	1284.81	1312.55	1368.52	1416.92	1448.69	1488.53	1512.72
Sutter Health Plus	Sutter Health Plus	HMO B	392.73	427.64	440.99	454.34	468.71	483.08	497.97	513.38	513.38	513.38	513.38	515.43	525.69	538.02	558.04	574.46	582.68	595.00	607.32	615.02	623.24	627.34	631.45	635.56	639.66	647.88	656.09	668.41	680.22	696.65	717.18	741.31	770.06	802.40	839.37	875.81	916.88	957.44	1002.10	1047.28	1096.05	1144.82	1197.70	1251.09	1308.08	1336.31	1393.30	1442.58	1474.92	1515.48	1540.11
UnitedHealthcare	SignatureValue	HMO A	447.53	487.31	502.52	517.73	534.11	550.49	567.45	585.00	585.00	585.00	585.00	587.34	599.04	613.08	635.90	654.62	663.98	678.02	692.06	700.83	710.19	714.87	719.55	724.23	728.91	738.27	747.63	761.67	775.13	793.85	817.25	844.74	877.50	914.36	956.48	998.01	1044.81	1091.03	1141.92	1193.40	1248.98	1304.55	1364.81	1425.65	1490.58	1522.76	1587.69	1643.85	1680.71	1726.92	1755.00
UnitedHealthcare	SignatureValue	HMO E	484.61	527.69	544.16	560.63	578.37	596.10	614.48	633.48	633.48	633.48	633.48	636.01	648.68	663.89	688.59	708.86	719.00	734.20	749.41	758.91	769.04	774.11	779.18	784.25	789.32	799.45	809.59	824.79	839.36	859.63	884.97	914.75	950.22	990.13	1035.74	1080.72	1131.40	1181.44	1236.55	1292.30	1352.48	1412.66	1477.91	1543.79	1614.11	1648.95	1719.26	1780.08	1819.99	1870.03	1900.44
UnitedHealthcare	Harmony	HMO H	342.48	372.92	384.56	396.20	408.73	421.27	434.25	447.68	447.68	447.68	447.68	449.47	458.42	469.17	486.63	500.95	508.12	518.86	529.61	536.32	543.48	547.06	550.65	554.23	557.81	564.97	572.14	582.88	593.18	607.50	625.41	646.45	671.52	699.72	731.96	763.74	799.56	834.92	873.87	913.27	955.80	998.33	1044.44	1091.00	1140.69	1165.31	1215.00	1257.98	1286.18	1321.55	1343.04
UnitedHealthcare	Harmony	HMO I	370.86	403.82	416.43	429.03	442.60	456.18	470.24	484.78	484.78	484.78	484.78	486.72	496.41	508.05	526.96	542.47	550.23	561.86	573.49	580.77	588.52	592.40	596.28	600.16	604.04	611.79	619.55	631.18	642.33	657.85	677.24	700.02	727.17	757.71	792.62	827.03	865.82	904.11	946.29	988.95	1035.01	1081.06	1130.99	1181.41	1235.22	1261.88	1315.69	1362.23	1392.77	1431.07	1454.34
UnitedHealthcare	Harmony	HMO K	336.94	366.89	378.34	389.79	402.12	414.45	427.23	440.44	440.44	440.44	440.44	442.20	451.01	461.58	478.76	492.85	499.90	510.47	521.04	527.65	534.69	538.22	541.74	545.26	548.79	555.84	562.88	573.45	583.58	597.68	615.29	636.00	660.66	688.41	720.12	751.39	786.63	821.42	859.74	898.50	940.34	982.18	1027.55	1073.35	1122.24	1146.47	1195.35	1237.64	1265.38	1300.18	1321.32
UnitedHealthcare	SignatureValue	HMO L	440.28	479.42	494.38	509.34	525.46	541.57	558.26	575.53	575.53	575.53	575.53	577.83	589.34	603.16	625.60	644.02	653.23	667.04	680.85	689.48	698.69	703.30	707.90	712.51	717.11	726.32	735.53	749.34	762.58	780.99	804.02	831.07	863.30	899.55	940.99	981.85	1027.90	1073.36	1123.43	1174.08	1228.76	1283.43	1342.71	1402.57	1466.45	1498.10	1561.99	1617.24	1653.50	1698.96	1726.59
Western Health	Full	HMO A	324.22	353.04	364.06	375.08	386.94	398.81	411.10	423.82	423.82	423.82	423.82	425.51	433.99	444.16	460.69	474.25	481.03	491.20	501.37	507.73	514.51	517.90	521.29	524.68	528.07	534.86	541.64	551.81	561.56	575.12	592.07	611.99	635.72	662.42	692.94	723.03	756.93	790.42	827.29	864.58	904.85	945.11	988.76	1032.84	1079.88	1103.19	1150.24	1190.92	1217.62	1251.10	1271.45
Western Health	Full	HMO B	331.85	361.35	372.63	383.91	396.05	408.20	420.78	433.79	433.79	433.79	433.79	435.53	444.21	454.62	471.54	485.42	492.36	502.77	513.18	519.69	526.63	530.10	533.57	537.04	540.51	547.45	554.39	564.80	574.78	588.66	606.01	626.40	650.69	678.02	709.25	740.05	774.76	809.03	846.77	884.94	926.15	967.36	1012.04	1057.16	1105.31	1129.17	1177.32	1218.96	1246.29	1280.56	1301.38
Western Health	Full	HMO C	320.56	349.06	359.95	370.85	382.58	394.31	406.46	419.03	419.03	419.03	419.03	420.71	429.09	439.15	455.49	468.90	475.60	485.66	495.72	502.00	508.71	512.06	515.41	518.76	522.12	528.82	535.53	545.58	555.22	568.63	585.39	605.09	628.55	654.95	685.12	714.87	748.39	781.50	817.95	854.83	894.64	934.45	977.61	1021.19	1067.70	1090.75	1137.26	1177.49	1203.88	1236.99	1257.10

Health Care Service Plan rates will vary by county

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USE EMPLOYER ZIP CODE FOR RATING

AREA 6

04/01/22 - 06/01/22

Bronze		AGE ->	0-14	15	16	17	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	Prudent Buyer - Small Group	PPO A	315.10	343.11	353.82	364.53	376.06	387.60	399.54	411.90	411.90	411.90	411.90	413.55	421.79	431.67	447.74	460.92	467.51	477.39	487.28	493.46	500.05	503.34	506.64	509.93	513.23	519.82	526.41	536.29	545.77	558.95	575.42	594.78	617.85	643.80	673.46	702.70	735.65	768.19	804.03	840.28	879.41	918.54	960.96	1003.80	1049.52	1072.18	1117.90	1157.44	1183.39	1215.93	1235.70
Anthem Blue Cross	Select PPO	PPO B	315.10	343.11	353.82	364.53	376.06	387.60	399.54	411.90	411.90	411.90	411.90	413.55	421.79	431.67	447.74	460.92	467.51	477.39	487.28	493.46	500.05	503.34	506.64	509.93	513.23	519.82	526.41	536.29	545.77	558.95	575.42	594.78	617.85	643.80	673.46	702.70	735.65	768.19	804.03	840.28	879.41	918.54	960.96	1003.80	1049.52	1072.18	1117.90	1157.44	1183.39	1215.93	1235.70
Anthem Blue Cross	Prudent Buyer - Small Group	EPO A	318.29	346.59	357.40	368.22	379.87	391.52	403.59	416.07	416.07	416.07	416.07	417.73	426.06	436.04	452.27	465.58	472.24	482.23	492.21	498.45	505.11	508.44	511.77	515.09	518.42	525.08	531.74	541.72	551.29	564.61	581.25	600.81	624.11	650.32	680.27	709.82	743.10	775.97	812.17	848.78	888.31	927.84	970.69	1013.96	1060.15	1083.03	1129.21	1169.16	1195.37	1228.24	1248.21
Cigna + Oscar	LocalPlus	EPO C	246.84	268.79	277.18	285.57	294.60	303.64	312.99	322.67	322.67	322.67	322.67	323.96	330.42	338.16	350.75	361.07	366.23	373.98	381.72	386.56	391.72	394.31	396.89	399.47	402.05	407.21	412.38	420.12	427.54	437.87	450.77	465.94	484.01	504.34	527.57	550.48	576.29	601.79	629.86	658.25	688.91	719.56	752.80	786.35	822.17	839.92	875.73	906.71	927.04	952.53	968.02
Cigna + Oscar	LocalPlus	EPO D	238.64	259.85	267.96	276.07	284.80	293.54	302.58	311.94	311.94	311.94	311.94	313.19	319.43	326.91	339.08	349.06	354.05	361.54	369.03	373.71	378.70	381.19	383.69	386.18	388.68	393.67	398.66	406.15	413.32	423.30	435.78	450.44	467.91	487.56	510.02	532.17	557.13	581.77	608.91	636.36	665.99	695.63	727.76	760.20	794.83	811.98	846.61	876.56	896.21	920.85	935.82
Health Net	CommunityCare	HMO A	214.95	234.06	241.36	248.67	256.54	264.40	272.55	280.98	280.98	280.98	280.98	282.10	287.72	294.47	305.43	314.42	318.91	325.66	332.40	336.61	341.11	343.36	345.61	347.85	350.10	354.60	359.09	365.84	372.30	381.29	392.53	405.74	421.47	439.17	459.40	479.35	501.83	524.03	548.47	573.20	599.89	626.59	655.53	684.75	715.94	731.39	762.58	789.56	807.26	829.45	842.94
Kaiser Permanente	Full	HMO A	232.99	252.46	259.90	267.34	275.36	269.38	277.69	286.27	286.27	286.27	286.27	287.42	293.14	300.02	311.18	320.34	324.92	331.79	338.66	342.96	347.54	349.83	352.12	354.41	356.70	361.28	365.86	372.73	379.31	388.47	399.92	413.38	429.41	447.45	468.06	488.38	511.29	533.90	558.81	584.00	611.19	638.39	667.88	697.65	729.43	745.17	776.95	804.43	822.47	845.08	858.81
Kaiser Permanente	Full	HMO B	228.80	247.90	255.20	262.50	270.36	264.23	272.38	280.80	280.80	280.80	280.80	281.93	287.54	294.28	305.23	314.22	318.71	325.45	332.19	336.40	340.89	343.14	345.39	347.63	349.88	354.37	358.87	365.60	372.06	381.05	392.28	405.48	421.20	438.89	459.11	479.05	501.51	523.70	548.13	572.84	599.51	626.19	655.11	684.32	715.48	730.93	762.10	789.05	806.74	828.93	842.40
Kaiser Permanente	Full	HMO C	220.02	238.34	245.34	252.34	259.88	253.43	261.24	269.32	269.32	269.32	269.32	270.40	275.79	282.25	292.76	301.37	305.68	312.15	318.61	322.65	326.96	329.11	331.27	333.42	335.58	339.89	344.20	350.66	356.85	365.47	376.25	388.90	403.99	420.95	440.34	459.47	481.01	502.29	525.72	549.42	575.01	600.59	628.33	656.34	686.24	701.05	730.94	756.80	773.77	795.04	807.96
Sharp Health Plan	Premier	HMO A	181.79	197.95	204.12	210.30	216.96	223.61	230.50	237.63	237.63	237.63	237.63	238.58	243.33	249.04	258.30	265.91	269.71	275.41	281.12	284.68	288.48	290.38	292.28	294.19	296.09	299.89	303.69	309.39	314.86	322.46	331.97	343.14	356.45	371.42	388.53	405.40	424.41	443.18	463.85	484.77	507.34	529.91	554.39	579.10	605.48	618.55	644.93	667.74	682.71	701.48	712.89
Sharp Health Plan	Performance	HMO B	200.32	218.13	224.94	231.75	239.08	246.41	254.00	261.86	261.86	261.86	261.86	262.91	268.14	274.43	284.64	293.02	297.21	303.50	309.78	313.71	317.90	319.99	322.09	324.18	326.28	330.47	334.66	340.94	346.96	355.34	365.82	378.13	392.79	409.29	428.14	446.73	467.68	488.37	511.15	534.19	559.07	583.95	610.92	638.15	667.22	681.62	710.69	735.83	752.32	773.01	785.58
Sutter Health Plus	Sutter Health Plus	HMO A	205.00	223.22	230.19	237.15	244.66	252.16	259.93	267.98	267.98	267.98	267.98	269.04	274.40	280.83	291.28	299.86	304.15	310.58	317.01	321.03	325.32	327.46	329.60	331.75	333.89	338.18	342.47	348.90	355.06	363.63	374.35	386.95	401.95	418.84	438.13	457.16	478.59	499.76	523.08	546.66	572.11	597.57	625.17	653.04	682.79	697.52	727.27	752.99	769.88	791.05	803.90
Sutter Health Plus	Sutter Health Plus	HMO B	210.11	228.78	235.92	243.06	250.76	258.45	266.41	274.66	274.66	274.66	274.66	275.75	281.24	287.83	298.54	307.33	311.73	318.32	324.91	329.03	333.42	335.62	337.82	340.02	342.21	346.61	351.00	357.59	363.91	372.70	383.69	396.59	411.97	429.28	449.05	468.55	490.52	512.22	536.12	560.29	586.38	612.47	640.76	669.32	699.81	714.91	745.40	771.77	789.07	810.77	823.94
Western Health	Full	HMO B	223.32	243.17	250.76	258.35	266.53	274.70	283.17	291.93	291.93	291.93	291.93	293.09	298.93	305.94	317.32	326.67	331.34	338.34	345.35	349.73	354.40	356.73	359.07	361.40	363.74	368.41	373.08	380.09	386.80	396.14	407.82	421.54	437.89	456.28	477.30	498.03	521.38	544.44	569.84	595.53	623.26	651.00	681.06	711.42	743.83	759.88	792.29	820.31	838.70	861.77	875.78
Western Health	Full	HMO C	229.09	249.46	257.24	265.03	273.41	281.80	290.48	299.47	299.47	299.47	299.47	300.67	306.66	313.84	325.52	335.11	339.90	347.08	354.27	358.76	363.55	365.95	368.35	370.74	373.14	377.93	382.72	389.91	396.80	406.38	418.36	432.43	449.20	468.07	489.63	510.89	534.85	558.51	584.56	610.92	639.37	667.81	698.66	729.80	763.05	779.52	812.76	841.51	860.37	884.03	898.41

Silver		AGE ->	0-14	15	16	17	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	321.75	350.35	361.29	372.22	384.00	395.78	407.97	420.59	420.59	420.59	420.59	422.27	430.68	440.78	457.18	470.64	477.37	487.46	497.56	503.87	510.60	513.96	517.33	520.69	524.06	530.78	537.51	547.61	557.28	570.74	587.56	607.33	630.89	657.38	687.66	717.53	751.17	784.40	820.99	858.00	897.96	937.92	981.24	1024.98	1071.66	1094.80	1141.48	1181.86	1208.36	1241.58	1261.77
Anthem Blue Cross	CaliforniaCare HMO	HMO B	348.22	379.17	391.01	402.84	415.59	428.33	441.53	455.19	455.19	455.19	455.19	457.01	466.11	477.04	494.79	509.36	516.64	527.57	538.49	545.32	552.60	556.24	559.88	563.53	567.17	574.45	581.73	592.66	603.13	617.69	635.90	657.29	682.79	711.46	744.24	776.55	812.97	848.93	888.53	928.59	971.83	1015.07	1061.96	1109.30	1159.82	1184.86	1235.39	1279.08	1307.76	1343.72	1365.57
Anthem Blue Cross	Priority Select HMO	HMO C	237.26	258.35	266.42	274.48	283.17	291.85	300.85	310.15	310.15	310.15	310.15	311.39	317.59	325.04	337.13	347.06	352.02	359.46	366.91	371.56	376.52	379.00	381.48	383.97	386.45	391.41	396.37	403.82	410.95	420.87	433.28	447.86	465.23	484.76	507.10	529.12	553.93	578.43	605.41	632.71	662.17	691.63	723.58	755.84	790.26	807.32	841.75	871.52	891.06	915.56	930.45
Anthem Blue Cross	Advantage PPO	PPO A	352.47	383.80	395.78	407.75	420.66	433.56	446.92	460.74	460.74	460.74	460.74	462.58	471.80	482.86	500.82	515.57	522.94	534.00	545.06	551.97	559.34	563.02	566.71	570.40	574.08	581.45	588.83	599.88	610.48	625.22	643.65	665.31	691.11	720.14	753.31	786.02	822.88	859.28	899.36	939.91	983.68	1027.45	1074.91	1122.82	1173.97	1199.31	1250.45	1294.68	1323.71	1360.10	1382.22
Anthem Blue Cross	Select PPO	PPO B	348.71	379.71	391.56	403.41	416.17	428.94	442.16	455.83	455.83	455.83	455.83	457.65	466.77	477.71	495.49	510.07	517.37	528.31	539.25	546.08	553.38	557.02	560.67	564.32	567.96	575.26	582.55	593.49	603.97	618.56	636.79	658.22	683.75	712.46	745.28	777.65	814.11	850.12	889.78	929.89	973.20	1016.50	1063.45	1110.86	1161.45	1186.53	1237.12	1280.88	1309.60	1345.61	1367.49
Anthem Blue Cross	Prudent Buyer - Small Group	EPO A	340.64	370.92	382.50	394.07	406.54	419.01	431.92	445.28	445.28	445.28	445.28	447.06	455.97	466.65	484.02	498.27	505.39	516.08	526.77	533.45	540.57	544.13	547.69	551.26	554.82	561.94	569.07	579.75	590.00	604.24	622.06	642.98	667.92	695.97	728.03	759.65	795.27	830.45	869.19	908.37	950.67	992.97	1038.84	1085.15	1134.57	1159.06	1208.49	1251.24	1279.29	1314.47	1335.84
Anthem Blue Cross	Prudent Buyer - Small Group	EPO B	340.75	371.03	382.62	394.20	406.67	419.14	432.06	445.42	445.42	445.42	445.42	447.20	456.11	466.80	484.17	498.42	505.55	516.24	526.93	533.61	540.74	544.30	547.87	551.43	554.99	562.12	569.25	579.94	590.18	604.43	622.25	643.19	668.13	696.19	728.26	759.89	795.52	830.71	869.46	908.66	950.97	993.29	1039.16	1085.49	1134.93	1159.43	1208.87	1251.63	1279.69	1314.88	1336.26
Cigna + Oscar	LocalPlus	EPO C	316.58	344.72	355.48	366.24	377.82	389.41	401.41	413.83	413.83	413.83	413.83	415.48	423.76	433.69	449.83	463.07	469.69	479.62	489.56	495.76	502.38	505.69	509.01	512.32	515.63	522.25	528.87	538.80	548.32	561.56	578.11	597.56	620.74	646.81	676.60	705.99	739.09	771.78	807.79	844.20	883.52	922.83	965.45	1008.49	1054.43	1077.19	1123.12	1162.85	1188.92	1221.61	1241.48
Cigna + Oscar	LocalPlus	EPO D	309.99	337.54	348.08	358.61	369.96	381.31	393.06	405.21	405.21	405.21	405.21	406.83	414.94	424.66	440.47	453.43	459.92	469.64	479.37	485.45	491.93	495.17	498.41	501.65	504.90	511.38	517.86	527.59	536.91	549.88	566.08	585.13	607.82	633.35	662.52	691.30	723.71	755.72	790.98	826.64	865.13	903.63	945.36	987.51	1032.49	1054.77	1099.75	1138.65	1164.18	1196.19	1215.64
Cigna + Oscar	LocalPlus	EPO E	302.05	328.90	339.16	349.43	360.48	371.54	382.99	394.83	394.83	394.83	394.83	396.41	404.31	413.79	429.19	441.82	448.14	457.61	467.09	473.01	479.33	482.49	485.65	488.81	491.96	498.28	504.60	514.07	523.16	535.79	551.58	570.14	592.25	617.13	645.55	673.59	705.17	736.37	770.72	805.46	842.97	880.48	921.15	962.21	1006.04	1027.75	1071.58	1109.49	1134.36	1165.55	1184.50
Health Net	WholeCare	HMO A	257.75	280.66	289.42	298.18	307.61	317.04	326.81	336.92	336.92	336.92	336.92	338.27	345.01	353.09	366.23	377.02	382.41	390.49	398.58	403.63	409.02	411.72	414.41	417.11	419.81	425.20	430.59	438.67	446.42	457.20	470.68	486.52	505.38	526.61	550.87	574.79	601.74	628.36	657.67	687.32	719.33	751.34	786.04	821.08	858.48	877.01	914.41	946.75	967.98	994.60	1010.76
Health Net	CommunityCare	HMO C	235.35	256.27	264.27	272.27	280.89	289.50	298.42	307.65	307.65	307.65	307.65	308.88	315.04	322.42	334.42	344.26	349.18	356.57	363.95	368.57	373.49	375.95	378.41	380.87	383.33	388.26	393.18	400.56	407.64	417.48	429.79	444.25	461.48	480.86	503.01	524.85	549.47	573.77	600.54	627.61	656.84	686.06	717.75	749.75	783.90	800.82	834.97	864.50	883.88	908.19	922.95
Kaiser Permanente	Full	HMO A	266.33	288.76	297.34	305.92	315.15	310.40	319.96	329.86	329.86	329.86	329.86	331.18	337.78	345.69	358.56	369.11	374.39	382.31	390.22	395.17	400.45	403.09	405.73	408.37	411.01	416.28	421.56	429.48	437.06	447.62	460.81	476.32	494.79	515.57	539.32	562.74	589.13	615.19	643.89	672.92	704.25	735.59	769.56	803.87	840.48	858.63	895.24	926.91	947.69	973.75	989.58
Kaiser Permanente	Full	HMO B	271.07	293.93	302.66	311.40	320.81	316.23	325.98	336.06	336.06	336.06	336.06	337.40	344.12	352.19	365.30	376.05	381.43	389.49	397.56	402.60	407.98	410.66	413.35	416.04	418.73	424.11	429.48	437.55	445.28	456.03	469.47	485.27	504.09	525.26	549.46	573.32	600.20	626.75	655.99	685.56	717.49	749.41	784.02	818.97	856.28	874.76	912.06	944.32	965.50	992.04	1008.18
Kaiser Permanente	Full	HMO C	269.06	291.73	300.40	309.07	318.41	313.75	323.42	333.43	333.43	333.43	333.43	334.76	341.43	349.43	362.43	373.10	378.44	386.44	394.44	399.44	404.78	407.45	410.11	412.78	415.45	420.78	426.12	434.12	441.79	452.46	465.80	481.47	500.14	521.14	545.15	568.82	595.50	621.84	650.85	680.19	711.86	743.54	777.88	812.56	849.57	867.91	904.92	936.93	957.93	984.27	1000.29
Kaiser Permanente	Full	HMO D	251.85	273.00	281.08	289.16	297.87	292.59	301.60	310.93	310.93	310.93	310.93	312.17	318.39	325.86	337.98	347.93	352.91	360.37	367.83	372.50	377.47	379.96	382.45	384.93	387.42	392.39	397.37	404.83	411.98	421.93	434.37	448.98	466.40	485.99	508.37	530.45	555.32	579.89	606.94	634.30	663.84	693.38	725.40	757.74	792.25	809.35	843.87	873.72	893.30	917.87	932.79
Kaiser Permanente	Full	HMO E	262.74	284.85	293.31	301.76	310.87	305.98	315.41	325.17	325.17	325.17	325.17	326.47	332.97	340.78	353.46	363.86	369.07	376.87	384.67	389.55	394.75	397.36	399.96	402.56	405.16	410.36	415.56	423.37	430.85	441.25	454.26	469.54	487.75	508.24	531.65	554.74	580.75	606.44	634.73	663.34	694.23	725.12	758.62	792.43	828.53	846.41	882.51	913.72	934.21	959.90	975.51
Sharp Health Plan	Premier	HMO A	203.65	221.75	228.67	235.60	243.05	250.58	258.22	266.21	266.21	266.21	266.21	267.27	272.60	278.99	289.37	297.89	302.15	308.54	314.93	318.92	323.18	325.31	327.44	329.57	331.70	335.96	340.22	346.61	352.73	361.25	371.90	384.41	399.32	416.09	435.25	454.15	475.45	496.48	519.64	543.07	568.36	593.65	621.07	648.75	678.30	692.94	722.49	748.05	764.82	785.85	798.63
Sharp Health Plan	Performance	HMO B	216.16	235.37	242.72	250.07	257.98	265.89	274.08	282.56	282.56	282.56	282.56	283.69	289.34	296.12	307.14	316.18	320.71	327.49	334.27	338.51	343.03	345.29	347.55	349.81	352.07	356.59	361.11	367.89	374.39	383.43	394.74	408.02	423.84	441.64	461.99	482.05	504.65	526.97	551.56	576.42	603.27	630.11	659.21	688.60	719.96	735.50	766.87	793.99	811.79	834.12	847.68
Sharp Health Plan	Premier	HMO C	199.18	216.88	223.65	230.42	237.71	245.00	252.55	260.36	260.36	260.36	260.36	261.40	266.61	272.86	283.01	291.34	295.51	301.76	308.01	311.91	316.08	318.16	320.24	322.33	324.41	328.57	332.74	338.99	344.98	353.31	363.72	375.96	390.54	406.94	425.69	444.17	465.00	485.57	508.22	531.13	555.87	580.60	607.42	634.50	663.40	677.72	706.62	731.61	748.01	768.58	781.08
Sutter Health Plus	Sutter Health Plus	HMO B	264.43	287.93	296.92	305.91	315.59	325.26	335.29	345.67	345.67	345.67	345.67	347.04	353.95	362.25	375.73	386.79	392.32	400.62	408.91	414.10	419.63	422.39	425.16	427.92	430.69	436.22	441.75	450.05	458.00	469.06	482.88	499.13	518.49	540.26	565.15	589.69	617.34	644.65	674.72	705.14	737.98	770.82	806.42	842.37	880.74	899.75	938.11	971.30	993.07	1020.38	1036.96
Sutter Health Plus	Sutter Health Plus	HMO C	241.08	262.51	270.70	278.89	287.72	296.54	305.68	315.14	315.14	315.14	315.14	316.39	322.70	330.26	342.55	352.63	357.68	365.24	372.80	377.53	382.57	385.09	387.61	390.13	392.66	397.70	402.74	410.30	417.55	427.63	440.24	455.05	472.70	492.55	515.24	537.62	562.83	587.72	615.14	642.87	672.81	702.75	735.20	767.98	802.96	820.29	855.27	885.52	905.38	930.27	945.39
UnitedHealthcare	SignatureValue	HMO A	299.72	326.36	336.55	346.73	357.70	368.67	380.04	391.79	391.79	391.79	391.79	393.36	401.19	410.60	425.88	438.41	444.68	454.08	463.49	469.36	475.63	478.77	481.90	485.04	488.17	494.44	500.71	510.11	519.12	531.66	547.33	565.74	587.69	612.37	640.58	668.39	699.74	730.69	764.77	799.25	836.47	873.69	914.05	954.79	998.28	1019.83	1063.32	1100.93	1125.61	1156.56	1175.37
UnitedHealthcare	Harmony	HMO F	254.75	277.40	286.06	294.71	304.04	313.36	323.02	333.01	333.01	333.01	333.01	334.34	341.00	348.99	361.98	372.64	377.97	385.96	393.95	398.95	404.27	406.94	409.60	412.27	414.93	420.26	425.59	433.58	441.24	451.89	465.21	480.87	499.52	520.49	544.47	568.12	594.76	621.06	650.04	679.34	710.98	742.61	776.91	811.55	848.51	866.83	903.79	935.76	956.74	983.05	999.03
UnitedHealthcare	Harmony	HMO G	225.64	245.69	253.36	261.03	269.29	277.55	286.10	294.95	294.95	294.95	294.95	296.13	302.03	309.11	320.61	330.05	334.77	341.85	348.93	353.35	358.07	360.43	362.79	365.15	367.51	372.23	376.95	384.02	390.81	400.25	412.05	425.91	442.43	461.01	482.24	503.18	526.78	550.08	575.74	601.70	629.72	657.74	688.12	718.79	751.53	767.75	800.49	828.81	847.39	870.69	884.85
Western Health	Full	HMO A	246.14	268.02	276.38	284.75	293.76	302.77	312.10	321.75	321.75	321.75	321.75	323.04	329.47	337.19	349.74	360.04	365.18	372.91	380.63	385.45	390.60	393.18	395.75	398.32	400.90	406.05	411.19	418.92	426.32	436.61	449.48	464.60	482.62	502.89	526.06	548.90	574.64	600.06	628.05	656.37	686.93	717.50	750.64	784.10	819.81	837.51	873.23	904.11	924.38	949.80	965.25
Western Health	Full	HMO B	258.40	281.37	290.15	298.94	308.39	317.85	327.65	337.78	337.78	337.78	337.78	339.13	345.89	353.99	367.17	377.98	383.38	391.49	399.59	404.66	410.06	412.77	415.47	418.17	420.87	426.28	431.68	439.79	447.56	458.37	471.88	487.75	506.67	527.95	552.27	576.25	603.27	629.96	659.35	689.07	721.16	753.25	788.04	823.17	860.66	879.24	916.73	949.16	970.44	997.13	1013.34
Western Health	Full	HMO C	241.30	262.75	270.95	279.16	287.99	296.82	305.97	315.43	315.43	315.43	315.43	316.69	323.00	330.57	342.87	352.97	358.01	365.58	373.15	377.89	382.93	385.46	387.98	390.50	393.03	398.07	403.12	410.69	417.95	428.04	440.66	455.48	473.15	493.02	515.73	538.12	563.36	588.28	615.72	643.48	673.44	703.41	735.90	768.70	803.72	821.07	856.08	886.36	906.23	931.15	946.29

Health Care Service Plan rates will vary by county

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Continued

Gold		AGE -->	0-14	15	16	17	18	19	20	21	22	23	24	25
CARRIER	NETWORK	PLAN												
Anthem Blue Cross	Select HMO	HMO A	393.46	428.44	441.81	455.18	469.58	483.98	498.90	514.33	514.33	514.33	514.33	516.39
Anthem Blue Cross	CaliforniaCare HMO	HMO B	425.83	463.68	478.15	492.63	508.21	523.80	539.94	556.64	556.64	556.64	556.64	558.87
Anthem Blue Cross	Priority Select HMO	HMO C	290.13	315.92	325.78	335.65	346.26	356.88	367.88	379.26	379.26	379.26	379.26	380.78
Anthem Blue Cross	Advantage PPO	PPO A	416.03	453.01	467.15	481.29	496.52	511.74	527.52	543.83	543.83	543.83	543.83	546.01
Anthem Blue Cross	Select PPO	PPO B	395.80	430.98	444.43	457.88	472.37	486.85	501.86	517.38	517.38	517.38	517.38	519.45
Anthem Blue Cross	Select PPO	PPO C	411.56	448.15	462.13	476.12	491.18	506.25	521.85	537.99	537.99	537.99	537.99	540.14
Anthem Blue Cross	Select PPO	PPO D	384.98	419.20	432.28	445.37	459.46	473.55	488.14	503.24	503.24	503.24	503.24	505.25
Anthem Blue Cross	Prudent Buyer - Small Group	PPO E	411.56	448.15	462.13	476.12	491.18	506.25	521.85	537.99	537.99	537.99	537.99	540.14
Cigna + Oscar	LocalPlus	EPO C	350.19	381.32	393.23	405.13	417.94	430.76	444.04	457.77	457.77	457.77	457.77	459.60
Cigna + Oscar	LocalPlus	EPO D	339.51	369.68	381.22	392.76	405.19	417.62	430.49	443.80	443.80	443.80	443.80	445.57
Cigna + Oscar	LocalPlus	EPO E	346.87	377.71	389.49	401.28	413.98	426.68	439.83	453.43	453.43	453.43	453.43	455.24
Health Net	WholeCare	HMO A	295.70	321.98	332.03	342.08	352.90	363.72	374.93	386.53	386.53	386.53	386.53	388.08
Health Net	WholeCare	HMO B	289.81	315.57	325.42	335.27	345.87	356.48	367.47	378.83	378.83	378.83	378.83	380.35
Health Net	WholeCare	HMO C	293.33	319.40	329.37	339.34	350.08	360.81	371.93	383.44	383.44	383.44	383.44	384.97
Health Net	Salud HMO y Mas	HMO D	277.89	302.59	312.03	321.48	331.65	341.82	352.35	363.25	363.25	363.25	363.25	364.70
Health Net	Full	HMO E	319.51	347.91	358.77	369.63	381.32	393.02	405.13	417.66	417.66	417.66	417.66	419.33
Health Net	Full	HMO F	302.94	329.87	340.16	350.46	361.54	372.63	384.12	396.00	396.00	396.00	396.00	397.58
Health Net	Full	HMO G	328.14	357.31	368.46	379.61	391.62	403.63	416.07	428.94	428.94	428.94	428.94	430.66
Kaiser Permanente	Full	HMO B	318.07	345.10	355.44	365.77	376.90	374.04	385.57	397.49	397.49	397.49	397.49	399.08
Kaiser Permanente	Full	HMO C	335.68	364.27	375.20	386.14	397.91	395.69	407.89	420.50	420.50	420.50	420.50	422.19
Kaiser Permanente	Full	HMO D	300.30	325.75	335.48	345.21	355.69	352.18	363.03	374.26	374.26	374.26	374.26	375.75
Kaiser Permanente	Full	HMO E	278.54	302.06	311.05	320.04	329.72	325.41	335.44	345.82	345.82	345.82	345.82	347.20
Sharp Health Plan	Performance	HMO A	261.56	284.81	293.70	302.59	312.16	321.74	331.65	341.91	341.91	341.91	341.91	343.28
Sharp Health Plan	Premier	HMO B	250.61	272.88	281.40	289.92	299.09	308.26	317.76	327.59	327.59	327.59	327.59	328.90
Sharp Health Plan	Performance	HMO D	280.56	305.50	315.04	324.57	334.84	345.11	355.75	366.75	366.75	366.75	366.75	368.22
Sutter Health Plus	Sutter Health Plus	HMO A	301.12	327.89	338.12	348.35	359.38	370.40	381.81	393.63	393.63	393.63	393.63	395.20
Sutter Health Plus	Sutter Health Plus	HMO B	313.63	341.51	352.17	362.83	374.31	385.79	397.68	409.99	409.99	409.99	409.99	411.62
UnitedHealthcare	SignatureValue	HMO A	328.50	357.70	368.86	380.03	392.05	404.07	416.53	429.41	429.41	429.41	429.41	431.13
UnitedHealthcare	SignatureValue	HMO F	379.03	412.73	425.61	438.49	452.36	466.24	480.61	495.47	495.47	495.47	495.47	497.45
UnitedHealthcare	SignatureValue	HMO H	348.34	379.31	391.15	402.98	415.73	428.48	441.69	455.35	455.35	455.35	455.35	457.17
UnitedHealthcare	Harmony	HMO L	279.22	304.04	313.53	323.02	333.24	343.46	354.04	364.99	364.99	364.99	364.99	366.45
UnitedHealthcare	Harmony	HMO M	322.17	350.81	361.76	372.71	384.50	396.29	408.51	421.14	421.14	421.14	421.14	422.82
UnitedHealthcare	Harmony	HMO N	296.08	322.40	332.46	342.52	353.36	364.20	375.42	387.03	387.03	387.03	387.03	388.58
UnitedHealthcare	Harmony	HMO P	274.97	299.41	308.76	318.10	328.17	338.23	348.66	359.44	359.44	359.44	359.44	360.88
UnitedHealthcare	SignatureValue	HMO Q	323.51	352.27	363.26	374.26	386.10	397.94	410.20	422.89	422.89	422.89	422.89	424.58
Western Health	Full	HMO A	285.27	310.63	320.32	330.02	340.46	350.90	361.72	372.90	372.90	372.90	372.90	374.39
Western Health	Full	HMO B	297.99	324.47	334.60	344.73	355.64	366.54	377.84	389.52	389.52	389.52	389.52	391.08
Western Health	Full	HMO C	271.31	295.43	304.65	313.87	323.80	333.73	344.01	354.65	354.65	354.65	354.65	356.07
Western Health	Full	HMO D	260.82	284.01	292.87	301.74	311.28	320.83	330.72	340.94	340.94	340.94	340.94	342.31

Gold		AGE -->	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43
CARRIER	NETWORK	PLAN																		
Anthem Blue Cross	Select HMO	HMO A	526.67	539.02	559.08	575.54	583.76	596.11	608.45	616.17	624.40	628.51	632.63	636.74	640.86	649.08	657.31	669.66	681.49	697.95
Anthem Blue Cross	CaliforniaCare HMO	HMO B	570.00	583.36	605.07	622.88	631.79	645.15	658.51	666.85	675.76	680.21	684.67	689.12	693.57	702.48	711.39	724.75	737.55	755.36
Anthem Blue Cross	Priority Select HMO	HMO C	388.36	397.46	412.26	424.39	430.46	439.56	448.66	454.35	460.42	463.46	466.49	469.52	472.56	478.63	484.69	493.80	502.52	514.66
Anthem Blue Cross	Advantage PPO	PPO A	556.88	569.93	591.14	608.55	617.25	630.30	643.35	651.51	660.21	664.56	668.91	673.26	677.61	686.31	695.01	708.07	720.57	737.98
Anthem Blue Cross	Select PPO	PPO B	529.80	542.21	562.39	578.95	587.23	599.64	612.06	619.82	628.10	632.24	636.38	640.52	644.66	652.93	661.21	673.63	685.53	702.08
Anthem Blue Cross	Select PPO	PPO C	550.90	563.81	584.80	602.01	610.62	623.53	636.44	644.51	653.12	657.42	661.73	666.03	670.34	678.94	687.55	700.46	712.84	730.05
Anthem Blue Cross	Select PPO	PPO D	515.32	527.40	547.02	563.13	571.18	583.26	595.33	602.88	610.93	614.96	618.99	623.01	627.04	635.09	643.14	655.22	666.79	682.90
Anthem Blue Cross	Prudent Buyer - Small Group	PPO E	550.90	563.81	584.80	602.01	610.62	623.53	636.44	644.51	653.12	657.42	661.73	666.03	670.34	678.94	687.55	700.46	712.84	730.05
Cigna + Oscar	LocalPlus	EPO C	468.76	479.74	497.60	512.25	519.57	530.56	541.54	548.41	555.73	559.40	563.06	566.72	570.38	577.71	585.03	596.02	606.55	621.19
Cigna + Oscar	LocalPlus	EPO D	454.45	465.10	482.41	496.61	503.71	514.36	525.01	531.67	538.77	542.32	545.87	549.42	552.97	560.07	567.18	577.83	588.03	602.24
Cigna + Oscar	LocalPlus	EPO E	464.31	475.19	492.88	507.39	514.64	525.52	536.41	543.21	550.46	554.09	557.72	561.34	564.97	572.23	579.48	590.36	600.79	615.30
Health Net	WholeCare	HMO A	395.81	405.08	420.16	432.53	438.71	447.99	457.27	463.06	469.25	472.34	475.43	478.52	481.62	487.80	493.99	503.26	512.15	524.52
Health Net	WholeCare	HMO B	387.92	397.02	411.79	423.91	429.97	439.07	448.16	453.84	459.90	462.93	465.96	468.99	472.02	478.09	484.15	493.24	501.95	514.07
Health Net	WholeCare	HMO C	392.64	401.84	416.80	429.07	435.20	444.40	453.61	459.36	465.49	468.56	471.63	474.70	477.76	483.90	490.03	499.24	508.05	520.32
Health Net	Salud HMO y Mas	HMO D	371.97	380.69	394.85	406.48	412.29	421.01	429.72	435.17	440.98	443.89	446.80	449.70	452.61	458.42	464.23	472.95	481.31	492.93
Health Net	Full	HMO E	427.68	437.71	454.00	467.36	474.04	484.07	494.09	500.36	507.04	510.38	513.72	517.06	520.41	527.09	533.77	543.79	553.40	566.77
Health Net	Full	HMO F	405.50	415.00	430.45	443.12	449.46	458.96	468.46	474.40	480.74	483.91	487.08	490.24	493.41	499.75	506.08	515.59	524.70	537.37
Health Net	Full	HMO G	439.23	449.53	466.26	479.98	486.85	497.14	507.44	513.87	520.73	524.16	527.60	531.03	534.46	541.32	548.18	558.48	568.34	582.07
Kaiser Permanente	Full	HMO B	407.03	416.57	432.07	444.79	451.15	460.69	470.23	476.20	482.56	485.74	488.92	492.10	495.28	501.64	508.00	517.54	526.68	539.40
Kaiser Permanente	Full	HMO C	430.60	440.69	457.09	470.54	477.27	487.36	497.46	503.76	510.49	513.86	517.22	520.58	523.95	530.68	537.40	547.50	557.17	570.62
Kaiser Permanente	Full	HMO D	383.24	392.22	406.82	418.79	424.78	433.76	442.75	448.36	454.35	457.34	460.34	463.33	466.33	472.31	478.30	487.28	495.89	507.87
Kaiser Permanente	Full	HMO E	354.12	362.42	375.90	386.97	392.50	400.80	409.10	414.29	419.82	422.59	425.36	428.12	430.89	436.42	441.95	450.25	458.21	469.27
Sharp Health Plan	Performance	HMO A	350.12	358.32	371.66	382.60	388.07	396.27	404.48	409.61	415.08	417.81	420.55	423.28	426.02	431.49	436.96	445.17	453.03	463.97
Sharp Health Plan	Premier	HMO B	335.45	343.31	356.09	366.57	371.81	379.68	387.54	392.45	397.69	400.31	402.94	405.56	408.18	413.42	418.66	426.52	434.06	444.54
Sharp Health Plan	Performance	HMO D	375.55	384.35	398.66	410.39	416.26	425.06	433.87	439.37	445.23	448.17	451.10	454.04	456.97	462.84	468.71	477.51	485.94	497.68
Sutter Health Plus	Sutter Health Plus	HMO A	403.07	412.51	427.87	440.46	446.76	456.21	465.65	471.56	477.86	481.00	484.15	487.30	490.45	496.75	503.05	512.49	521.55	534.14
Sutter Health Plus	Sutter Health Plus	HMO B	419.82	429.65	445.64	458.76	465.32	475.16	485.00	491.15	497.71	500.99	504.27	507.55	510.83	517.39	523.95	533.79	543.22	556.34
UnitedHealthcare	SignatureValue	HMO A	439.72	450.02	466.77	480.51	487.38	497.69	507.99	514.43	521.30	524.74	528.17	531.61	535.04	541.92	548.79	559.09	568.97	582.71
UnitedHealthcare	SignatureValue	HMO F	507.36	519.25	538.58	554.43	562.36	574.25	586.14	593.57	601.50	605.46	609.43	613.39	617.36	625.28	633.21	645.10	656.50	672.35
UnitedHealthcare	SignatureValue	HMO H	466.28	477.21	494.97	509.54	516.82	527.75	538.68	545.51	552.79	556.44	560.08	563.72	567.37	574.65	581.94	592.87	603.34	617.91
UnitedHealthcare	Harmony	HMO L	373.75	382.51	396.74	408.42	414.26	423.02	431.78	437.26	443.10	446.02	448.94	451.86	454.78	460.62	466.46	475.22	483.61	495.29
UnitedHealthcare	Harmony	HMO M	431.25	441.35	457.78	471.26	477.99	488.10	498.21	504.53	511.26	514.63	518.00	521.37	524.74	531.48	538.22	548.32	558.01	571.49
UnitedHealthcare	Harmony	HMO N	396.32	405.61	420.70	433.09	439.28	448.57	457.86	463.66	469.85	472.95	476.05	479.14	482.24	488.43	494.62	503.91	512.81	525.20
UnitedHealthcare	Harmony	HMO P	368.07	376.69	390.71	402.21	407.96	416.59	425.22	430.61	436.36	439.24	442.11	444.99	447.86	453.61	459.36	467.99	476.26	487.76
UnitedHealthcare	SignatureValue	HMO Q	433.04	443.19	459.68	473.21	479.98	490.13	500.28	506.62	513.39	516.77	520.15	523.54	526.92	533.69	540.45	550.60	560.33	573.86
Western Health	Full	HMO A	381.85	390.80	405.35	417.28	423.25	432.19	441.14	446.74	452.70	455.69	458.67	461.65	464.64	470.60	476.57	485.52	494.10	506.03
Western Health	Full	HMO B	398.87	408.22	423.41	435.88	442.11	451.46	460.81	466.65	472.88	476.00	479.11	482.23	485.35	491.58	497.81	507.16	516.12	528.58
Western Health	Full	HMO C	363.17	371.68	385.51	396.86	402.53	411.04	419.56	424.88	430.55	433.39	436.22	439.06	441.90	447.57	453.25	461.76	469.92	481.27
Western Health	Full	HMO D	349.13	357.31	370.61	381.52	386.97	395.15	403.34	408.45	413.91	416.63	419.36	422.09	424.82	430.27	435.73	443.91	451.75	462.66

Gold		AGE -->	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	718.52	742.69	771.50	803.90	840.93	877.45	918.59	959.23	1003.97	1049.23	1098.09	1146.96	1199.93	1253.42	1310.51	1338.80	1395.89	1445.27	1477.67	1518.30	1542.99
Anthem Blue Cross	CaliforniaCare HMO	HMO B	777.63	803.79	834.96	870.03	910.11	949.63	994.16	1038.13	1086.56	1135.55	1188.43	1241.31	1298.64	1356.53	1418.32	1448.93	1510.72	1564.16	1599.23	1643.20	1669.92
Anthem Blue Cross	Priority Select HMO	HMO C	529.83	547.65	568.89	592.78	620.09	647.02	677.36	707.32	740.32	773.69	809.72	845.75	884.81	924.26	966.35	987.21	1029.31	1065.72	1089.61	1119.58	1137.78
Anthem Blue Cross	Advantage PPO	PPO A	759.73	785.29	815.75	850.01	889.16	927.77	971.28	1014.24	1061.56	1109.41	1161.08	1212.74	1268.76	1325.31	1385.68	1415.59	1475.95	1528.16	1562.42	1605.39	1631.49
Anthem Blue Cross	Select PPO	PPO B	722.78	747.10	776.07	808.66	845.92	882.65	924.04	964.91	1009.93	1055.46	1104.61	1153.76	1207.05	1260.86	1318.28	1346.74	1404.17	1453.84	1486.43	1527.31	1552.14
Anthem Blue Cross	Select PPO	PPO C	751.57	776.86	806.99	840.88	879.61	917.81	960.85	1003.35	1050.16	1097.50	1148.61	1199.72	1255.13	1311.08	1370.80	1400.39	1460.10	1511.75	1545.65	1588.15	1613.97
Anthem Blue Cross	Select PPO	PPO D	703.03	726.68	754.86	786.56	822.80	858.53	898.79	938.54	982.32	1026.61	1074.42	1122.23	1174.06	1226.40	1282.26	1309.93	1365.79	1414.10	1445.81	1485.56	1509.72
Anthem Blue Cross	Prudent Buyer - Small Group	PPO E	751.57	776.86	806.99	840.88	879.61	917.81	960.85	1003.35	1050.16	1097.50	1148.61	1199.72	1255.13	1311.08	1370.80	1400.39	1460.10	1511.75	1545.65	1588.15	1613.97
Cigna + Oscar	LocalPlus	EPO C	639.51	661.02	686.66	715.50	748.46	780.96	817.58	853.74	893.57	933.85	977.34	1020.83	1067.98	1115.59	1166.40	1191.58	1242.39	1286.34	1315.18	1351.34	1373.31
Cigna + Oscar	LocalPlus	EPO D	619.99	640.85	665.70	693.66	725.61	757.12	792.63	827.69	866.30	905.35	947.51	989.67	1035.38	1081.54	1130.80	1155.21	1204.47	1247.08	1275.04	1310.10	1331.40
Cigna + Oscar	LocalPlus	EPO E	633.44	654.75	680.14	708.71	741.36	773.55	809.82	845.64	885.09	924.99	968.07	1011.15	1057.85	1105.00	1155.34	1180.27	1230.60	1274.13	1302.70	1338.52	1360.29
Health Net	WholeCare	HMO A	539.98	558.15	579.80	604.15	631.98	659.42	690.34	720.88	754.51	788.52	825.24	861.96	901.77	941.97	984.88	1006.14	1049.04	1086.15	1110.50	1141.04	1159.59
Health Net	WholeCare	HMO B	529.23	547.03	568.25	592.11	619.39	646.29	676.59	706.52	739.48	772.82	808.80	844.79	883.81	923.21	965.26	986.10	1028.15	1064.52	1088.38	1118.31	1136.49
Health Net	WholeCare	HMO C	535.66	553.68	575.16	599.31	626.92	654.14	684.82	715.11	748.47	782.21	818.64	855.07	894.56	934.44	977.00	998.09	1040.65	1077.46	1101.62	1131.91	1150.32
Health Net	Salud HMO y Mas	HMO D	507.46	524.53	544.87	567.76	593.91	619.70	648.76	677.46	709.06	741.03	775.54	810.05	847.46	885.24	925.56	945.54	985.86	1020.73	1043.62	1072.31	1089.75
Health Net	Full	HMO E	583.47	603.10	626.49	652.80	682.88	712.53	745.94	778.94	815.27	852.03	891.71	931.38	974.40	1017.84	1064.20	1087.17	1133.53	1173.63	1199.94	1232.93	1252.98
Health Net	Full	HMO F	553.21	571.82	593.99	618.94	647.45	675.57	707.25	738.53	772.99	807.83	845.45	883.07	923.86	965.04	1009.00	1030.78	1074.73	1112.75	1137.70	1168.98	1188.00
Health Net	Full	HMO G	599.23	619.39	643.41	670.43	701.32	731.77	766.09	799.97	837.29	875.04	915.79	956.54	1000.72	1045.33	1092.94	1116.53	1164.14	1205.32	1232.34	1266.23	1286.82
Kaiser Permanente	Full	HMO B	555.30	573.98	596.24	621.28	649.90	678.12	709.92	741.32	775.91	810.89	848.65	886.41	927.35	968.69	1012.81	1034.67	1078.80	1116.95	1142.00	1173.40	1192.47
Kaiser Permanente	Full	HMO C	587.44	607.21	630.76	657.25	687.52	717.38	751.02	784.24	820.82	857.83	897.78	937.72	981.04	1024.77	1071.44	1094.57	1141.25	1181.62	1208.11	1241.33	1261.50
Kaiser Permanente	Full	HMO D	522.84	540.43	561.39	584.97	611.91	638.48	668.42	697.99	730.55	763.49	799.04	834.59	873.14	912.07	953.61	974.19	1015.74	1051.66	1075.24	1104.81	1122.78
Kaiser Permanente	Full	HMO E	483.11	499.36	518.73	540.51	565.41	589.96	617.63	644.95	675.04	705.47	738.32	771.17	806.79	842.76	881.14	900.16	938.55	971.75	993.53	1020.85	1037.46
Sharp Health Plan	Performance	HMO A	477.65	493.72	512.87	534.41	559.02	583.30	610.65	637.66	667.41	697.50	729.98	762.46	797.68	833.23	871.19	889.99	927.94	960.77	982.31	1009.32	1025.73
Sharp Health Plan	Premier	HMO B	457.64	473.04	491.39	512.02	535.61	558.87	585.08	610.96	639.46	668.28	699.40	730.53	764.27	798.34	834.70	852.72	889.08	920.53	941.17	967.05	982.77
Sharp Health Plan	Performance	HMO D	512.35	529.59	550.13	573.23	599.64	625.68	655.02	683.99	715.90	748.17	783.01	817.85	855.63	893.77	934.48	954.65	995.36	1030.57	1053.67	1082.65	1100.25
Sutter Health Plus	Sutter Health Plus	HMO A	549.89	568.39	590.43	615.23	643.57	671.52	703.01	734.10	768.35	802.99	840.38	877.77	918.32	959.25	1002.95	1024.60	1068.29	1106.08	1130.87	1161.97	1180.85
Sutter Health Plus	Sutter Health Plus	HMO B	572.74	592.01	614.96	640.79	670.31	699.42	732.22	764.61	800.27	836.35	875.30	914.25	956.47	999.11	1044.62	1067.17	1112.68	1152.03	1177.86	1210.25	1229.92
UnitedHealthcare	SignatureValue	HMO A	599.89	620.07	644.12	671.17	702.09	732.57	766.93	800.85	838.21	876.00	916.79	957.58	1001.81	1046.47	1094.14	1117.75	1165.42	1206.64	1233.69	1267.62	1288.23
UnitedHealthcare	SignatureValue	HMO F	692.17	715.46	743.21	774.42	810.09	845.27	884.91	924.05	967.16	1010.76	1057.83	1104.90	1155.93	1207.46	1262.46	1289.71	1344.71	1392.27	1423.49	1462.63	1486.41
UnitedHealthcare	SignatureValue	HMO H	636.12	657.53	683.03	711.71	744.50	776.83	813.26	849.23	888.84	928.91	972.17	1015.43	1062.33	1109.69	1160.23	1185.28	1235.82	1279.53	1308.22	1344.19	1366.05
UnitedHealthcare	Harmony	HMO L	509.89	527.05	547.49	570.48	596.76	622.67	651.87	680.71	712.46	744.58	779.25	813.93	851.52	889.48	929.99	950.07	990.58	1025.62	1048.62	1077.45	1094.97
UnitedHealthcare	Harmony	HMO M	588.33	608.13	631.71	658.24	688.56	718.46	752.16	785.43	822.07	859.13	899.13	939.14	982.52	1026.32	1073.06	1096.23	1142.97	1183.40	1209.94	1243.21	1263.42
UnitedHealthcare	Harmony	HMO N	540.68	558.87	580.55	604.93	632.79	660.27	691.24	721.81	755.48	789.54	826.31	863.08	902.94	943.19	986.15	1007.44	1050.40	1087.55	1111.94	1142.51	1161.09
UnitedHealthcare	Harmony	HMO P	502.14	519.03	539.16	561.80	587.68	613.20	641.96	670.36	701.63	733.26	767.40	801.55	838.57	875.96	915.85	935.62	975.52	1010.03	1032.67	1061.07	1078.32
UnitedHealthcare	SignatureValue	HMO Q	590.78	610.65	634.34	660.98	691.43	721.45	755.28	788.69	825.48	862.70	902.87	943.04	986.60	1030.58	1077.52	1100.78	1147.72	1188.32	1214.96	1248.37	1268.67
Western Health	Full	HMO A	520.95	538.47	559.35	582.85	609.70	636.17	666.01	695.46	727.91	760.72	796.15	831.57	869.98	908.77	950.16	970.67	1012.06	1047.86	1071.35	1100.81	1118.71
Western Health	Full	HMO B	544.16	562.47	584.29	608.83	636.87	664.53	695.69	726.46	760.35	794.63	831.63	868.64	908.76	949.27	992.51	1013.93	1057.17	1094.56	1119.10	1149.87	1168.57
Western Health	Full	HMO C	495.45	512.12	531.98	554.32	579.86	605.04	633.41	661.43	692.29	723.49	757.19	790.88	827.41	864.29	903.66	923.17	962.53	996.58	1018.92	1046.94	1063.96
Western Health	Full	HMO D	476.30	492.32	511.42	532.90	557.44	581.65	608.93	635.86	665.52	695.53	727.92	760.31	795.42	830.88	868.73	887.48	925.32	958.05	979.53	1006.47	1022.83

Platinum		AGE -->	0-14	15	16	17	18	19	20	21	22	23	24	25
CARRIER	NETWORK	PLAN												
Anthem Blue Cross	Select HMO	HMO A	449.67	489.65	504.93	520.21	536.67	553.13	570.18	587.81	587.81	587.81	587.81	590.16
Cigna + Oscar	LocalPlus	EPO C	414.84	451.72	465.82	479.91	495.10	510.28	526.01	542.28	542.28	542.28	542.28	544.45
Cigna + Oscar	LocalPlus	EPO D	406.77	442.92	456.75	470.57	485.46	500.35	515.77	531.72	531.72	531.72	531.72	533.85
Cigna + Oscar	LocalPlus	EPO E	394.79	429.88	443.30	456.72	471.17	485.62	500.58	516.06	516.06	516.06	516.06	518.13
Health Net	WholeCare	HMO C	298.67	325.22	335.37	345.52	356.45	367.38	378.70	390.42	390.42	390.42	390.42	391.98
Health Net	Salud HMO y Mas	HMO D	281.81	306.86	316.44	326.02	336.33	346.65	357.33	368.38	368.38	368.38	368.38	369.85
Health Net	Full	HMO E	331.96	361.47	372.76	384.04	396.19	408.34	420.92	433.94	433.94	433.94	433.94	435.68
Health Net	WholeCare	HMO F	307.42	334.74	345.19	355.64	366.89	378.14	389.80	401.85	401.85	401.85	401.85	403.46
Health Net	Salud HMO y Mas	HMO G	291.23	317.12	327.02	336.92	347.58	358.24	369.28	380.70	380.70	380.70	380.70	382.22
Health Net	Full	HMO H	341.69	372.06	383.68	395.29	407.80	420.30	433.25	446.65	446.65	446.65	446.65	448.44
Kaiser Permanente	Full	HMO A	357.92	388.49	400.18	411.87	424.46	423.06	436.10	449.58	449.58	449.58	449.58	451.38
Kaiser Permanente	Full	HMO B	351.68	381.70	393.18	404.66	417.02	415.39	428.19	441.43	441.43	441.43	441.43	443.20
Sharp Health Plan	Premier	HMO A	282.65	307.78	317.38	326.99	337.34	347.68	358.40	369.48	369.48	369.48	369.48	370.96
Sharp Health Plan	Performance	HMO B	304.58	331.66	342.01	352.36	363.51	374.66	386.21	398.15	398.15	398.15	398.15	399.74
Sharp Health Plan	Premier	HMO C	278.68	303.45	312.93	322.40	332.60	342.80	353.36	364.29	364.29	364.29	364.29	365.75
Sutter Health Plus	Sutter Health Plus	HMO A	342.81	373.28	384.94	396.59	409.13	421.68	434.68	448.13	448.13	448.13	448.13	449.91
Sutter Health Plus	Sutter Health Plus	HMO B	349.02	380.04	391.91	403.77	416.54	429.32	442.55	456.24	456.24	456.24	456.24	458.06
UnitedHealthcare	SignatureValue	HMO A	399.54	435.05	448.63	462.21	476.83	491.46	506.60	522.27	522.27	522.27	522.27	524.36
UnitedHealthcare	SignatureValue	HMO E	432.65	471.10	485.81	500.51	516.35	532.18	548.58	565.55	565.55	565.55	565.55	567.81
UnitedHealthcare	Harmony	HMO H	339.59	369.78	381.32	392.86	405.29	417.72	430.59	443.91	443.91	443.91	443.91	445.69
UnitedHealthcare	Harmony	HMO I	367.74	400.42	412.92	425.42	438.88	452.34	466.28	480.70	480.70	480.70	480.70	482.62
UnitedHealthcare	Harmony	HMO K	334.10	363.80	375.15	386.51	398.73	410.96	423.63	436.73	436.73	436.73	436.73	438.48
UnitedHealthcare	SignatureValue	HMO L	393.07	428.01	441.37	454.73	469.12	483.50	498.41	513.82	513.82	513.82	513.82	515.88
Western Health	Full	HMO A	324.22	353.04	364.06	375.08	386.94	398.81	411.10	423.82	423.82	423.82	423.82	425.51
Western Health	Full	HMO B	331.85	361.35	372.63	383.91	396.05	408.20	420.78	433.79	433.79	433.79	433.79	435.53
Western Health	Full	HMO C	320.56	349.06	359.95	370.85	382.58	394.31	406.46	419.03	419.03	419.03	419.03	420.71

Platinum		AGE -->	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43
CARRIER	NETWORK	PLAN																		
Anthem Blue Cross	Select HMO	HMO A	601.92	616.02	638.95	657.76	667.16	681.27	695.38	704.20	713.60	718.30	723.01	727.71	732.41	741.82	751.22	765.33	778.85	797.66
Cigna + Oscar	LocalPlus	EPO C	555.29	568.31	589.45	606.81	615.48	628.50	641.51	649.65	658.32	662.66	667.00	671.34	675.68	684.35	693.03	706.04	718.52	735.87
Cigna + Oscar	LocalPlus	EPO D	544.48	557.24	577.98	595.00	603.50	616.27	629.03	637.00	645.51	649.76	654.02	658.27	662.53	671.03	679.54	692.30	704.53	721.55
Cigna + Oscar	LocalPlus	EPO E	528.45	540.84	560.96	577.48	585.73	598.12	610.50	618.25	626.50	630.63	634.76	638.89	643.02	651.27	659.53	671.92	683.79	700.30
Health Net	WholeCare	HMO C	399.79	409.16	424.38	436.88	443.12	452.49	461.86	467.72	473.97	477.09	480.21	483.34	486.46	492.71	498.95	508.32	517.30	529.79
Health Net	Salud HMO y Mas	HMO D	377.22	386.06	400.43	412.22	418.11	426.95	435.80	441.32	447.21	450.16	453.11	456.06	459.00	464.90	470.79	479.63	488.11	499.89
Health Net	Full	HMO E	444.36	454.77	471.69	485.58	492.52	502.94	513.35	519.86	526.80	530.28	533.75	537.22	540.69	547.63	554.58	564.99	574.97	588.86
Health Net	WholeCare	HMO F	411.50	421.14	436.82	449.67	456.10	465.75	475.39	481.42	487.85	491.07	494.28	497.50	500.71	507.14	513.57	523.21	532.46	545.32
Health Net	Salud HMO y Mas	HMO G	389.83	398.97	413.82	426.00	432.09	441.23	450.36	456.07	462.17	465.21	468.26	471.30	474.35	480.44	486.53	495.67	504.42	516.61
Health Net	Full	HMO H	457.37	468.09	485.51	499.81	506.95	517.67	528.39	535.09	542.24	545.81	549.38	552.96	556.53	563.68	570.82	581.54	591.82	606.11
Kaiser Permanente	Full	HMO A	460.37	471.16	488.70	503.09	510.28	521.07	531.86	538.60	545.80	549.39	552.99	556.59	560.18	567.38	574.57	585.36	595.70	610.09
Kaiser Permanente	Full	HMO B	452.03	462.62	479.84	493.96	501.02	511.62	522.21	528.83	535.90	539.43	542.96	546.49	550.02	557.09	564.15	574.74	584.90	599.02
Sharp Health Plan	Premier	HMO A	378.35	387.22	401.62	413.45	419.36	428.23	437.09	442.64	448.55	451.50	454.46	457.42	460.37	466.28	472.20	481.06	489.56	501.38
Sharp Health Plan	Performance	HMO B	407.71	417.26	432.79	445.53	451.90	461.46	471.01	476.98	483.35	486.54	489.72	492.91	496.09	502.47	508.84	518.39	527.55	540.29
Sharp Health Plan	Premier	HMO C	373.03	381.78	395.98	407.64	413.47	422.21	430.96	436.42	442.25	445.16	448.08	450.99	453.91	459.73	465.56	474.31	482.68	494.34
Sutter Health Plus	Sutter Health Plus	HMO A	458.88	469.63	487.11	501.45	508.62	519.37	530.13	536.85	544.02	547.60	551.19	554.77	558.36	565.53	572.70	583.45	593.76	608.10
Sutter Health Plus	Sutter Health Plus	HMO B	467.18	478.13	495.93	510.53	517.83	528.78	539.72	546.57	553.87	557.52	561.17	564.82	568.47	575.77	583.07	594.02	604.51	619.11
UnitedHealthcare	SignatureValue	HMO A	534.80	547.34	567.71	584.42	592.78	605.31	617.85	625.68	634.04	638.21	642.39	646.57	650.75	659.10	667.46	680.00	692.01	708.72
UnitedHealthcare	SignatureValue	HMO E	579.12	592.70	614.75	632.85	641.90	655.47	669.05	677.53	686.58	691.10	695.63	700.15	704.68	713.72	722.77	736.35	749.35	767.45
UnitedHealthcare	Harmony	HMO H	454.56	465.22	482.53	496.74	503.84	514.49	525.15	531.80	538.91	542.46	546.01	549.56	553.11	560.21	567.32	577.97	588.18	602.39
UnitedHealthcare	Harmony	HMO I	492.24	503.77	522.52	537.90	545.59	557.13	568.67	575.88	583.57	587.42	591.26	595.11	598.95	606.64	614.33	625.87	636.93	652.31
UnitedHealthcare	Harmony	HMO K	447.21	457.69	474.73	488.70	495.69	506.17	516.65	523.20	530.19	533.68	537.18	540.67	544.17	551.15	558.14	568.62	578.67	592.64
UnitedHealthcare	SignatureValue	HMO L	526.15	538.48	558.52	574.96	583.19	595.52	607.85	615.56	623.78	627.89	632.00	636.11	640.22	648.44	656.66	668.99	680.81	697.25
Western Health	Full	HMO A	433.99	444.16	460.69	474.25	481.03	491.20	501.37	507.73	514.51	517.90	521.29	524.68	528.07	534.86	541.64	551.81	561.56	575.12
Western Health	Full	HMO B	444.21	454.62	471.54	485.42	492.36	502.77	513.18	519.69	526.63	530.10	533.57	537.04	540.51	547.45	554.39	564.80	574.78	588.66
Western Health	Full	HMO C	429.09	439.15	455.49	468.90	475.60	485.66	495.72	502.00	508.71	512.06	515.41	518.76	522.12	528.82	535.53	545.58	555.22	568.63

Platinum		AGE -->	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	821.17	848.80	881.72	918.75	961.07	1002.80	1049.83	1096.27	1147.41	1199.13	1254.97	1310.82	1371.36	1432.49	1497.74	1530.07	1595.32	1651.75	1688.78	1735.22	1763.43
Cigna + Oscar	LocalPlus	EPO C	757.56	783.05	813.41	847.58	886.62	925.12	968.51	1011.34	1058.52	1106.24	1157.76	1209.28	1265.13	1321.53	1381.72	1411.54	1471.74	1523.80	1557.96	1600.80	1626.83
Cigna + Oscar	LocalPlus	EPO D	742.82	767.81	797.58	831.08	869.37	907.12	949.66	991.66	1037.92	1084.71	1135.23	1185.74	1240.51	1295.81	1354.83	1384.07	1443.09	1494.14	1527.64	1569.64	1595.17
Cigna + Oscar	LocalPlus	EPO E	720.94	745.20	774.10	806.61	843.77	880.41	921.69	962.46	1007.36	1052.77	1101.80	1150.82	1203.98	1257.65	1314.93	1343.32	1400.60	1450.14	1482.65	1523.42	1548.19
Health Net	WholeCare	HMO C	545.41	563.76	585.62	610.22	638.33	666.05	697.28	728.13	762.09	796.45	833.54	870.63	910.84	951.44	994.78	1016.25	1059.59	1097.07	1121.67	1152.51	1171.26
Health Net	Salud HMO y Mas	HMO D	514.63	531.94	552.57	575.78	602.30	628.46	657.93	687.03	719.08	751.50	786.49	821.49	859.43	897.75	938.64	958.90	999.79	1035.15	1058.36	1087.46	1105.14
Health Net	Full	HMO E	606.22	626.61	650.91	678.25	709.49	740.30	775.02	809.30	847.05	885.24	926.46	967.69	1012.38	1057.51	1105.68	1129.55	1177.72	1219.37	1246.71	1280.99	1301.82
Health Net	WholeCare	HMO F	561.39	580.28	602.78	628.10	657.03	685.56	717.71	749.46	784.42	819.78	857.96	896.13	937.53	979.32	1023.92	1046.03	1090.63	1129.21	1154.53	1186.27	1205.55
Health Net	Salud HMO y Mas	HMO G	531.83	549.73	571.04	595.03	622.44	649.47	679.92	710.00	743.12	776.62	812.79	848.95	888.16	927.76	970.01	990.95	1033.21	1069.76	1093.74	1123.82	1142.10
Health Net	Full	HMO H	623.98	644.97	669.98	698.12	730.28	761.99	797.72	833.01	871.87	911.17	953.61	996.04	1042.04	1088.50	1138.07	1162.64	1212.22	1255.10	1283.24	1318.52	1339.95
Kaiser Permanente	Full	HMO A	628.07	649.20	674.38	702.70	735.07	766.99	802.96	838.48	877.59	917.15	959.86	1002.57	1048.88	1095.64	1145.54	1170.27	1220.17	1263.33	1291.66	1327.17	1348.74
Kaiser Permanente	Full	HMO B	616.68	637.43	662.15	689.96	721.74	753.08	788.40	823.27	861.67	900.52	942.46	984.39	1029.86	1075.77	1124.77	1149.05	1198.04	1240.42	1268.23	1303.10	1324.29
Sharp Health Plan	Premier	HMO A	516.16	533.53	554.22	577.50	604.10	630.33	659.89	689.08	721.22	753.74	788.84	823.94	862.00	900.42	941.44	961.76	1002.77	1038.24	1061.52	1090.70	1108.44
Sharp Health Plan	Performance	HMO B	556.22	574.93	597.23	622.31	650.98	679.24	711.10	742.55	777.19	812.23	850.05	887.87	928.88	970.29	1014.49	1036.38	1080.58	1118.80	1143.88	1175.34	1194.45
Sharp Health Plan	Premier	HMO C	508.91	526.03	546.44	569.39	595.61	621.48	650.62	679.40	711.09	743.15	777.76	812.37	849.89	887.77	928.21	948.25	988.68	1023.65	1046.61	1075.38	1092.87
Sutter Health Plus	Sutter Health Plus	HMO A	626.02	647.09	672.18	700.41	732.68	764.49	800.34	835.75	874.73	914.17	956.74	999.31	1045.47	1092.07	1141.81	1166.46	1216.20	1259.22	1287.45	1322.85	1344.35
Sutter Health Plus	Sutter Health Plus	HMO B	637.36	658.80	684.35	713.09	745.94	778.34	814.83	850.88	890.57	930.72	974.06	1017.40	1064.39	1111.84	1162.48	1187.58	1238.22	1282.02	1310.76	1346.80	1368.69
UnitedHealthcare	SignatureValue	HMO A	729.61	754.16	783.41	816.31	853.91	890.99	932.77	974.03	1019.47	1065.43	1115.05	1164.66	1218.46	1272.77	1330.74	1359.47	1417.44	1467.58	1500.48	1541.74	1566.81
UnitedHealthcare	SignatureValue	HMO E	790.07	816.65	848.33	883.95	924.67	964.83	1010.07	1054.75	1103.95	1153.72	1207.45	1261.18	1319.43	1378.25	1441.02	1472.13	1534.90	1589.20	1624.83	1669.50	1696.65
UnitedHealthcare	Harmony	HMO H	620.14	641.01	665.87	693.83	725.79	757.31	792.82	827.89	866.51	905.58	947.75	989.92	1035.64	1081.81	1131.08	1155.50	1204.77	1247.39	1275.35	1310.42	1331.73
UnitedHealthcare	Harmony	HMO I	671.54	694.13	721.05	751.33	785.94	820.07	858.53	896.51	938.33	980.63	1026.29	1071.96	1121.47	1171.47	1224.82	1251.26	1304.62	1350.77	1381.05	1419.03	1442.10
UnitedHealthcare	Harmony	HMO K	610.11	630.64	655.10	682.61	714.05	745.06	780.00	814.50	852.50	890.93	932.42	973.91	1018.89	1064.31	1112.79	1136.81	1185.29	1227.21	1254.73	1289.23	1310.19
UnitedHealthcare	SignatureValue	HMO L	717.81	741.96	770.73	803.10	840.10	876.58	917.68	958.27	1002.98	1048.19	1097.01	1145.82	1198.74	1252.18	1309.21	1337.47	1394.51	1443.83	1476.20	1516.80	1541.46
Western Health	Full	HMO A	592.07	611.99	635.72	662.42	692.94	723.03	756.93	790.42	827.29	864.58	904.85	945.11	988.76	1032.84	1079.88	1103.19	1150.24	1190.92	1217.62	1251.10	1271.45
Western Health	Full	HMO B	606.01	626.40	650.69	678.02	709.25	740.05	774.76	809.03	846.77	884.94	926.15	967.36	1012.04	1057.16	1105.31	1129.17	1177.32	1218.96	1246.29	1280.56	1301.38
Western Health	Full	HMO C	585.39	605.09	628.55	654.95	685.12	714.87	748.39	781.50	817.95	854.83	894.64	934.45	977.61	1021.19	1067.70	1090.75	1137.26	1177.49	1203.88	1236.99	1257.10

Health Care Service Plan rates will vary by county

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USE EMPLOYER ZIP CODE FOR RATING

AREA 7

04/01/22 - 06/01/22

Bronze		AGE ->	0-14	15	16	17	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	Prudent Buyer - Small Group	PPO A	321.84	350.45	361.39	372.33	384.11	395.89	408.09	420.71	420.71	420.71	420.71	422.39	430.81	440.90	457.31	470.77	477.51	487.60	497.70	504.01	510.74	514.11	517.47	520.84	524.20	530.94	537.67	547.76	557.44	570.90	587.73	607.51	631.07	657.57	687.86	717.73	751.39	784.62	821.23	858.25	898.22	938.18	981.52	1025.27	1071.97	1095.11	1141.81	1182.20	1208.70	1241.94	1262.13
Anthem Blue Cross	Select PPO	PPO B	312.17	339.92	350.53	361.14	372.57	383.99	395.83	408.07	408.07	408.07	408.07	409.70	417.86	427.66	443.57	456.63	463.16	472.95	482.75	488.87	495.40	498.66	501.93	505.19	508.46	514.98	521.51	531.31	540.69	553.75	570.07	589.25	612.11	637.81	667.19	696.17	728.81	761.05	796.55	832.46	871.23	910.00	952.03	994.47	1039.76	1062.21	1107.50	1146.68	1172.39	1204.62	1224.21
Anthem Blue Cross	Prudent Buyer - Small Group	EPO A	325.12	354.02	365.07	376.12	388.02	399.92	412.24	424.99	424.99	424.99	424.99	426.69	435.19	445.39	461.96	475.56	482.36	492.56	502.76	509.14	515.94	519.34	522.74	526.14	529.54	536.34	543.14	553.34	563.11	576.71	593.71	613.69	637.49	664.26	694.86	725.03	759.03	792.61	829.58	866.98	907.35	947.73	991.50	1035.70	1082.87	1106.25	1153.42	1194.22	1221.00	1254.57	1274.97
Cigna + Oscar	LocalPlus	EPO C	231.49	252.07	259.94	267.80	276.28	284.75	293.52	302.60	302.60	302.60	302.60	303.81	309.86	317.13	328.93	338.61	343.45	350.72	357.98	362.52	367.36	369.78	372.20	374.62	377.04	381.88	386.73	393.99	400.95	410.63	422.74	436.96	453.90	472.97	494.75	516.24	540.45	564.35	590.68	617.31	646.06	674.80	705.97	737.44	771.03	787.67	821.26	850.31	869.38	893.28	907.81
Cigna + Oscar	LocalPlus	EPO D	223.79	243.68	251.29	258.90	267.09	275.28	283.76	292.54	292.54	292.54	292.54	293.71	299.56	306.58	317.99	327.35	332.03	339.05	346.07	350.46	355.14	357.48	359.82	362.16	364.50	369.18	373.86	380.88	387.61	396.97	408.68	422.42	438.81	457.24	478.30	499.07	522.47	545.58	571.03	596.78	624.57	652.36	682.49	712.92	745.39	761.48	793.95	822.03	840.46	863.57	877.61
Health Net	CommunityCare	HMO A	214.95	234.06	241.36	248.67	256.54	264.40	272.55	280.98	280.98	280.98	280.98	282.10	287.72	294.47	305.43	314.42	318.91	325.66	332.40	336.61	341.11	343.36	345.61	347.85	350.10	354.60	359.09	365.84	372.30	381.29	392.53	405.74	421.47	439.17	459.40	479.35	501.83	524.03	548.47	573.20	599.89	626.59	655.53	684.75	715.94	731.39	762.58	789.56	807.26	829.45	842.94
Kaiser Permanente	Full	HMO A	239.56	259.61	267.28	274.94	283.20	277.47	286.02	294.86	294.86	294.86	294.86	296.04	301.94	309.02	320.52	329.95	334.67	341.75	348.82	353.24	357.96	360.32	362.68	365.04	367.40	372.12	376.83	383.91	390.69	400.13	411.92	425.78	442.29	460.87	482.10	503.03	526.62	549.92	575.57	601.52	629.53	657.54	687.91	718.58	751.31	767.53	800.26	828.56	847.14	870.43	884.58
Kaiser Permanente	Full	HMO B	235.25	254.92	262.44	269.96	278.05	272.16	280.55	289.23	289.23	289.23	289.23	290.38	296.17	303.11	314.39	323.64	328.27	335.21	342.15	346.49	351.12	353.43	355.75	358.06	360.38	365.00	369.63	376.57	383.22	392.48	404.05	417.64	433.84	452.06	472.89	493.42	516.56	539.41	564.57	590.02	617.50	644.97	674.77	704.84	736.95	752.86	784.96	812.73	830.95	853.80	867.69
Kaiser Permanente	Full	HMO C	226.20	245.07	252.28	259.49	267.26	261.04	269.08	277.40	277.40	277.40	277.40	278.51	284.06	290.72	301.54	310.41	314.85	321.51	328.17	332.33	336.77	338.99	341.21	343.43	345.64	350.08	354.52	361.18	367.56	376.44	387.53	400.57	416.11	433.58	453.55	473.25	495.44	517.36	541.49	565.90	592.26	618.61	647.18	676.03	706.82	722.08	752.87	779.50	796.98	818.90	832.20
Sharp Health Plan	Premier	HMO A	181.79	197.95	204.12	210.30	216.96	223.61	230.50	237.63	237.63	237.63	237.63	238.58	243.33	249.04	258.30	265.91	269.71	275.41	281.12	284.68	288.48	290.38	292.28	294.19	296.09	299.89	303.69	309.39	314.86	322.46	331.97	343.14	356.45	371.42	388.53	405.40	424.41	443.18	463.85	484.77	507.34	529.91	554.39	579.10	605.48	618.55	644.93	667.74	682.71	701.48	712.89
Sharp Health Plan	Performance	HMO B	200.32	218.13	224.94	231.75	239.08	246.41	254.00	261.86	261.86	261.86	261.86	262.91	268.14	274.43	284.64	293.02	297.21	303.50	309.78	313.71	317.90	319.99	322.09	324.18	326.28	330.47	334.66	340.94	346.96	355.34	365.82	378.13	392.79	409.29	428.14	446.73	467.68	488.37	511.15	534.19	559.07	583.95	610.92	638.15	667.22	681.62	710.69	735.83	752.32	773.01	785.58
Sutter Health Plus	Sutter Health Plus	HMO A	241.06	262.49	270.68	278.88	287.70	296.52	305.66	315.12	315.12	315.12	315.12	316.37	322.68	330.24	342.53	352.61	357.65	365.22	372.78	377.51	382.55	385.07	387.59	390.11	392.63	397.67	402.72	410.28	417.53	427.61	440.21	455.02	472.67	492.52	515.21	537.58	562.79	587.69	615.10	642.83	672.77	702.70	735.16	767.93	802.91	820.24	855.22	885.47	905.32	930.22	945.33
Sutter Health Plus	Sutter Health Plus	HMO B	247.07	269.03	277.43	285.83	294.87	303.91	313.28	322.98	322.98	322.98	322.98	324.26	330.72	338.47	351.07	361.40	366.57	374.32	382.07	386.92	392.08	394.67	397.25	399.84	402.42	407.59	412.75	420.51	427.93	438.27	451.19	466.37	484.45	504.80	528.05	550.98	576.82	602.34	630.44	658.86	689.54	720.22	753.49	787.07	822.92	840.69	876.54	907.54	927.89	953.40	968.90
Western Health	Full	HMO B	223.32	243.17	250.76	258.35	266.53	274.70	283.17	291.93	291.93	291.93	291.93	293.09	298.93	305.94	317.32	326.67	331.34	338.34	345.35	349.73	354.40	356.73	359.07	361.40	363.74	368.41	373.08	380.09	386.80	396.14	407.82	421.54	437.89	456.28	477.30	498.03	521.38	544.44	569.84	595.53	623.26	651.00	681.06	711.42	743.83	759.88	792.29	820.31	838.70	861.77	875.78
Western Health	Full	HMO C	229.09	249.46	257.24	265.03	273.41	281.80	290.48	299.47	299.47	299.47	299.47	300.67	306.66	313.84	325.52	335.11	339.90	347.08	354.27	358.76	363.55	365.95	368.35	370.74	373.14	377.93	382.72	389.91	396.80	406.38	418.36	432.43	449.20	468.07	489.63	510.89	534.85	558.51	584.56	610.92	639.37	667.81	698.66	729.80	763.05	779.52	812.76	841.51	860.37	884.03	898.41

Silver		AGE ->	0-14	15	16	17	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	268.61	292.49	301.62	310.75	320.58	330.41	340.60	351.13	351.13	351.13	351.13	352.53	359.56	367.98	381.68	392.91	398.53	406.96	415.39	420.65	426.27	429.08	431.89	434.70	437.51	443.13	448.74	457.17	465.25	476.48	490.53	507.03	526.70	548.82	574.10	599.03	627.12	654.86	685.41	716.31	749.66	783.02	819.19	855.70	894.68	913.99	952.97	986.68	1008.80	1036.54	1053.39
Anthem Blue Cross	CaliforniaCare HMO	HMO B	316.71	344.86	355.63	366.39	377.98	389.57	401.58	414.00	414.00	414.00	414.00	415.66	423.94	433.87	450.02	463.27	469.89	479.83	489.76	495.97	502.60	505.91	509.22	512.53	515.84	522.47	529.09	539.03	548.55	561.80	578.36	597.82	621.00	647.08	676.89	706.28	739.40	772.11	808.13	844.56	883.89	923.22	965.86	1008.92	1054.87	1077.64	1123.60	1163.34	1189.42	1222.13	1242.00
Anthem Blue Cross	Priority Select HMO	HMO C	235.80	256.76	264.78	272.79	281.42	290.05	298.99	308.24	308.24	308.24	308.24	309.47	315.64	323.04	335.06	344.92	349.85	357.25	364.65	369.27	374.20	376.67	379.14	381.60	384.07	389.00	393.93	401.33	408.42	418.28	430.61	445.10	462.36	481.78	503.97	525.86	550.52	574.87	601.68	628.81	658.09	687.38	719.12	751.18	785.40	802.35	836.56	866.15	885.57	909.92	924.72
Anthem Blue Cross	Advantage PPO	PPO A	359.97	391.97	404.20	416.44	429.61	442.79	456.43	470.55	470.55	470.55	470.55	472.43	481.84	493.14	511.49	526.55	534.07	545.37	556.66	563.72	571.25	575.01	578.78	582.54	586.31	593.83	601.36	612.66	623.48	638.54	657.36	679.47	705.83	735.47	769.35	802.76	840.40	877.58	918.51	959.92	1004.62	1049.33	1097.79	1146.73	1198.96	1224.84	1277.07	1322.25	1351.89	1389.06	1411.65
Anthem Blue Cross	Select PPO	PPO B	345.47	376.17	387.92	399.66	412.30	424.95	438.04	451.59	451.59	451.59	451.59	453.40	462.43	473.27	490.88	505.33	512.55	523.39	534.23	541.00	548.23	551.84	555.46	559.07	562.68	569.91	577.13	587.97	598.36	612.81	630.87	652.10	677.39	705.84	738.35	770.41	806.54	842.22	881.50	921.24	964.14	1007.05	1053.56	1100.52	1150.65	1175.49	1225.62	1268.97	1297.42	1333.09	1354.77
Anthem Blue Cross	Prudent Buyer - Small Group	PPO C	356.15	387.80	399.91	412.01	425.05	438.08	451.58	465.55	465.55	465.55	465.55	467.41	476.72	487.90	506.05	520.95	528.40	539.57	550.75	557.73	565.18	568.90	572.63	576.35	580.08	587.52	594.97	606.15	616.85	631.75	650.37	672.25	698.33	727.65	761.17	794.23	831.47	868.25	908.75	949.72	993.95	1038.18	1086.13	1134.55	1186.22	1211.83	1263.50	1308.20	1337.53	1374.30	1396.65
Anthem Blue Cross	Prudent Buyer - Small Group	EPO A	347.92	378.85	390.67	402.50	415.23	427.97	441.16	454.80	454.80	454.80	454.80	456.62	465.72	476.63	494.37	508.92	516.20	527.11	538.03	544.85	552.13	555.77	559.40	563.04	566.68	573.96	581.23	592.15	602.61	617.16	635.36	656.73	682.20	710.85	743.60	775.89	812.27	848.20	887.77	927.79	971.00	1014.20	1061.05	1108.35	1158.83	1183.84	1234.33	1277.99	1306.64	1342.57	1364.40
Anthem Blue Cross	Prudent Buyer - Small Group	EPO B	348.04	378.97	390.80	402.63	415.37	428.11	441.30	454.95	454.95	454.95	454.95	456.77	465.87	476.79	494.53	509.09	516.37	527.29	538.21	545.03	552.31	555.95	559.59	563.23	566.87	574.15	581.43	592.34	602.81	617.37	635.57	656.95	682.43	711.09	743.84	776.14	812.54	848.48	888.06	928.10	971.32	1014.54	1061.40	1108.71	1159.21	1184.23	1234.73	1278.41	1307.07	1343.01	1364.85
Cigna + Oscar	LocalPlus	EPO C	296.88	323.27	333.36	343.46	354.32	365.19	376.44	388.08	388.08	388.08	388.08	389.64	397.40	406.71	421.85	434.27	440.48	449.79	459.10	464.93	471.13	474.24	477.34	480.45	483.55	489.76	495.97	505.29	514.21	526.63	542.15	560.39	582.13	606.58	634.52	662.07	693.12	723.78	757.54	791.69	828.56	865.43	905.40	945.76	988.84	1010.18	1053.26	1090.52	1114.97	1145.63	1164.25
Cigna + Oscar	LocalPlus	EPO D	290.71	316.55	326.43	336.31	346.95	357.59	368.61	380.01	380.01	380.01	380.01	381.53	389.13	398.25	413.07	425.23	431.31	440.43	449.55	455.25	461.33	464.37	467.41	470.45	473.49	479.57	485.65	494.77	503.51	515.67	530.87	548.73	570.01	593.95	621.31	648.30	678.70	708.72	741.78	775.22	811.32	847.42	886.56	926.08	968.26	989.16	1031.34	1067.82	1091.77	1121.79	1140.03
Cigna + Oscar	LocalPlus	EPO E	283.26	308.44	318.07	327.69	338.06	348.43	359.17	370.28	370.28	370.28	370.28	371.76	379.16	388.05	402.49	414.34	420.26	429.15	438.04	443.59	449.51	452.48	455.44	458.40	461.36	467.29	473.21	482.10	490.61	502.46	517.27	534.68	555.41	578.74	605.40	631.69	661.31	690.56	722.78	755.36	790.54	825.71	863.85	902.36	943.46	963.83	1004.93	1040.47	1063.80	1093.05	1110.83
Health Net	WholeCare	HMO A	279.65	304.51	314.02	323.52	333.76	343.99	354.59	365.56	365.56	365.56	365.56	367.02	374.33	383.11	397.36	409.06	414.91	423.68	432.46	437.94	443.79	446.71	449.64	452.56	455.49	461.34	467.19	475.96	484.37	496.07	510.69	527.87	548.34	571.37	597.69	623.65	652.89	681.77	713.57	745.74	780.47	815.20	852.85	890.87	931.45	951.55	992.13	1027.22	1050.25	1079.13	1096.68
Health Net	CommunityCare	HMO C	235.35	256.27	264.27	272.27	280.89	289.50	298.42	307.65	307.65	307.65	307.65	308.88	315.04	322.42	334.42	344.26	349.18	356.57	363.95	368.57	373.49	375.95	378.41	380.87	383.33	388.26	393.18	400.56	407.64	417.48	429.79	444.25	461.48	480.86	503.01	524.85	549.47	573.77	600.54	627.61	656.84	686.06	717.75	749.75	783.90	800.82	834.97	864.50	883.88	908.19	922.95
Kaiser Permanente	Full	HMO A	273.90	297.01	305.84	314.67	324.19	319.71	329.56	339.76	339.76	339.76	339.76	341.12	347.91	356.06	369.31	380.19	385.62	393.78	401.93	407.03	412.46	415.18	417.90	420.62	423.34	428.77	434.21	442.36	450.18	461.05	474.64	490.61	509.63	531.04	555.50	579.62	606.80	633.65	663.20	693.10	725.38	757.66	792.65	827.99	865.70	884.39	922.10	954.71	976.12	1002.96	1019.28
Kaiser Permanente	Full	HMO B	278.79	302.32	311.32	320.32	330.02	325.72	335.76	346.14	346.14	346.14	346.14	347.52	354.45	362.76	376.25	387.33	392.87	401.18	409.48	414.68	420.21	422.98	425.75	428.52	431.29	436.83	442.37	450.67	458.64	469.71	483.56	499.83	519.21	541.02	565.94	590.52	618.21	645.55	675.67	706.13	739.01	771.89	807.55	843.54	881.97	901.00	939.42	972.65	994.46	1021.81	1038.42
Kaiser Permanente	Full	HMO C	276.71	300.07	309.00	317.92	327.54	323.17	333.13	343.43	343.43	343.43	343.43	344.80	351.67	359.91	373.31	384.30	389.79	398.03	406.28	411.43	416.92	419.67	422.42	425.16	427.91	433.41	438.90	447.14	455.04	466.03	479.77	495.91	515.14	536.78	561.51	585.89	613.36	640.49	670.37	700.59	733.22	765.85	801.22	836.94	875.06	893.95	932.07	965.04	986.67	1013.80	1030.29
Kaiser Permanente	Full	HMO D	258.99	280.77	289.09	297.42	306.39	301.36	310.65	320.26	320.26	320.26	320.26	321.54	327.95	335.63	348.12	358.37	363.49	371.18	378.87	383.67	388.79	391.36	393.92	396.48	399.04	404.17	409.29	416.98	424.34	434.59	447.40	462.45	480.39	500.56	523.62	546.36	571.98	597.28	625.15	653.33	683.75	714.18	747.16	780.47	816.02	833.63	869.18	899.93	920.10	945.40	960.78
Kaiser Permanente	Full	HMO E	270.21	292.98	301.69	310.40	319.77	315.16	324.88	334.92	334.92	334.92	334.92	336.26	342.96	351.00	364.06	374.78	380.14	388.18	396.21	401.24	406.60	409.28	411.96	414.63	417.31	422.67	428.03	436.07	443.77	454.49	467.89	483.63	502.38	523.48	547.60	571.38	598.17	624.63	653.77	683.24	715.06	746.88	781.38	816.21	853.38	871.80	908.98	941.13	962.23	988.69	1004.76
Sharp Health Plan	Premier	HMO A	203.65	221.75	228.67	235.60	243.05	250.50	258.22	266.21	266.21	266.21	266.21	267.27	272.60	278.99	289.37	297.89	302.15	308.54	314.93	318.92	323.18	325.31	327.44	329.57	331.70	335.96	340.22	346.61	352.73	361.25	371.90	384.41	399.32	416.09	435.25	454.15	475.45	496.48	519.64	543.07	568.36	593.65	621.07	648.75	678.30	692.94	722.49	748.05	764.82	785.85	798.63
Sharp Health Plan	Performance	HMO B	216.16	235.37	242.72	250.07	257.98	265.89	274.08	282.56	282.56	282.56	282.56	283.69	289.34	296.12	307.14	316.18	320.71	327.49	334.27	338.51	343.03	345.29	347.55	349.81	352.07	356.59	361.11	367.89	374.39	383.43	394.74	408.02	423.84	441.64	461.99	482.05	504.65	526.97	551.56	576.42	603.27	630.11	659.21	688.60	719.96	735.50	766.87	793.99	811.79	834.12	847.68
Sharp Health Plan	Premier	HMO C	199.18	216.88	223.65	230.42	237.71	245.00	252.55	260.36	260.36	260.36	260.36	261.40	266.61	272.86	283.01	291.34	295.51	301.76	308.01	311.91	316.08	318.16	320.24	322.33	324.41	328.57	332.74	338.99	344.98	353.31	363.72	375.96	390.54	406.94	425.69	444.17	465.00	485.57	508.22	531.13	555.87	580.60	607.42	634.50	663.40	677.72	706.62	731.61	748.01	768.58	781.08
Sutter Health Plus	Sutter Health Plus	HMO B	310.95	338.59	349.16	359.73	371.11	382.49	394.28	406.48	406.48	406.48	406.48	408.10	416.22	425.98	441.83	454.84	461.34	471.10	480.85	486.95	493.45	496.71	499.96	503.21	506.46	512.96	519.47	529.22	538.57	551.58	567.84	586.94	609.70	635.31	664.58	693.44	725.95	758.07	793.43	829.20	867.81	906.43	948.29	990.57	1035.68	1058.04	1103.16	1142.18	1167.79	1199.90	1219.40
Sutter Health Plus	Sutter Health Plus	HMO C	283.49	308.69	318.32	327.96	338.33	348.71	359.46	370.58	370.58	370.58	370.58	372.06	379.47	388.36	402.81	414.67	420.60	429.50	438.39	443.95	449.88	452.84	455.81	458.77	461.74	467.66	473.59	482.49	491.01	502.87	517.69	535.11	555.86	579.21	605.89	632.20	661.85	691.12	723.36	755.97	791.18	826.38	864.55	903.09	944.22	964.60	1005.74	1041.31	1064.66	1093.93	1111.71
UnitedHealthcare	SignatureValue	HMO A	299.72	326.36	336.55	346.73	357.70	368.67	380.04	391.79	391.79	391.79	391.79	393.36	401.19	410.60	425.88	438.41	444.68	454.08	463.49	469.36	475.63	478.77	481.90	485.04	488.17	494.44	500.71	510.11	519.12	531.66	547.33	565.74	587.69	612.37	640.58	668.39	699.74	730.69	764.77	799.25	836.47	873.69	914.05	954.79	998.28	1019.83	1063.32	1100.93	1125.61	1156.56	1175.37
UnitedHealthcare	Harmony	HMO F	254.75	277.40	286.06	294.71	304.04	313.36	323.02	333.01	333.01	333.01	333.01	334.34	341.00	348.99	361.98	372.64	377.97	385.96	393.95	398.95	404.27	406.94	409.60	412.27	414.93	420.26	425.59	433.58	441.24	451.89	465.21	480.87	499.52	520.49	544.47	568.12	594.76	621.06	650.04	679.34	710.98	742.61	776.91	811.55	848.51	866.83	903.79	935.76	956.74	983.05	999.03
UnitedHealthcare	Harmony	HMO G	225.64	245.69	253.36	261.03	269.29	277.55	286.10	294.95	294.95	294.95	294.95	296.13	302.03	309.11	320.61	330.05	334.77	341.85	348.93	353.35	358.07	360.43	362.79	365.15	367.51	372.23	376.95	384.02	390.81	400.25	412.05	425.91	442.43	461.01	482.24	503.18	526.78	550.08	575.74	601.70	629.72	657.74	688.12	718.79	751.53	767.75	800.49	828.81	847.39	870.69	884.85
Western Health	Full	HMO A	246.14	268.02	276.38	284.73	293.76	302.77	312.10	321.75	321.75	321.75	321.75	323.04	329.47	337.19	349.74	360.04	365.18	372.91	380.63	385.45	390.60	393.18	395.75	398.32	400.90	406.05	411.19	418.92	426.32	436.61	449.48	464.60	482.62	502.89	526.06	548.90	574.64	600.06	628.05	656.37	686.93	717.50	750.64	784.10	819.81	837.51	873.23	904.11	924.38	949.80	965.25
Western Health	Full	HMO B	258.40	281.37	290.15	298.94	308.39	317.85	327.65	337.78	337.78	337.78	337.78	339.13	345.89	353.99	367.17	377.98	383.38	391.49	399.59	404.66	410.06	412.77	415.47	418.17	420.87	426.28	431.68	439.79	447.56	458.37	471.88	487.75	506.67	527.95	552.27	576.25	603.27	629.96	659.35	689.07	721.16	753.25	788.04	823.17	860.66	879.24	916.73	949.16	970.44	997.13	1013.34
Western Health	Full	HMO C	241.30	262.75	270.95	279.16	287.99	296.82	305.97	315.43	315.43	315.43	315.43	316.69	323.00	330.57	342.87	352.97	358.01	365.58	373.15	377.89	382.93	385.46	387.98	390.50	393.03	398.07	403.12	410.69	417.95	428.04	440.66	455.48	473.15	493.02	515.73	538.12	563.36	588.28	615.72	643.48	673.44	703.41	735.90	768.70	803.72	821.07	856.08	886.36	906.23	931.15	946.29

Health Care Service Plan rates will vary by county

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Continued

Gold		AGE -->	0-14	15	16	17	18	19	20	21	22	23	24	25
CARRIER	NETWORK	PLAN												
Anthem Blue Cross	Select HMO	HMO A	328.47	357.67	368.83	379.99	392.01	404.04	416.49	429.37	429.37	429.37	429.37	431.09
Anthem Blue Cross	CaliforniaCare HMO	HMO B	387.32	421.75	434.91	448.08	462.25	476.43	491.11	506.30	506.30	506.30	506.30	508.33
Anthem Blue Cross	Priority Select HMO	HMO C	288.33	313.96	323.76	333.56	344.11	354.66	365.59	376.90	376.90	376.90	376.90	378.41
Anthem Blue Cross	Advantage PPO	PPO A	424.93	462.70	477.14	491.58	507.13	522.69	538.80	555.46	555.46	555.46	555.46	557.68
Anthem Blue Cross	Select PPO	PPO B	392.12	426.97	440.30	453.62	467.98	482.33	497.19	512.57	512.57	512.57	512.57	514.62
Anthem Blue Cross	Select PPO	PPO C	407.74	443.98	457.84	471.70	486.62	501.54	517.00	532.99	532.99	532.99	532.99	535.12
Anthem Blue Cross	Select PPO	PPO D	381.40	415.30	428.26	441.23	455.19	469.14	483.60	498.56	498.56	498.56	498.56	500.55
Anthem Blue Cross	Prudent Buyer - Small Group	PPO E	420.34	457.71	471.99	486.28	501.67	517.05	532.99	549.47	549.47	549.47	549.47	551.67
Cigna + Oscar	LocalPlus	EPO C	328.41	357.60	368.77	379.93	391.95	403.97	416.42	429.30	429.30	429.30	429.30	431.01
Cigna + Oscar	LocalPlus	EPO D	318.39	346.69	357.51	368.33	379.99	391.64	403.71	416.19	416.19	416.19	416.19	417.86
Cigna + Oscar	LocalPlus	EPO E	325.30	354.21	365.27	376.32	388.23	400.14	412.47	425.22	425.22	425.22	425.22	426.93
Health Net	WholeCare	HMO A	320.83	349.35	360.25	371.16	382.90	394.64	406.80	419.38	419.38	419.38	419.38	421.06
Health Net	WholeCare	HMO B	314.44	342.39	353.08	363.76	375.27	386.78	398.70	411.03	411.03	411.03	411.03	412.68
Health Net	WholeCare	HMO C	318.26	346.55	357.37	368.19	379.83	391.48	403.55	416.03	416.03	416.03	416.03	417.69
Health Net	Salud HMO y Mas	HMO D	277.89	302.59	312.03	321.48	331.65	341.82	352.35	363.25	363.25	363.25	363.25	364.70
Health Net	Full	HMO E	346.67	377.48	389.27	401.05	413.74	426.42	439.57	453.16	453.16	453.16	453.16	454.97
Health Net	Full	HMO F	328.69	357.90	369.07	380.25	392.28	404.31	416.77	429.66	429.66	429.66	429.66	431.37
Health Net	Full	HMO G	356.03	387.68	399.78	411.88	424.91	437.94	451.44	465.40	465.40	465.40	465.40	467.26
Kaiser Permanente	Full	HMO B	327.19	355.03	365.68	376.32	387.79	385.26	397.14	409.42	409.42	409.42	409.42	411.06
Kaiser Permanente	Full	HMO C	345.33	374.78	386.04	397.30	409.43	407.56	420.13	433.12	433.12	433.12	433.12	434.85
Kaiser Permanente	Full	HMO D	308.89	335.10	345.12	355.14	365.94	362.74	373.92	385.49	385.49	385.49	385.49	387.03
Kaiser Permanente	Full	HMO E	286.48	310.70	319.96	329.22	339.19	335.18	345.51	356.19	356.19	356.19	356.19	357.62
Sharp Health Plan	Performance	HMO A	261.56	284.81	293.70	302.59	312.16	321.74	331.65	341.91	341.91	341.91	341.91	343.28
Sharp Health Plan	Premier	HMO B	250.61	272.88	281.40	289.92	299.09	308.26	317.76	327.59	327.59	327.59	327.59	328.90
Sharp Health Plan	Performance	HMO D	280.56	305.50	315.04	324.57	334.84	345.11	355.75	366.75	366.75	366.75	366.75	368.22
Sutter Health Plus	Sutter Health Plus	HMO A	354.10	385.57	397.61	409.64	422.60	435.56	448.98	462.88	462.88	462.88	462.88	464.72
Sutter Health Plus	Sutter Health Plus	HMO B	368.81	401.59	414.13	426.66	440.16	453.66	467.64	482.11	482.11	482.11	482.11	484.03
UnitedHealthcare	SignatureValue	HMO A	328.50	357.70	368.86	380.03	392.05	404.07	416.53	429.41	429.41	429.41	429.41	431.13
UnitedHealthcare	SignatureValue	HMO F	379.03	412.73	425.61	438.49	452.36	466.24	480.61	495.47	495.47	495.47	495.47	497.45
UnitedHealthcare	SignatureValue	HMO H	348.34	379.31	391.15	402.98	415.73	428.48	441.69	455.35	455.35	455.35	455.35	457.17
UnitedHealthcare	Harmony	HMO L	279.22	304.04	313.53	323.02	333.24	343.46	354.04	364.99	364.99	364.99	364.99	366.45
UnitedHealthcare	Harmony	HMO M	322.17	350.81	361.76	372.71	384.50	396.29	408.51	421.14	421.14	421.14	421.14	422.82
UnitedHealthcare	Harmony	HMO N	296.08	322.40	332.46	342.52	353.36	364.20	375.42	387.03	387.03	387.03	387.03	388.58
UnitedHealthcare	Harmony	HMO P	274.97	299.41	308.76	318.10	328.17	338.23	348.66	359.44	359.44	359.44	359.44	360.88
UnitedHealthcare	SignatureValue	HMO Q	323.51	352.27	363.26	374.26	386.10	397.94	410.20	422.89	422.89	422.89	422.89	424.58
Western Health	Full	HMO A	285.27	310.63	320.32	330.02	340.46	350.90	361.72	372.90	372.90	372.90	372.90	374.39
Western Health	Full	HMO B	297.99	324.47	334.60	344.73	355.64	366.54	377.84	389.52	389.52	389.52	389.52	391.08
Western Health	Full	HMO C	271.31	295.43	304.65	313.87	323.80	333.73	344.01	354.65	354.65	354.65	354.65	356.07
Western Health	Full	HMO D	260.82	284.01	292.87	301.74	311.28	320.83	330.72	340.94	340.94	340.94	340.94	342.31

Gold		AGE -->	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45
CARRIER	NETWORK	PLAN																				
Anthem Blue Cross	Select HMO	HMO A	439.67	449.98	466.73	480.47	487.33	497.64	507.94	514.39	521.26	524.69	528.13	531.56	535.00	541.86	548.73	559.04	568.92	582.66	599.83	620.01
Anthem Blue Cross	CaliforniaCare HMO	HMO B	518.45	530.60	550.35	566.55	574.65	586.80	598.95	606.55	614.65	618.70	622.75	626.80	630.85	638.95	647.05	659.20	670.85	687.05	707.30	731.10
Anthem Blue Cross	Priority Select HMO	HMO C	385.95	394.99	409.69	421.75	427.78	436.83	445.87	451.53	457.56	460.57	463.59	466.60	469.62	475.65	481.68	490.72	499.39	511.45	526.53	544.24
Anthem Blue Cross	Advantage PPO	PPO A	568.79	582.12	603.79	621.56	630.45	643.78	657.11	665.44	674.33	678.77	683.22	687.66	692.10	700.99	709.88	723.21	735.98	753.76	775.98	802.08
Anthem Blue Cross	Select PPO	PPO B	524.87	537.17	557.16	573.57	581.77	594.07	606.37	614.06	622.26	626.36	630.46	634.56	638.66	646.86	655.06	667.37	679.16	695.56	716.06	740.15
Anthem Blue Cross	Select PPO	PPO C	545.78	558.57	579.36	596.42	604.94	617.74	630.53	638.52	647.05	651.31	655.58	659.84	664.11	672.63	681.16	693.95	706.21	723.27	744.59	769.64
Anthem Blue Cross	Select PPO	PPO D	510.53	522.49	541.93	557.89	565.87	577.83	589.80	597.27	605.25	609.24	613.23	617.22	621.21	629.18	637.16	649.13	660.59	676.55	696.49	719.92
Anthem Blue Cross	Prudent Buyer - Small Group	PPO E	562.66	575.84	597.27	614.86	623.65	636.84	650.02	658.27	667.06	671.45	675.85	680.24	684.64	693.43	702.22	715.41	728.05	745.63	767.61	793.43
Cigna + Oscar	LocalPlus	EPO C	439.60	449.90	466.65	480.38	487.25	497.55	507.86	514.30	521.17	524.60	528.03	531.47	534.90	541.77	548.64	558.94	568.82	582.56	599.73	619.90
Cigna + Oscar	LocalPlus	EPO D	426.18	436.17	452.40	465.72	472.38	482.37	492.36	498.60	505.26	508.59	511.92	515.25	518.58	525.24	531.90	541.88	551.46	564.78	581.42	600.98
Cigna + Oscar	LocalPlus	EPO E	435.43	445.64	462.22	475.83	482.63	492.83	503.04	509.42	516.22	519.62	523.03	526.43	529.83	536.63	543.44	553.64	563.42	577.03	594.04	614.02
Health Net	WholeCare	HMO A	429.45	439.51	455.87	469.29	476.00	486.07	496.13	502.42	509.13	512.49	515.84	519.20	522.55	529.26	535.97	546.04	555.68	569.10	585.88	605.59
Health Net	WholeCare	HMO B	420.90	430.76	446.79	459.94	466.52	476.39	486.25	492.42	498.99	502.28	505.57	508.86	512.14	518.72	525.30	535.16	544.62	557.77	574.21	593.53
Health Net	WholeCare	HMO C	426.01	436.00	452.22	465.54	472.19	482.18	492.16	498.40	505.06	508.39	511.72	515.04	518.37	525.03	531.69	541.67	551.24	564.55	581.19	600.75
Health Net	Salud HMO y Mas	HMO D	371.97	380.69	394.85	406.48	412.29	421.01	429.72	435.17	440.98	443.89	446.80	449.70	452.61	458.42	464.23	472.95	481.31	492.93	507.46	524.53
Health Net	Full	HMO E	464.04	474.91	492.59	507.09	514.34	525.21	536.09	542.89	550.14	553.76	557.39	561.01	564.64	571.89	579.14	590.02	600.44	614.94	633.07	654.36
Health Net	Full	HMO F	439.97	450.28	467.04	480.78	487.66	497.97	508.28	514.73	521.60	525.04	528.48	531.91	535.35	542.23	549.10	559.41	569.29	583.04	600.23	620.42
Health Net	Full	HMO G	476.57	487.74	505.89	520.78	528.23	539.40	550.57	557.55	564.99	568.72	572.44	576.16	579.89	587.33	594.78	605.95	616.65	631.55	650.16	672.04
Kaiser Permanente	Full	HMO B	419.24	429.07	445.04	458.14	464.69	474.52	484.34	490.48	497.03	500.31	503.58	506.86	510.13	516.69	523.24	533.06	542.48	555.58	571.96	591.20
Kaiser Permanente	Full	HMO C	443.51	453.91	470.80	484.66	491.59	501.98	512.38	518.88	525.81	529.27	532.74	536.20	539.67	546.60	553.53	563.92	573.88	587.74	605.07	625.42
Kaiser Permanente	Full	HMO D	394.74	403.99	419.02	431.36	437.53	446.78	456.03	461.81	467.98	471.06	474.15	477.23	480.32	486.48	492.65	501.90	510.77	523.10	538.52	556.64
Kaiser Permanente	Full	HMO E	364.74	373.29	387.18	398.58	404.28	412.83	421.37	426.72	432.42	435.27	438.12	440.97	443.81	449.51	455.21	463.76	471.95	483.35	497.60	514.34
Sharp Health Plan	Performance	HMO A	350.12	358.32	371.66	382.60	388.07	396.27	404.48	409.61	415.08	417.81	420.55	423.28	426.02	431.49	436.96	445.17	453.03	463.97	477.65	493.72
Sharp Health Plan	Premier	HMO B	335.45	343.31	356.09	366.57	371.81	379.68	387.54	392.45	397.69	400.31	402.94	405.56	408.18	413.42	418.66	426.52	434.06	444.54	457.64	473.04
Sharp Health Plan	Performance	HMO D	375.55	384.35	398.66	410.39	416.26	425.06	433.87	439.37	445.23	448.17	451.10	454.04	456.97	462.84	468.71	477.51	485.94	497.68	512.35	529.59
Sutter Health Plus	Sutter Health Plus	HMO A	473.98	485.09	503.14	517.95	525.36	536.47	547.58	554.52	561.93	565.63	569.33	573.03	576.74	584.14	591.55	602.66	613.30	628.12	646.63	668.39
Sutter Health Plus	Sutter Health Plus	HMO B	493.67	505.24	524.05	539.47	547.19	558.76	570.33	577.56	585.27	589.13	592.99	596.84	600.70	608.41	616.13	627.70	638.79	654.21	673.50	696.16
UnitedHealthcare	SignatureValue	HMO A	439.72	450.02	466.77	480.51	487.38	497.69	507.99	514.43	521.30	524.74	528.17	531.61	535.04	541.92	548.79	559.09	568.97	582.71	599.89	620.07
UnitedHealthcare	SignatureValue	HMO F	507.36	519.25	538.58	554.43	562.36	574.25	586.14	593.57	601.50	605.46	609.43	613.39	617.36	625.28	633.21	645.10	656.50	672.35	692.17	715.46
UnitedHealthcare	SignatureValue	HMO H	466.28	477.21	494.97	509.54	516.82	527.75	538.68	545.51	552.79	556.44	560.08	563.72	567.37	574.65	581.94	592.87	603.34	617.91	636.12	657.53
UnitedHealthcare	Harmony	HMO L	373.75	382.51	396.74	408.42	414.26	423.02	431.78	437.26	443.10	446.02	448.94	451.86	454.78	460.62	466.46	475.22	483.61	495.29	509.89	527.05
UnitedHealthcare	Harmony	HMO M	431.25	441.35	457.78	471.26	477.99	488.10	498.21	504.53	511.26	514.63	518.00	521.37	524.74	531.48	538.22	548.32	558.01	571.49	588.33	608.13
UnitedHealthcare	Harmony	HMO N	396.32	405.61	420.70	433.09	439.28	448.57	457.86	463.66	469.85	472.95	476.05	479.14	482.24	488.43	494.62	503.91	512.81	525.20	540.68	558.87
UnitedHealthcare	Harmony	HMO P	368.07	376.69	390.71	402.21	407.96	416.59	425.22	430.61	436.36	439.24	442.11	444.99	447.86	453.61	459.36	467.99	476.26	487.76	502.14	519.03
UnitedHealthcare	SignatureValue	HMO Q	433.04	443.19	459.68	473.21	479.98	490.13	500.28	506.62	513.39	516.77	520.15	523.54	526.92	533.69	540.45	550.60	560.33	573.86	590.78	610.65
Western Health	Full	HMO A	381.85	390.80	405.35	417.28	423.25	432.19	441.14	446.74	452.70	455.69	458.67	461.65	464.64	470.60	476.57	485.52	494.10	506.03	520.95	538.47
Western Health	Full	HMO B	398.87	408.22	423.41	435.88	442.11	451.46	460.81	466.65	472.88	476.00	479.11	482.23	485.35	491.58	497.81	507.16	516.12	528.58	544.16	562.47
Western Health	Full	HMO C	363.17	371.68	385.51	396.86	402.53	411.04	419.56	424.88	430.55	433.39	436.22	439.06	441.90	447.57	453.25	461.76	469.92	481.27	495.45	512.12
Western Health	Full	HMO D	349.13	357.31	370.61	381.52	386.97	395.15	403.34	408.45	413.91	416.63	419.36	422.09	424.82	430.27	435.73	443.91	451.75	462.66	476.30	492.32

Gold		AGE -->	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	644.06	671.11	702.02	732.51	766.85	800.78	838.13	875.91	916.70	957.50	1001.72	1046.37	1094.03	1117.65	1165.31	1206.53	1233.58	1267.50	1288.11
Anthem Blue Cross	CaliforniaCare HMO	HMO B	759.45	791.35	827.80	863.75	904.25	944.25	988.30	1032.85	1080.95	1129.05	1181.20	1233.85	1290.05	1317.90	1374.10	1422.70	1454.60	1494.60	1518.90
Anthem Blue Cross	Priority Select HMO	HMO C	565.35	589.09	616.23	642.99	673.14	702.92	735.71	768.88	804.68	840.49	879.31	918.51	960.34	981.07	1022.91	1059.09	1082.83	1112.61	1130.70
Anthem Blue Cross	Advantage PPO	PPO A	833.19	868.18	908.18	947.61	992.05	1035.93	1084.26	1133.14	1185.91	1238.68	1295.89	1353.66	1415.31	1445.86	1507.52	1560.84	1595.84	1639.72	1666.38
Anthem Blue Cross	Select PPO	PPO B	768.86	801.15	838.05	874.44	915.45	955.94	1000.54	1045.64	1094.34	1143.03	1195.83	1249.13	1306.03	1334.22	1391.11	1440.32	1472.61	1513.11	1537.71
Anthem Blue Cross	Select PPO	PPO C	799.49	833.06	871.44	909.28	951.92	994.03	1040.40	1087.30	1137.93	1188.57	1243.47	1298.90	1358.06	1387.37	1446.53	1497.70	1531.28	1573.39	1598.97
Anthem Blue Cross	Select PPO	PPO D	747.84	779.25	815.15	850.54	890.43	929.81	973.19	1017.06	1064.43	1111.79	1163.14	1214.99	1270.33	1297.75	1353.09	1400.95	1432.36	1471.75	1495.68
Anthem Blue Cross	Prudent Buyer - Small Group	PPO E	824.21	858.82	898.38	937.40	981.35	1024.76	1072.57	1120.92	1173.12	1225.32	1281.91	1339.06	1400.05	1430.27	1491.26	1544.01	1578.63	1622.04	1648.41
Cigna + Oscar	LocalPlus	EPO C	643.94	670.99	701.90	732.38	766.72	800.64	837.99	875.76	916.55	957.33	1001.55	1046.20	1093.85	1117.46	1165.11	1206.32	1233.37	1267.28	1287.89
Cigna + Oscar	LocalPlus	EPO D	624.29	650.51	680.48	710.03	743.32	776.20	812.41	849.04	888.57	928.11	970.98	1014.26	1060.46	1083.35	1129.55	1169.51	1195.73	1228.60	1248.58
Cigna + Oscar	LocalPlus	EPO E	637.84	664.63	695.24	725.43	759.45	793.04	830.04	867.46	907.85	948.25	992.05	1036.27	1083.47	1106.86	1154.06	1194.88	1221.67	1255.26	1275.67
Health Net	WholeCare	HMO A	629.08	655.50	685.69	715.47	749.02	782.15	818.64	855.54	895.39	935.23	978.42	1022.04	1068.59	1091.66	1138.21	1178.47	1204.89	1238.02	1258.14
Health Net	WholeCare	HMO B	616.55	642.44	672.04	701.22	734.10	766.57	802.33	838.50	877.55	916.60	958.94	1001.68	1047.31	1069.91	1115.54	1155.00	1180.89	1213.36	1233.09
Health Net	WholeCare	HMO C	624.04	650.25	680.21	709.75	743.03	775.89	812.09	848.70	888.22	927.74	970.60	1013.86	1060.04	1082.92	1129.10	1169.04	1195.25	1228.12	1248.09
Health Net	Salud HMO y Mas	HMO D	544.87	567.76	593.91	619.70	648.76	677.46	709.06	741.03	775.54	810.05	847.46	885.24	925.56	945.54	985.86	1020.73	1043.62	1072.31	1089.75
Health Net	Full	HMO E	679.74	708.29	740.92	773.09	809.35	845.15	884.57	924.45	967.50	1010.55	1057.22	1104.35	1154.65	1179.58	1229.88	1273.38	1301.93	1337.73	1359.48
Health Net	Full	HMO F	644.48	671.55	702.49	732.99	767.36	801.31	838.69	876.50	917.31	958.13	1002.39	1047.07	1094.76	1118.39	1166.09	1207.33	1234.40	1268.34	1288.98
Health Net	Full	HMO G	698.10	727.42	760.93	793.97	831.20	867.97	908.46	949.41	993.63	1037.84	1085.78	1134.18	1185.84	1211.43	1263.09	1307.77	1337.09	1373.86	1396.20
Kaiser Permanente	Full	HMO B	614.13	639.92	669.40	698.47	731.22	763.56	799.18	835.21	874.11	913.00	955.17	997.75	1043.20	1065.71	1111.16	1150.46	1176.26	1208.60	1228.26
Kaiser Permanente	Full	HMO C	649.68	676.96	708.15	738.90	773.55	807.77	845.45	883.56	924.71	965.86	1010.47	1055.51	1103.59	1127.41	1175.48	1217.06	1244.35	1278.57	1299.36
Kaiser Permanente	Full	HMO D	578.23	602.51	630.27	657.64	688.48	718.93	752.47	786.39	823.01	859.63	899.34	939.43	982.22	1003.42	1046.21	1083.21	1107.50	1137.95	1156.47
Kaiser Permanente	Full	HMO E	534.29	556.73	582.37	607.66	636.16	664.30	695.29	726.63	760.47	794.31	831.00	868.04	907.58	927.17	966.70	1000.90	1023.34	1051.48	1068.57
Sharp Health Plan	Performance	HMO A	512.87	534.41	559.02	583.30	610.65	637.66	667.41	697.50	729.98	762.46	797.68	833.23	871.19	889.99	927.94	960.77	982.31	1009.32	1025.73
Sharp Health Plan	Premier	HMO B	491.39	512.02	535.61	558.87	585.08	610.96	639.46	668.28	699.40	730.53	764.27	798.34	834.70	852.72	889.08	920.53	941.17	967.05	982.77
Sharp Health Plan	Performance	HMO D	550.13	573.23	599.64	625.68	655.02	683.99	715.90	748.17	783.01	817.85	855.63	893.77	934.48	954.65	995.36	1030.57	1053.67	1082.65	1100.25
Sutter Health Plus	Sutter Health Plus	HMO A	694.31	723.47	756.79	789.66	826.69	863.25	903.52	944.26	988.23	1032.20	1079.88	1128.02	1179.40	1204.85	1256.23	1300.67	1329.83	1366.40	1388.60
Sutter Health Plus	Sutter Health Plus	HMO B	723.16	753.53	788.24	822.47	861.04	899.12	941.07	983.49	1029.29	1075.09	1124.75	1174.89	1228.40	1254.92	1308.43	1354.71	1385.08	1423.17	1446.30
UnitedHealthcare	SignatureValue	HMO A	644.12	671.17	702.09	732.57	766.93	800.85	838.21	876.00	916.79	957.58	1001.81	1046.47	1094.14	1117.75	1165.42	1206.64	1233.69	1267.62	1288.23
UnitedHealthcare	SignatureValue	HMO F	743.21	774.42	810.09	845.27	884.91	924.05	967.16	1010.76	1057.83	1104.90	1155.93	1207.46	1262.46	1289.71	1344.71	1392.27	1423.49	1462.63	1486.41
UnitedHealthcare	SignatureValue	HMO H	683.03	711.71	744.50	776.83	813.26	849.23	888.84	928.91	972.17	1015.43	1062.33	1109.69	1160.23	1185.28	1235.82	1279.53	1308.22	1344.19	1366.05
UnitedHealthcare	Harmony	HMO L	547.49	570.48	596.76	622.67	651.87	680.71	712.46	744.58	779.25	813.93	851.52	889.48	929.99	950.07	990.58	1025.62	1048.62	1077.45	1094.97
UnitedHealthcare	Harmony	HMO M	631.71	658.24	688.56	718.46	752.16	785.43	822.07	859.13	899.13	939.14	982.52	1026.32	1073.06	1096.23	1142.97	1183.40	1209.94	1243.21	1263.42
UnitedHealthcare	Harmony	HMO N	580.55	604.93	632.79	660.27	691.24	721.81	755.48	789.54	826.31	863.08	902.94	943.19	986.15	1007.44	1050.40	1087.55	1111.94	1142.51	1161.09
UnitedHealthcare	Harmony	HMO P	539.16	561.80	587.68	613.20	641.96	670.36	701.63	733.26	767.40	801.55	838.57	875.96	915.85	935.62	975.52	1010.03	1032.67	1061.07	1078.32
UnitedHealthcare	SignatureValue	HMO Q	634.34	660.98	691.43	721.45	755.28	788.69	825.48	862.70	902.87	943.04	986.60	1030.58	1077.52	1100.78	1147.72	1188.32	1214.96	1248.37	1268.67
Western Health	Full	HMO A	559.35	582.85	609.70	636.17	666.01	695.46	727.91	760.72	796.15	831.57	869.98	908.77	950.16	970.67	1012.06	1047.86	1071.35	1100.81	1118.71
Western Health	Full	HMO B	584.29	608.83	636.87	664.53	695.69	726.46	760.35	794.63	831.63	868.64	908.76	949.27	992.51	1013.93	1057.17	1094.56	1119.10	1149.87	1168.57
Western Health	Full	HMO C	531.98	554.32	579.86	605.04	633.41	661.43	692.29	723.49	757.19	790.88	827.41	864.29	903.66	923.17	962.53	996.58	1018.92	1046.94	1063.96
Western Health	Full	HMO D	511.42	532.90	557.44	581.65	608.93	635.86	665.52	695.53	727.92	760.31	795.42	830.88	868.73	887.48	925.32	958.05	979.53	1006.47	1022.83

Platinum		AGE -->	0-14	15	16	17	18	19	20	21	22	23	24	25
CARRIER	NETWORK	PLAN												
Anthem Blue Cross	Select HMO	HMO A	375.38	408.74	421.50	434.26	448.00	461.74	475.97	490.69	490.69	490.69	490.69	492.65
Cigna + Oscar	LocalPlus	EPO C	389.04	423.62	436.84	450.06	464.30	478.54	493.29	508.55	508.55	508.55	508.55	510.58
Cigna + Oscar	LocalPlus	EPO D	381.47	415.37	428.34	441.30	455.27	469.23	483.69	498.65	498.65	498.65	498.65	500.64
Cigna + Oscar	LocalPlus	EPO E	370.23	403.14	415.73	428.31	441.86	455.41	469.45	483.96	483.96	483.96	483.96	485.90
Health Net	WholeCare	HMO C	324.05	352.86	363.87	374.89	386.75	398.61	410.89	423.60	423.60	423.60	423.60	425.30
Health Net	Salud HMO y Mas	HMO D	281.81	306.86	316.44	326.02	336.33	346.65	357.33	368.38	368.38	368.38	368.38	369.85
Health Net	Full	HMO E	360.18	392.20	404.44	416.68	429.86	443.05	456.70	470.83	470.83	470.83	470.83	472.71
Health Net	WholeCare	HMO F	333.55	363.20	374.53	385.87	398.08	410.29	422.93	436.01	436.01	436.01	436.01	437.76
Health Net	Salud HMO y Mas	HMO G	291.23	317.12	327.02	336.92	347.58	358.24	369.28	380.70	380.70	380.70	380.70	382.22
Health Net	Full	HMO H	370.73	403.69	416.29	428.89	442.46	456.03	470.08	484.62	484.62	484.62	484.62	486.56
Kaiser Permanente	Full	HMO A	368.24	399.73	411.77	423.81	436.78	435.75	449.18	463.07	463.07	463.07	463.07	464.92
Kaiser Permanente	Full	HMO B	361.82	392.73	404.56	416.38	429.11	427.85	441.03	454.67	454.67	454.67	454.67	456.49
Sharp Health Plan	Premier	HMO A	282.65	307.78	317.38	326.99	337.34	347.68	358.40	369.48	369.48	369.48	369.48	370.96
Sharp Health Plan	Performance	HMO B	304.58	331.66	342.01	352.36	363.51	374.66	386.21	398.15	398.15	398.15	398.15	399.74
Sharp Health Plan	Premier	HMO C	278.68	303.45	312.93	322.40	332.60	342.80	353.36	364.29	364.29	364.29	364.29	365.75
Sutter Health Plus	Sutter Health Plus	HMO A	403.12	438.96	452.66	466.36	481.11	495.87	511.15	526.97	526.97	526.97	526.97	529.07
Sutter Health Plus	Sutter Health Plus	HMO B	410.42	446.90	460.85	474.80	489.82	504.85	520.40	536.51	536.51	536.51	536.51	538.65
UnitedHealthcare	SignatureValue	HMO A	399.54	435.05	448.63	462.21	476.83	491.46	506.60	522.27	522.27	522.27	522.27	524.36
UnitedHealthcare	SignatureValue	HMO E	432.65	471.10	485.81	500.51	516.35	532.18	548.58	565.55	565.55	565.55	565.55	567.81
UnitedHealthcare	Harmony	HMO H	339.59	369.78	381.32	392.86	405.29	417.72	430.59	443.91	443.91	443.91	443.91	445.69
UnitedHealthcare	Harmony	HMO I	367.74	400.42	412.92	425.42	438.88	452.34	466.28	480.70	480.70	480.70	480.70	482.62
UnitedHealthcare	Harmony	HMO K	334.10	363.80	375.15	386.51	398.73	410.96	423.63	436.73	436.73	436.73	436.73	438.48
UnitedHealthcare	SignatureValue	HMO L	393.07	428.01	441.37	454.73	469.12	483.50	498.41	513.82	513.82	513.82	513.82	515.88
Western Health	Full	HMO A	324.22	353.04	364.06	375.08	386.94	398.81	411.10	423.82	423.82	423.82	423.82	425.51
Western Health	Full	HMO B	331.85	361.35	372.63	383.91	396.05	408.20	420.78	433.79	433.79	433.79	433.79	435.53
Western Health	Full	HMO C	320.56	349.06	359.95	370.85	382.58	394.31	406.46	419.03	419.03	419.03	419.03	420.71

Platinum		AGE -->	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45
CARRIER	NETWORK	PLAN																				
Anthem Blue Cross	Select HMO	HMO A	502.47	514.24	533.38	549.08	556.93	568.71	580.49	587.85	595.70	599.62	603.55	607.47	611.40	619.25	627.10	638.88	650.16	665.87	685.49	708.56
Cigna + Oscar	LocalPlus	EPO C	520.75	532.96	552.79	569.06	577.20	589.40	601.61	609.24	617.37	621.44	625.51	629.58	633.65	641.78	649.92	662.13	673.82	690.10	710.44	734.34
Cigna + Oscar	LocalPlus	EPO D	510.62	522.58	542.03	557.99	565.97	577.93	589.90	597.38	605.36	609.35	613.34	617.33	621.32	629.29	637.27	649.24	660.71	676.67	696.61	720.05
Cigna + Oscar	LocalPlus	EPO E	495.58	507.19	526.07	541.56	549.30	560.91	572.53	579.79	587.53	591.40	595.28	599.15	603.02	610.76	618.51	630.12	641.25	656.74	676.10	698.84
Health Net	WholeCare	HMO C	433.77	443.93	460.45	474.01	480.79	490.95	501.12	507.47	514.25	517.64	521.03	524.42	527.81	534.58	541.36	551.53	561.27	574.83	591.77	611.68
Health Net	Salud HMO y Mas	HMO D	377.22	386.06	400.43	412.22	418.11	426.95	435.80	441.32	447.21	450.16	453.11	456.06	459.00	464.90	470.79	479.63	488.11	499.89	514.63	531.94
Health Net	Full	HMO E	482.12	493.42	511.79	526.85	534.39	545.69	556.99	564.05	571.58	575.35	579.11	582.88	586.65	594.18	601.71	613.01	623.84	638.91	657.74	679.87
Health Net	WholeCare	HMO F	446.48	456.94	473.94	487.90	494.87	505.34	515.80	522.34	529.32	532.81	536.29	539.78	543.27	550.25	557.22	567.69	577.71	591.67	609.11	629.60
Health Net	Salud HMO y Mas	HMO G	389.83	398.97	413.82	426.00	432.09	441.23	450.36	456.07	462.17	465.21	468.26	471.30	474.35	480.44	486.53	495.67	504.42	516.61	531.83	549.73
Health Net	Full	HMO H	496.25	507.88	526.78	542.29	550.04	561.67	573.30	580.57	588.33	592.20	596.08	599.96	603.83	611.59	619.34	630.97	642.12	657.63	677.01	699.79
Kaiser Permanente	Full	HMO A	474.19	485.30	503.36	518.18	525.59	536.70	547.81	554.76	562.17	565.87	569.58	573.28	576.99	584.40	591.81	602.92	613.57	628.39	646.91	668.68
Kaiser Permanente	Full	HMO B	465.59	476.50	494.23	508.78	516.06	526.97	537.88	544.70	551.97	555.61	559.25	562.89	566.52	573.80	581.07	591.99	602.44	616.99	635.18	656.55
Sharp Health Plan	Premier	HMO A	378.35	387.22	401.62	413.45	419.36	428.23	437.09	442.64	448.55	451.50	454.46	457.42	460.37	466.28	472.20	481.06	489.56	501.38	516.16	533.53
Sharp Health Plan	Performance	HMO B	407.71	417.26	432.79	445.53	451.90	461.46	471.01	476.98	483.35	486.54	489.72	492.91	496.09	502.47	508.84	518.39	527.55	540.29	556.22	574.93
Sharp Health Plan	Premier	HMO C	373.03	381.78	395.98	407.64	413.47	422.21	430.96	436.42	442.25	445.16	448.08	450.99	453.91	459.73	465.56	474.31	482.68	494.34	508.91	526.03
Sutter Health Plus	Sutter Health Plus	HMO A	539.61	552.25	572.80	589.67	598.10	610.75	623.39	631.30	639.73	643.94	648.16	652.37	656.59	665.02	673.45	686.10	698.22	715.08	736.16	760.93
Sutter Health Plus	Sutter Health Plus	HMO B	549.38	562.25	583.18	600.34	608.93	621.80	634.68	642.73	651.31	655.60	659.89	664.19	668.48	677.06	685.65	698.52	710.86	728.03	749.49	774.71
UnitedHealthcare	SignatureValue	HMO A	534.80	547.34	567.71	584.42	592.78	605.31	617.85	625.68	634.04	638.21	642.39	646.57	650.75	659.10	667.46	680.00	692.01	708.72	729.61	754.16
UnitedHealthcare	SignatureValue	HMO E	579.12	592.70	614.75	632.85	641.90	655.47	669.05	677.53	686.58	691.10	695.63	700.15	704.68	713.72	722.77	736.35	749.35	767.45	790.07	816.65
UnitedHealthcare	Harmony	HMO H	454.56	465.22	482.53	496.74	503.84	514.49	525.15	531.80	538.91	542.46	546.01	549.56	553.11	560.21	567.32	577.97	588.18	602.39	620.14	641.01
UnitedHealthcare	Harmony	HMO I	492.24	503.77	522.52	537.90	545.59	557.13	568.67	575.88	583.57	587.42	591.26	595.11	598.95	606.64	614.33	625.87	636.93	652.31	671.54	694.13
UnitedHealthcare	Harmony	HMO K	447.21	457.69	474.73	488.70	495.69	506.17	516.65	523.20	530.19	533.68	537.18	540.67	544.17	551.15	558.14	568.62	578.67	592.64	610.11	630.64
UnitedHealthcare	SignatureValue	HMO L	526.15	538.48	558.52	574.96	583.19	595.52	607.85	615.56	623.78	627.89	632.00	636.11	640.22	648.44	656.66	668.99	680.81	697.25	717.81	741.96
Western Health	Full	HMO A	433.99	444.16	460.69	474.25	481.03	491.20	501.37	507.73	514.51	517.90	521.29	524.68	528.07	534.86	541.64	551.81	561.56	575.12	592.07	611.99
Western Health	Full	HMO B	444.21	454.62	471.54	485.42	492.36	502.77	513.18	519.69	526.63	530.10	533.57	537.04	540.51	547.45	554.39	564.80	574.78	588.66	606.01	626.40
Western Health	Full	HMO C	429.09	439.15	455.49	468.90	475.60	485.66	495.72	502.00	508.71	512.06	515.41	518.76	522.12	528.82	535.53	545.58	555.22	568.63	585.39	605.09

Platinum		AGE -->	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	736.04	766.95	802.28	837.12	876.37	915.14	957.83	1001.01	1047.62	1094.24	1144.78	1195.81	1250.28	1277.27	1331.73	1378.84	1409.75	1448.52	1472.07
Cigna + Oscar	LocalPlus	EPO C	762.82	794.86	831.47	867.58	908.26	948.44	992.68	1037.43	1085.74	1134.06	1186.44	1239.33	1295.77	1323.74	1380.19	1429.01	1461.05	1501.23	1525.64
Cigna + Oscar	LocalPlus	EPO D	747.97	779.39	815.29	850.69	890.59	929.98	973.36	1017.24	1064.61	1111.99	1163.35	1215.21	1270.56	1297.98	1353.33	1401.20	1432.62	1472.01	1495.94
Cigna + Oscar	LocalPlus	EPO E	725.95	756.44	791.28	825.64	864.36	902.59	944.70	987.29	1033.26	1079.24	1129.09	1179.42	1233.14	1259.76	1313.48	1359.94	1390.43	1428.66	1451.89
Health Net	WholeCare	HMO C	635.40	662.09	692.59	722.66	756.55	790.02	826.87	864.15	904.39	944.63	988.26	1032.32	1079.34	1102.63	1149.65	1190.32	1217.01	1250.47	1270.80
Health Net	Salud HMO y Mas	HMO D	552.57	575.78	602.30	628.46	657.93	687.03	719.08	751.50	786.49	821.49	859.43	897.75	938.64	958.90	999.79	1035.15	1058.36	1087.46	1105.14
Health Net	Full	HMO E	706.24	735.90	769.80	803.23	840.89	878.09	919.05	960.48	1005.21	1049.94	1098.44	1147.40	1199.66	1225.56	1277.82	1323.02	1352.68	1389.88	1412.49
Health Net	WholeCare	HMO F	654.02	681.49	712.88	743.83	778.72	813.16	851.09	889.46	930.88	972.30	1017.21	1062.56	1110.96	1134.94	1183.33	1225.19	1252.66	1287.10	1308.03
Health Net	Salud HMO y Mas	HMO G	571.04	595.03	622.44	649.47	679.92	710.00	743.12	776.62	812.79	848.95	888.16	927.76	970.01	990.95	1033.21	1069.76	1093.74	1123.82	1142.10
Health Net	Full	HMO H	726.93	757.46	792.35	826.76	865.53	903.81	945.98	988.62	1034.66	1080.70	1130.62	1181.02	1234.81	1261.46	1315.26	1361.78	1392.31	1430.59	1453.86
Kaiser Permanente	Full	HMO A	694.61	723.78	757.12	790.00	827.05	863.63	903.92	944.67	988.66	1032.65	1080.35	1128.51	1179.91	1205.38	1256.78	1301.23	1330.41	1366.99	1389.21
Kaiser Permanente	Full	HMO B	682.01	710.66	743.39	775.67	812.05	847.97	887.52	927.54	970.73	1013.92	1060.75	1108.04	1158.51	1183.52	1233.99	1277.63	1306.28	1342.20	1364.01
Sharp Health Plan	Premier	HMO A	554.22	577.50	604.10	630.33	659.89	689.08	721.22	753.74	788.84	823.94	862.00	900.42	941.44	961.76	1002.77	1038.24	1061.52	1090.70	1108.44
Sharp Health Plan	Performance	HMO B	597.23	622.31	650.98	679.24	711.10	742.55	777.19	812.23	850.05	887.87	928.88	970.29	1014.49	1036.38	1080.58	1118.80	1143.88	1175.34	1194.45
Sharp Health Plan	Premier	HMO C	546.44	569.39	595.61	621.48	650.62	679.40	711.09	743.15	777.76	812.37	849.89	887.77	928.21	948.25	988.68	1023.65	1046.61	1075.38	1092.87
Sutter Health Plus	Sutter Health Plus	HMO A	790.44	823.64	861.58	898.99	941.15	982.78	1028.62	1075.00	1125.06	1175.12	1229.39	1284.20	1342.69	1371.67	1430.17	1480.75	1513.95	1555.58	1580.87
Sutter Health Plus	Sutter Health Plus	HMO B	804.75	838.55	877.18	915.27	958.19	1000.57	1047.25	1094.46	1145.43	1196.39	1251.65	1307.45	1367.00	1396.51	1456.06	1507.56	1541.36	1583.75	1609.49
UnitedHealthcare	SignatureValue	HMO A	783.41	816.31	853.91	890.99	932.77	974.03	1019.47	1065.43	1115.05	1164.66	1218.46	1272.77	1330.74	1359.47	1417.44	1467.58	1500.48	1541.74	1566.81
UnitedHealthcare	SignatureValue	HMO E	848.33	883.95	924.67	964.83	1010.07	1054.75	1103.95	1153.72	1207.45	1261.18	1319.43	1378.25	1441.02	1472.13	1534.90	1589.20	1624.83	1669.50	1696.65
UnitedHealthcare	Harmony	HMO H	665.87	693.83	725.79	757.31	792.82	827.89	866.51	905.58	947.75	989.92	1035.64	1081.81	1131.08	1155.50	1204.77	1247.39	1275.35	1310.42	1331.73
UnitedHealthcare	Harmony	HMO I	721.05	751.33	785.94	820.07	858.53	896.51	938.33	980.63	1026.29	1071.96	1121.47	1171.47	1224.82	1251.26	1304.62	1350.77	1381.05	1419.03	1442.10
UnitedHealthcare	Harmony	HMO K	655.10	682.61	714.05	745.06	780.00	814.50	852.50	890.93	932.42	973.91	1018.89	1064.31	1112.79	1136.81	1185.29	1227.21	1254.73	1289.23	1310.19
UnitedHealthcare	SignatureValue	HMO L	770.73	803.10	840.10	876.58	917.68	958.27	1002.98	1048.19	1097.01	1145.82	1198.74	1252.18	1309.21	1337.47	1394.51	1443.83	1476.20	1516.80	1541.46
Western Health	Full	HMO A	635.72	662.42	692.94	723.03	756.93	790.42	827.29	864.58	904.85	945.11	988.76	1032.84	1079.88	1103.19	1150.24	1190.92	1217.62	1251.10	1271.45
Western Health	Full	HMO B	650.69	678.02	709.25	740.05	774.76	809.03	846.77	884.94	926.15	967.36	1012.04	1057.16	1105.31	1129.17	1177.32	1218.96	1246.29	1280.56	1301.38
Western Health	Full	HMO C	628.55	654.95	685.12	714.87	748.39	781.50	817.95	854.83	894.64	934.45	977.61	1021.19	1067.70	1090.75	1137.26	1177.49	1203.88	1236.99	1257.10

Health Care Service Plan rates will vary by county

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USE EMPLOYER ZIP CODE FOR RATING | AREA 8 | 04/01/22 - 06/01/22

Bronze		AGE ->	0-14	15	16	17	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	Prudent Buyer - Small Group	PPO A	350.42	381.57	393.48	405.39	418.22	431.04	444.33	458.07	458.07	458.07	458.07	459.90	469.06	480.06	497.92	512.58	519.91	530.90	541.90	548.77	556.10	559.76	563.43	567.09	570.76	578.08	585.41	596.41	606.94	621.60	639.92	661.45	687.11	715.96	748.94	781.47	818.11	854.30	894.15	934.46	977.98	1021.50	1068.68	1116.32	1167.16	1192.36	1243.20	1287.18	1316.04	1352.22	1374.21
Anthem Blue Cross	Select PPO	PPO B	350.42	381.57	393.48	405.39	418.22	431.04	444.33	458.07	458.07	458.07	458.07	459.90	469.06	480.06	497.92	512.58	519.91	530.90	541.90	548.77	556.10	559.76	563.43	567.09	570.76	578.08	585.41	596.41	606.94	621.60	639.92	661.45	687.11	715.96	748.94	781.47	818.11	854.30	894.15	934.46	977.98	1021.50	1068.68	1116.32	1167.16	1192.36	1243.20	1287.18	1316.04	1352.22	1374.21
Anthem Blue Cross	Prudent Buyer - Small Group	EPO A	353.97	385.44	397.47	409.50	422.45	435.41	448.83	462.71	462.71	462.71	462.71	464.56	473.82	484.92	502.97	517.77	525.18	536.28	547.39	554.33	561.73	565.43	569.13	572.83	576.54	583.94	591.34	602.45	613.09	627.90	646.41	668.15	694.07	723.22	756.53	789.38	826.40	862.95	903.21	943.93	987.89	1031.84	1079.50	1127.62	1178.99	1204.43	1255.79	1300.22	1329.37	1365.92	1388.13
Cigna + Oscar	LocalPlus	EPO C	263.47	286.89	295.85	304.80	314.44	324.09	334.08	344.41	344.41	344.41	344.41	345.79	352.67	360.94	374.37	385.39	390.90	399.17	407.43	412.60	418.11	420.87	423.62	426.38	429.13	434.64	440.15	448.42	456.34	467.36	481.14	497.32	516.61	538.31	563.11	587.56	615.11	642.32	672.28	702.59	735.31	768.03	803.50	839.32	877.55	896.49	934.72	967.79	989.48	1016.69	1033.22
Cigna + Oscar	LocalPlus	EPO D	254.71	277.35	286.01	294.66	303.99	313.31	322.96	332.95	332.95	332.95	332.95	334.29	340.94	348.94	361.92	372.57	377.90	385.89	393.88	398.88	404.21	406.87	409.53	412.20	414.86	420.19	425.51	433.51	441.16	451.82	465.14	480.78	499.43	520.41	544.38	568.02	594.65	620.96	649.92	679.22	710.86	742.49	776.78	811.41	848.37	866.68	903.64	935.60	956.57	982.88	998.86
Health Net	CommunityCare	HMO A	214.95	234.06	241.36	248.67	256.54	264.40	272.55	280.98	280.98	280.98	280.98	282.10	287.72	294.47	305.43	314.42	318.91	325.66	332.40	336.61	341.11	343.36	345.61	347.85	350.10	354.60	359.09	365.84	372.30	381.29	392.53	405.74	421.47	439.17	459.40	479.35	501.83	524.03	548.47	573.20	599.89	626.59	655.53	684.75	715.94	731.39	762.58	789.56	807.26	829.45	842.94
Kaiser Permanente	Full	HMO A	243.94	264.38	272.19	280.01	288.43	282.85	291.57	300.59	300.59	300.59	300.59	301.79	307.80	315.02	326.74	336.36	341.17	348.38	355.60	360.10	364.91	367.32	369.72	372.13	374.53	379.34	384.15	391.37	398.28	407.90	419.92	434.05	450.88	469.82	491.46	512.80	536.85	560.60	586.75	613.20	641.75	670.31	701.27	732.53	765.90	782.43	815.79	844.65	863.59	887.33	901.77
Kaiser Permanente	Full	HMO B	239.54	259.59	267.26	274.93	283.18	277.45	286.00	294.84	294.84	294.84	294.84	296.02	301.92	308.99	320.49	329.93	334.65	341.72	348.80	353.22	357.94	360.30	362.66	365.01	367.37	372.09	376.81	383.88	390.67	400.10	411.89	425.75	442.26	460.84	482.07	503.00	526.59	549.88	575.53	601.48	629.49	657.50	687.87	718.53	751.26	767.47	800.20	828.51	847.08	870.37	884.52
Kaiser Permanente	Full	HMO C	230.32	249.55	256.91	264.26	272.18	266.11	274.31	282.79	282.79	282.79	282.79	283.92	289.58	296.36	307.39	316.44	320.97	327.75	334.54	338.78	343.31	345.57	347.83	350.09	352.36	356.88	361.41	368.19	374.70	383.75	395.06	408.35	424.19	442.00	462.36	482.44	505.06	527.40	552.01	576.89	603.76	630.62	659.75	689.16	720.55	736.10	767.49	794.64	812.46	834.80	848.37
Sharp Health Plan	Premier	HMO A	181.79	197.95	204.12	210.30	216.96	223.61	230.50	237.63	237.63	237.63	237.63	238.58	243.33	249.04	258.30	265.91	269.71	275.41	281.12	284.68	288.48	290.38	292.28	294.19	296.09	299.89	303.69	309.39	314.86	322.46	331.97	343.14	356.45	371.42	388.53	405.40	424.41	443.18	463.85	484.77	507.34	529.91	554.39	579.10	605.48	618.55	644.93	667.74	682.71	701.48	712.89
Sharp Health Plan	Performance	HMO B	200.32	218.13	224.94	231.75	239.08	246.41	254.00	261.86	261.86	261.86	261.86	262.91	268.14	274.43	284.64	293.02	297.21	303.50	309.78	313.71	317.90	319.99	322.09	324.18	326.28	330.47	334.66	340.94	346.96	355.34	365.82	378.13	392.79	409.29	428.14	446.73	467.68	488.37	511.15	534.19	559.07	583.95	610.92	638.15	667.22	681.62	710.69	735.83	752.32	773.01	785.58
Sutter Health Plus	Sutter Health Plus	HMO A	213.53	232.51	239.77	247.02	254.84	262.65	270.75	279.13	279.13	279.13	279.13	280.24	285.82	292.52	303.41	312.34	316.80	323.50	330.20	334.39	338.85	341.09	343.32	345.55	347.79	352.25	356.72	363.42	369.84	378.77	389.93	403.05	418.68	436.27	456.37	476.18	498.51	520.56	544.85	569.41	595.93	622.44	651.19	680.22	711.20	726.56	757.54	784.33	801.92	823.97	837.36
Sutter Health Plus	Sutter Health Plus	HMO B	218.85	238.31	245.74	253.18	261.19	269.20	277.50	286.09	286.09	286.09	286.09	287.22	292.95	299.81	310.97	320.12	324.70	331.57	338.43	342.72	347.30	349.59	351.88	354.17	356.46	361.03	365.61	372.48	379.06	388.21	399.65	413.10	429.12	447.14	467.74	488.05	510.94	533.54	558.43	583.60	610.78	637.96	667.43	697.18	728.93	744.67	776.42	803.89	821.91	844.51	858.23
Western Health	Full	HMO B	223.32	243.17	250.76	258.35	266.53	274.70	283.17	291.93	291.93	291.93	291.93	293.09	298.93	305.94	317.32	326.67	331.34	338.34	345.35	349.73	354.40	356.73	359.07	361.40	363.74	368.41	373.08	380.09	386.80	396.14	407.82	421.54	437.89	456.28	477.30	498.03	521.38	544.44	569.84	595.53	623.26	651.00	681.06	711.42	743.83	759.88	792.29	820.31	838.70	861.77	875.78
Western Health	Full	HMO C	229.09	249.46	257.24	265.03	273.41	281.80	290.48	299.47	299.47	299.47	299.47	300.67	306.66	313.84	325.52	335.11	339.90	347.08	354.27	358.76	363.55	365.95	368.35	370.74	373.14	377.93	382.72	389.91	396.80	406.38	418.36	432.43	449.20	468.07	489.63	510.89	534.85	558.51	584.56	610.92	639.37	667.81	698.66	729.80	763.05	779.52	812.76	841.51	860.37	884.03	898.41

Silver		AGE ->	0-14	15	16	17	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	302.74	329.65	339.94	350.23	361.31	372.39	383.87	395.74	395.74	395.74	395.74	397.32	405.24	414.74	430.17	442.83	449.16	458.66	468.16	474.10	480.43	483.59	486.76	489.93	493.09	499.42	505.76	515.25	524.36	537.02	552.85	571.45	593.61	618.54	647.03	675.13	706.79	738.06	772.48	807.31	844.90	882.50	923.26	964.42	1008.35	1030.11	1074.04	1112.03	1136.96	1168.22	1187.22
Anthem Blue Cross	CaliforniaCare HMO	HMO B	374.85	408.17	420.91	433.65	447.37	461.09	475.30	490.00	490.00	490.00	490.00	491.96	501.76	513.52	532.63	548.31	556.15	567.91	579.67	587.02	594.86	598.78	602.70	606.62	610.54	618.38	626.22	637.98	649.74	664.93	684.53	707.56	735.00	765.87	801.15	835.94	875.14	913.85	956.48	999.60	1046.15	1092.70	1143.17	1194.13	1248.52	1275.47	1329.86	1376.90	1407.77	1446.48	1470.00
Anthem Blue Cross	Priority Select HMO	HMO C	229.04	249.40	257.18	264.97	273.35	281.74	290.42	299.40	299.40	299.40	299.40	300.60	306.59	313.77	325.45	335.03	339.82	347.00	354.19	358.68	363.47	365.87	368.26	370.66	373.05	377.84	382.63	389.82	396.71	406.29	418.26	432.33	449.10	467.96	489.52	510.78	534.73	558.38	584.43	610.78	639.22	667.66	698.50	729.64	762.87	779.34	812.57	841.31	860.18	883.83	898.20
Anthem Blue Cross	Advantage PPO	PPO A	391.97	426.81	440.13	453.46	467.80	482.15	497.01	512.38	512.38	512.38	512.38	514.43	524.68	536.97	556.96	573.35	581.55	593.85	606.15	613.83	622.03	626.13	630.23	634.33	638.43	646.62	654.82	667.12	678.90	695.30	715.79	739.88	768.57	800.85	837.74	874.12	915.11	955.59	1000.17	1045.26	1093.93	1142.61	1195.38	1248.67	1305.54	1333.73	1390.60	1439.79	1472.07	1512.55	1537.14
Anthem Blue Cross	Select PPO	PPO B	387.79	422.26	435.44	448.62	462.82	477.01	491.71	506.92	506.92	506.92	506.92	508.95	519.09	531.25	551.02	567.24	575.35	587.52	599.69	607.29	615.40	619.46	623.51	627.57	631.62	639.73	647.84	660.01	671.67	687.89	708.17	731.99	760.38	792.32	828.81	864.81	905.36	945.41	989.51	1034.12	1082.27	1130.43	1182.64	1235.36	1291.63	1319.51	1375.78	1424.45	1456.38	1496.43	1520.76
Anthem Blue Cross	Prudent Buyer - Small Group	PPO C	387.79	422.26	435.44	448.62	462.82	477.01	491.71	506.92	506.92	506.92	506.92	508.95	519.09	531.25	551.02	567.24	575.35	587.52	599.69	607.29	615.40	619.46	623.51	627.57	631.62	639.73	647.84	660.01	671.67	687.89	708.17	731.99	760.38	792.32	828.81	864.81	905.36	945.41	989.51	1034.12	1082.27	1130.43	1182.64	1235.36	1291.63	1319.51	1375.78	1424.45	1456.38	1496.43	1520.76
Anthem Blue Cross	Prudent Buyer - Small Group	EPO A	378.82	412.49	425.37	438.24	452.11	465.97	480.33	495.19	495.19	495.19	495.19	497.17	507.07	518.96	538.27	554.12	562.04	573.93	585.81	593.24	601.16	605.12	609.08	613.05	617.01	624.93	632.85	644.74	656.13	671.97	691.78	715.05	742.79	773.98	809.64	844.79	884.41	923.53	966.61	1010.19	1057.23	1104.27	1155.28	1206.78	1261.74	1288.98	1343.95	1391.48	1422.68	1461.80	1485.57
Anthem Blue Cross	Prudent Buyer - Small Group	EPO B	378.94	412.63	425.51	438.38	452.25	466.12	480.49	495.35	495.35	495.35	495.35	497.33	507.24	519.13	538.45	554.30	562.22	574.11	586.00	593.43	601.35	605.32	609.28	613.24	617.21	625.13	633.06	644.95	656.34	672.19	692.00	715.29	743.03	774.23	809.90	845.07	884.70	923.83	966.92	1010.51	1057.57	1104.63	1155.65	1207.17	1262.15	1289.40	1344.38	1391.93	1423.14	1462.27	1486.05
Cigna + Oscar	LocalPlus	EPO C	337.90	367.94	379.42	390.90	403.27	415.64	428.45	441.70	441.70	441.70	441.70	443.47	452.30	462.90	480.13	494.26	501.33	511.93	522.53	529.16	536.22	539.76	543.29	546.82	550.36	557.43	564.49	575.09	585.25	599.39	617.06	637.82	662.55	690.38	722.18	753.54	788.88	823.77	862.20	901.07	943.03	984.99	1030.49	1076.42	1125.45	1149.75	1198.77	1241.18	1269.00	1303.90	1325.10
Cigna + Oscar	LocalPlus	EPO D	330.87	360.28	371.52	382.77	394.88	406.99	419.53	432.51	432.51	432.51	432.51	434.24	442.89	453.27	470.14	483.98	490.90	501.28	511.66	518.15	525.07	528.53	531.99	535.45	538.91	545.83	552.75	563.13	573.07	586.91	604.21	624.54	648.76	676.01	707.15	737.86	772.46	806.63	844.26	882.32	923.41	964.49	1009.04	1054.02	1102.03	1125.82	1173.83	1215.35	1242.60	1276.77	1297.53
Cigna + Oscar	LocalPlus	EPO E	322.39	351.05	362.01	372.97	384.77	396.57	408.79	421.43	421.43	421.43	421.43	423.12	431.54	441.66	458.09	471.58	478.32	488.44	498.55	504.87	511.62	514.99	518.36	521.73	525.10	531.84	538.59	548.70	558.39	571.88	588.74	608.55	632.15	658.70	689.04	718.96	752.67	785.97	822.63	859.72	899.75	939.79	983.20	1027.03	1073.80	1096.98	1143.76	1184.22	1210.77	1244.06	1264.29
Health Net	WholeCare	HMO A	297.03	323.43	333.53	343.62	354.50	365.37	376.63	388.27	388.27	388.27	388.27	389.83	397.59	406.91	422.05	434.48	440.69	450.01	459.33	465.15	471.37	474.47	477.58	480.68	483.79	490.00	496.22	505.53	514.46	526.89	542.42	560.67	582.41	606.87	634.83	662.40	693.46	724.13	757.91	792.08	828.97	865.85	905.85	946.23	989.32	1010.68	1053.78	1091.05	1115.51	1146.19	1164.81
Health Net	CommunityCare	HMO C	235.35	256.27	264.27	272.27	280.89	289.50	298.42	307.65	307.65	307.65	307.65	308.88	315.04	322.42	334.42	344.26	349.18	356.57	363.95	368.57	373.49	375.95	378.41	380.87	383.33	388.26	393.18	400.56	407.64	417.48	429.79	444.25	461.48	480.86	503.01	524.85	549.47	573.77	600.54	627.61	656.84	686.06	717.75	749.75	783.90	800.82	834.97	864.50	883.88	908.19	922.95
Kaiser Permanente	Full	HMO A	278.95	302.50	311.51	320.51	330.21	325.92	335.96	346.35	346.35	346.35	346.35	347.74	354.67	362.98	376.49	387.57	393.11	401.42	409.74	414.93	420.47	423.24	426.01	428.79	431.56	437.10	442.64	450.95	458.92	470.00	483.86	500.13	519.53	541.35	566.29	590.88	618.59	645.95	676.08	706.56	739.46	772.37	808.04	844.06	882.51	901.56	940.00	973.25	995.07	1022.44	1039.05
Kaiser Permanente	Full	HMO B	283.93	307.92	317.10	326.27	336.15	332.04	342.28	352.86	352.86	352.86	352.86	354.27	361.33	369.80	383.56	394.85	400.50	408.97	417.44	422.73	428.37	431.20	434.02	436.84	439.67	445.31	450.96	459.43	467.54	478.83	492.95	509.53	529.29	551.52	576.93	601.98	630.21	658.09	688.79	719.84	753.36	786.88	823.23	859.92	899.09	918.50	957.67	991.54	1013.77	1041.65	1058.58
Kaiser Permanente	Full	HMO C	281.81	305.62	314.72	323.83	333.63	329.44	339.59	350.10	350.10	350.10	350.10	351.50	358.50	366.90	380.56	391.76	397.36	405.76	414.17	419.42	425.02	427.82	430.62	433.42	436.22	441.82	447.42	455.83	463.88	475.08	489.09	505.54	525.15	547.20	572.41	597.27	625.27	652.93	683.39	714.20	747.46	780.72	816.78	853.19	892.05	911.30	950.16	983.77	1005.83	1033.49	1050.30
Kaiser Permanente	Full	HMO D	263.75	285.95	294.43	302.92	312.06	307.22	316.68	326.48	326.48	326.48	326.48	327.78	334.31	342.15	354.88	365.33	370.55	378.39	386.22	391.12	396.34	398.96	401.57	404.18	406.79	412.01	417.24	425.07	432.58	443.03	456.09	471.43	489.72	510.28	533.79	556.97	583.09	608.88	637.28	666.01	697.03	728.04	761.67	795.63	831.80	849.82	886.06	917.40	937.97	963.76	979.44
Kaiser Permanente	Full	HMO E	275.18	298.40	307.28	316.15	325.71	321.28	331.18	341.43	341.43	341.43	341.43	342.79	349.62	357.81	371.13	382.06	387.52	395.71	403.91	409.03	414.49	417.22	419.95	422.69	425.42	430.88	436.34	444.54	452.39	463.32	476.97	493.02	512.14	533.65	558.23	582.47	609.79	636.76	666.46	696.51	728.95	761.38	796.55	832.06	869.95	888.73	926.63	959.41	980.92	1007.89	1024.29
Sharp Health Plan	Premier	HMO A	203.65	221.75	228.67	235.60	243.05	250.58	258.22	266.21	266.21	266.21	266.21	267.27	272.60	278.99	289.37	297.89	302.15	308.54	314.93	318.92	323.18	325.31	327.44	329.57	331.70	335.96	340.22	346.61	352.73	361.25	371.90	384.41	399.32	416.09	435.25	454.15	475.45	496.48	519.64	543.07	568.36	593.65	621.07	648.75	678.30	692.94	722.49	748.05	764.82	785.85	798.63
Sharp Health Plan	Performance	HMO B	216.16	235.37	242.72	250.07	257.98	265.89	274.08	282.56	282.56	282.56	282.56	283.69	289.34	296.12	307.14	316.18	320.71	327.49	334.27	338.51	343.03	345.29	347.55	349.81	352.07	356.59	361.11	367.89	374.39	383.43	394.74	408.02	423.84	441.64	461.99	482.05	504.65	526.97	551.56	576.42	603.27	630.11	659.21	688.60	719.96	735.50	766.87	793.99	811.79	834.12	847.68
Sharp Health Plan	Premier	HMO C	199.18	216.88	223.65	230.42	237.71	245.00	252.55	260.36	260.36	260.36	260.36	261.40	266.61	272.86	283.01	291.34	295.51	301.76	308.01	311.91	316.08	318.16	320.24	322.33	324.41	328.57	332.74	338.99	344.98	353.31	363.72	375.96	390.54	406.94	425.69	444.17	465.00	485.57	508.22	531.13	555.87	580.60	607.42	634.50	663.40	677.72	706.62	731.61	748.01	768.58	781.08
Sutter Health Plus	Sutter Health Plus	HMO B	275.43	299.92	309.28	318.64	328.72	338.80	349.24	360.05	360.05	360.05	360.05	361.48	368.68	377.33	391.37	402.89	408.65	417.29	425.93	431.33	437.09	439.97	442.85	445.73	448.61	454.38	460.14	468.78	477.06	488.58	502.98	519.90	540.07	562.75	588.67	614.23	643.04	671.48	702.81	734.49	768.69	802.90	839.98	877.43	917.39	937.19	977.16	1011.72	1034.41	1062.85	1080.12
Sutter Health Plus	Sutter Health Plus	HMO C	251.11	273.43	281.97	290.50	299.69	308.88	318.40	328.26	328.26	328.26	328.26	329.56	336.13	344.00	356.81	367.31	372.56	380.44	388.32	393.24	398.49	401.12	403.75	406.37	409.00	414.25	419.50	427.38	434.93	445.43	458.56	473.99	492.37	513.05	536.69	559.99	586.25	612.18	640.74	669.63	700.81	731.99	765.80	799.94	836.38	854.43	890.87	922.38	943.06	968.99	984.74
UnitedHealthcare	SignatureValue	HMO A	346.55	377.35	389.13	400.91	413.59	426.27	439.41	453.00	453.00	453.00	453.00	454.81	463.87	474.74	492.41	506.91	514.16	525.03	535.90	542.69	549.94	553.57	557.19	560.81	564.44	571.69	578.93	589.81	600.23	614.72	632.84	654.13	679.50	708.04	740.66	772.82	809.06	844.85	884.26	924.12	967.16	1010.19	1056.85	1103.96	1154.24	1179.16	1229.44	1272.93	1301.47	1337.26	1359.00
UnitedHealthcare	Harmony	HMO F	265.20	288.78	297.79	306.80	316.51	326.22	336.27	346.67	346.67	346.67	346.67	348.06	354.99	363.31	376.83	387.92	393.47	401.79	410.11	415.31	420.86	423.63	426.40	429.18	431.95	437.50	443.04	451.36	459.34	470.43	484.30	500.59	520.01	541.85	566.81	591.42	619.15	646.54	676.70	707.21	740.14	773.07	808.78	844.83	883.32	902.38	940.86	974.14	995.98	1023.37	1040.01
UnitedHealthcare	Harmony	HMO G	234.89	255.77	263.76	271.74	280.34	288.93	297.84	307.05	307.05	307.05	307.05	308.28	314.42	321.79	333.76	343.59	348.50	355.87	363.24	367.85	372.76	375.22	377.67	380.13	382.58	387.50	392.41	399.78	406.84	416.67	428.95	443.38	460.58	479.92	502.03	523.83	548.39	572.65	599.36	626.38	655.55	684.72	716.35	748.28	782.36	799.25	833.33	862.81	882.15	906.41	921.15
Western Health	Full	HMO A	246.14	268.02	276.38	284.75	293.76	302.77	312.10	321.75	321.75	321.75	321.75	323.04	329.47	337.19	349.74	360.04	365.18	372.91	380.63	385.45	390.60	393.18	395.75	398.32	400.90	406.05	411.19	418.92	426.32	436.61	449.48	464.60	482.62	502.89	526.06	548.90	574.64	600.06	628.05	656.37	686.93	717.50	750.64	784.10	819.81	837.51	873.23	904.11	924.38	949.80	965.25
Western Health	Full	HMO B	258.40	281.37	290.15	298.94	308.39	317.85	327.65	337.78	337.78	337.78	337.78	339.13	345.89	353.99	367.17	377.98	383.38	391.49	399.59	404.66	410.06	412.77	415.47	418.17	420.87	426.28	431.68	439.79	447.56	458.37	471.88	487.75	506.67	527.95	552.27	576.25	603.27	629.96	659.35	689.07	721.16	753.25	788.04	823.17	860.66	879.24	916.73	949.16	970.44	997.13	1013.34
Western Health	Full	HMO C	241.30	262.75	270.95	279.16	287.99	296.82	305.97	315.43	315.43	315.43	315.43	316.69	323.00	330.57	342.87	352.97	358.01	365.58	373.15	377.89	382.93	385.46	387.98	390.50	393.03	398.07	403.12	410.69	417.95	428.04	440.66	455.48	473.15	493.02	515.73	538.12	563.36	588.28	615.72	643.48	673.44	703.41	735.90	768.70	803.72	821.07	856.08	886.36	906.23	931.15	946.29

Health Care Service Plan rates will vary by county

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Continued

Gold

CARRIER	NETWORK	PLAN	0-14	15	16	17	18	19	20	21	22	23
Anthem Blue Cross	Select HMO	HMO A	370.18	403.08	415.66	428.24	441.79	455.34	469.37	483.89	483.89	483.89
Anthem Blue Cross	CaliforniaCare HMO	HMO B	458.41	499.16	514.74	530.32	547.10	563.88	581.25	599.23	599.23	599.23
Anthem Blue Cross	Priority Select HMO	HMO C	280.07	304.96	314.48	324.00	334.25	344.50	355.12	366.10	366.10	366.10
Anthem Blue Cross	Advantage PPO	PPO A	462.66	503.79	519.51	535.24	552.17	569.11	586.65	604.79	604.79	604.79
Anthem Blue Cross	Select PPO	PPO B	440.16	479.28	494.24	509.20	525.31	541.42	558.11	575.37	575.37	575.37
Anthem Blue Cross	Select PPO	PPO C	457.70	498.38	513.94	529.50	546.25	563.00	580.35	598.30	598.30	598.30
Anthem Blue Cross	Select PPO	PPO D	428.13	466.19	480.74	495.29	510.96	526.63	542.86	559.65	559.65	559.65
Anthem Blue Cross	Prudent Buyer - Small Group	PPO E	457.70	498.38	513.94	529.50	546.25	563.00	580.35	598.30	598.30	598.30
Cigna + Oscar	LocalPlus	EPO C	373.78	407.01	419.71	432.42	446.10	459.78	473.95	488.61	488.61	488.61
Cigna + Oscar	LocalPlus	EPO D	362.38	394.59	406.90	419.22	432.48	445.75	459.48	473.69	473.69	473.69
Cigna + Oscar	LocalPlus	EPO E	370.24	403.15	415.73	428.31	441.87	455.42	469.45	483.97	483.97	483.97
Health Net	WholeCare	HMO A	340.76	371.05	382.64	394.22	406.69	419.16	432.08	445.44	445.44	445.44
Health Net	WholeCare	HMO B	333.98	363.66	375.01	386.37	398.59	410.81	423.47	436.57	436.57	436.57
Health Net	WholeCare	HMO C	338.04	368.09	379.57	391.06	403.44	415.81	428.62	441.88	441.88	441.88
Health Net	Salud HMO y Mas	HMO D	277.89	302.59	312.03	321.48	331.65	341.82	352.35	363.25	363.25	363.25
Health Net	Full	HMO E	357.02	388.76	400.89	413.03	426.09	439.16	452.70	466.70	466.70	466.70
Health Net	Full	HMO F	338.50	368.59	380.10	391.60	403.99	416.38	429.21	442.49	442.49	442.49
Health Net	Full	HMO G	366.66	399.26	411.72	424.18	437.60	451.02	464.92	479.30	479.30	479.30
Kaiser Permanente	Full	HMO B	333.28	361.66	372.51	383.36	395.05	392.74	404.85	417.37	417.37	417.37
Kaiser Permanente	Full	HMO C	351.76	381.78	393.26	404.74	417.11	415.48	428.28	441.53	441.53	441.53
Kaiser Permanente	Full	HMO D	314.61	341.33	351.55	361.77	372.77	369.79	381.18	392.97	392.97	392.97
Kaiser Permanente	Full	HMO E	291.77	316.46	325.90	335.34	345.51	341.68	352.21	363.11	363.11	363.11
Sharp Health Plan	Performance	HMO A	261.56	284.81	293.70	302.59	312.16	321.74	331.65	341.91	341.91	341.91
Sharp Health Plan	Premier	HMO B	250.61	272.88	281.40	289.92	299.09	308.26	317.76	327.59	327.59	327.59
Sharp Health Plan	Performance	HMO D	280.56	305.50	315.04	324.57	334.84	345.11	355.75	366.75	366.75	366.75
Sutter Health Plus	Sutter Health Plus	HMO A	313.65	341.53	352.19	362.85	374.33	385.81	397.70	410.01	410.01	410.01
Sutter Health Plus	Sutter Health Plus	HMO B	326.69	355.72	366.83	377.93	389.89	401.84	414.23	427.05	427.05	427.05
UnitedHealthcare	SignatureValue	HMO A	379.81	413.58	426.48	439.39	453.30	467.20	481.60	496.49	496.49	496.49
UnitedHealthcare	SignatureValue	HMO F	438.25	477.20	492.10	506.99	523.03	539.07	555.68	572.87	572.87	572.87
UnitedHealthcare	SignatureValue	HMO H	402.76	438.56	452.25	465.93	480.68	495.42	510.69	526.48	526.48	526.48
UnitedHealthcare	Harmony	HMO L	290.67	316.51	326.39	336.26	346.90	357.54	368.56	379.96	379.96	379.96
UnitedHealthcare	Harmony	HMO M	335.38	365.20	376.59	387.99	400.27	412.54	425.26	438.41	438.41	438.41
UnitedHealthcare	Harmony	HMO N	308.23	335.62	346.10	356.58	367.86	379.14	390.82	402.91	402.91	402.91
UnitedHealthcare	Harmony	HMO P	286.26	311.70	321.43	331.16	341.64	352.11	362.96	374.19	374.19	374.19
UnitedHealthcare	SignatureValue	HMO Q	374.05	407.30	420.01	432.72	446.41	460.10	474.28	488.95	488.95	488.95
Western Health	Full	HMO A	285.27	310.63	320.32	330.02	340.46	350.90	361.72	372.90	372.90	372.90
Western Health	Full	HMO B	297.99	324.47	334.60	344.73	355.64	366.54	377.84	389.52	389.52	389.52
Western Health	Full	HMO C	271.31	295.43	304.65	313.87	323.80	333.73	344.01	354.65	354.65	354.65
Western Health	Full	HMO D	260.82	284.01	292.87	301.74	311.28	320.83	330.72	340.94	340.94	340.94

CARRIER	NETWORK	PLAN	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43
Anthem Blue Cross	Select HMO	HMO A	483.89	485.83	495.50	507.12	525.99	541.47	549.22	560.83	572.44	579.70	587.44	591.31	595.18	599.06	602.93	610.67	618.41	630.02	641.15	656.64
Anthem Blue Cross	CaliforniaCare HMO	HMO B	599.23	601.63	613.61	627.99	651.36	670.54	680.13	694.51	708.89	717.88	727.47	732.26	737.05	741.85	746.64	756.23	765.82	780.20	793.98	813.16
Anthem Blue Cross	Priority Select HMO	HMO C	366.10	367.56	374.89	383.67	397.95	409.67	415.52	424.31	433.10	438.59	444.45	447.37	450.30	453.23	456.16	462.02	467.88	476.66	485.08	496.80
Anthem Blue Cross	Advantage PPO	PPO A	604.79	607.21	619.30	633.82	657.41	676.76	686.44	700.95	715.47	724.54	734.22	739.05	743.89	748.73	753.57	763.24	772.92	787.44	801.35	820.70
Anthem Blue Cross	Select PPO	PPO B	575.37	577.67	589.18	602.99	625.43	643.84	653.04	666.85	680.66	689.29	698.50	703.10	707.71	712.31	716.91	726.12	735.32	749.13	762.37	780.78
Anthem Blue Cross	Select PPO	PPO C	598.30	600.69	612.66	627.02	650.35	669.50	679.07	693.43	707.79	716.76	726.34	731.12	735.91	740.70	745.48	755.05	764.63	778.99	792.75	811.89
Anthem Blue Cross	Select PPO	PPO D	559.65	561.89	573.08	586.51	608.34	626.25	635.20	648.63	662.07	670.46	679.42	683.89	688.37	692.85	697.32	706.28	715.23	728.66	741.54	759.45
Anthem Blue Cross	Prudent Buyer - Small Group	PPO E	598.30	600.69	612.66	627.02	650.35	669.50	679.07	693.43	707.79	716.76	726.34	731.12	735.91	740.70	745.48	755.05	764.63	778.99	792.75	811.89
Cigna + Oscar	LocalPlus	EPO C	488.61	490.56	500.33	512.06	531.11	546.75	554.57	566.29	578.02	585.35	593.17	597.08	600.98	604.89	608.80	616.62	624.44	636.16	647.40	663.04
Cigna + Oscar	LocalPlus	EPO D	473.69	475.59	485.06	496.43	514.90	530.06	537.64	549.01	560.38	567.48	575.06	578.85	582.64	586.43	590.22	597.80	605.38	616.75	627.64	642.80
Cigna + Oscar	LocalPlus	EPO E	483.97	485.91	495.59	507.20	526.08	541.56	549.31	560.92	572.54	579.80	587.54	591.41	595.28	599.16	603.03	610.77	618.51	630.13	641.26	656.75
Health Net	WholeCare	HMO A	445.44	447.23	456.13	466.82	484.20	498.45	505.58	516.27	526.96	533.64	540.77	544.33	547.90	551.46	555.02	562.15	569.28	579.97	590.21	604.47
Health Net	WholeCare	HMO B	436.57	438.32	447.05	457.53	474.55	488.52	495.51	505.99	516.46	523.01	530.00	533.49	536.98	540.48	543.97	550.95	557.94	568.42	578.46	592.43
Health Net	WholeCare	HMO C	441.88	443.65	452.48	463.09	480.32	494.46	501.53	512.14	522.74	529.37	536.44	539.98	543.51	547.05	550.58	557.65	564.72	575.33	585.49	599.63
Health Net	Salud HMO y Mas	HMO D	363.25	364.70	371.97	380.69	394.85	406.48	412.29	421.01	429.72	435.17	440.98	443.89	446.80	449.70	452.61	458.42	464.23	472.95	481.31	492.93
Health Net	Full	HMO E	466.70	468.56	477.90	489.10	507.30	522.23	529.70	540.90	552.10	559.10	566.57	570.30	574.04	577.77	581.50	588.97	596.44	607.64	618.37	633.31
Health Net	Full	HMO F	442.49	444.26	453.11	463.73	480.99	495.15	502.23	512.85	523.47	530.10	537.18	540.72	544.26	547.80	551.34	558.42	565.50	576.12	586.30	600.46
Health Net	Full	HMO G	479.30	481.22	490.80	502.31	521.00	536.34	544.01	555.51	567.01	574.20	581.87	585.71	589.54	593.37	597.21	604.88	612.55	624.05	635.07	650.41
Kaiser Permanente	Full	HMO B	417.37	419.04	427.38	437.40	453.68	467.03	473.71	483.73	493.75	500.01	506.68	510.02	513.36	516.70	520.04	526.72	533.40	543.41	553.01	566.37
Kaiser Permanente	Full	HMO C	441.53	443.30	452.13	462.72	479.94	494.07	501.14	511.73	522.33	528.95	536.02	539.55	543.08	546.61	550.15	557.21	564.27	574.87	585.03	599.15
Kaiser Permanente	Full	HMO D	392.97	394.54	402.40	411.83	427.16	439.73	446.02	455.45	464.88	470.78	477.07	480.21	483.35	486.50	489.64	495.93	502.22	511.65	520.69	533.26
Kaiser Permanente	Full	HMO E	363.11	364.56	371.82	380.54	394.70	406.32	412.13	420.84	429.56	435.00	440.81	443.72	446.62	449.53	452.43	458.24	464.05	472.77	481.12	492.74
Sharp Health Plan	Performance	HMO A	341.91	343.28	350.12	358.32	371.66	382.60	388.07	396.27	404.48	409.61	415.08	417.81	420.55	423.28	426.02	431.49	436.96	445.17	453.03	463.97
Sharp Health Plan	Premier	HMO B	327.59	328.90	335.45	343.31	356.09	366.57	371.81	379.68	387.54	392.45	397.69	400.31	402.94	405.56	408.18	413.42	418.66	426.52	434.06	444.54
Sharp Health Plan	Performance	HMO D	366.75	368.22	375.55	384.35	398.66	410.39	416.26	425.06	433.87	439.37	445.23	448.17	451.10	454.04	456.97	462.84	468.71	477.51	485.94	497.68
Sutter Health Plus	Sutter Health Plus	HMO A	410.01	411.64	419.84	429.68	445.67	458.79	465.35	475.19	485.03	491.18	497.74	501.02	504.30	507.58	510.86	517.42	523.98	533.82	543.25	556.37
Sutter Health Plus	Sutter Health Plus	HMO B	427.05	428.75	437.29	447.54	464.19	477.86	484.69	494.94	505.19	511.59	518.43	521.84	525.26	528.67	532.09	538.92	545.76	556.01	565.83	579.49
UnitedHealthcare	SignatureValue	HMO A	496.49	498.48	508.41	520.32	539.68	555.57	563.52	575.43	587.35	594.80	602.74	606.71	610.68	614.65	618.63	626.57	634.51	646.43	657.85	673.74
UnitedHealthcare	SignatureValue	HMO F	572.87	575.16	586.62	600.37	622.71	641.04	650.21	663.96	677.71	686.30	695.46	700.05	704.63	709.21	713.80	722.96	732.13	745.88	759.05	777.38
UnitedHealthcare	SignatureValue	HMO H	526.48	528.59	539.12	551.75	572.28	589.13	597.55	610.19	622.83	630.72	639.15	643.36	647.57	651.78	655.99	664.42	672.84	685.48	697.59	714.43
UnitedHealthcare	Harmony	HMO L	379.96	381.48	389.08	398.20	413.02	425.18	431.25	440.37	449.49	455.19	461.27	464.31	467.35	470.39	473.43	479.51	485.59	494.71	503.45	515.61
UnitedHealthcare	Harmony	HMO M	438.41	440.16	448.93	459.45	476.55	490.58	497.60	508.12	518.64	525.22	532.23	535.74	539.24	542.75	546.26	553.27	560.29	570.81	580.89	594.92
UnitedHealthcare	Harmony	HMO N	402.91	404.52	412.58	422.25	437.96	450.86	457.30	466.97	476.64	482.69	489.13	492.36	495.58	498.80	502.03	508.47	514.92	524.59	533.86	546.75
UnitedHealthcare	Harmony	HMO P	374.19	375.69	383.17	392.15	406.74	418.72	424.71	433.69	442.67	448.28	454.27	457.26	460.25	463.25	466.24	472.23	478.21	487.20	495.80	507.78
UnitedHealthcare	SignatureValue	HMO Q	488.95	490.91	500.68	512.42	531.49	547.14	554.96	566.69	578.43	585.76	593.59	597.50	601.41	605.32	609.23	617.05	624.88	636.61	647.86	663.51
Western Health	Full	HMO A	372.90	374.39	381.85	390.80	405.35	417.28	423.25	432.19	441.14	446.74	452.70	455.69	458.67	461.65	464.64	470.60	476.57	485.52	494.10	506.03
Western Health	Full	HMO B	389.52	391.08	398.87	408.22	423.41	435.88	442.11	451.46	460.81	466.65	472.88	476.00	479.11	482.23	485.35	491.58	497.81	507.16	516.12	528.58
Western Health	Full	HMO C	354.65	356.07	363.17	371.68	385.51	396.86	402.53	411.04	419.56	424.88	430.55	433.39	436.22	439.06	441.90	447.57	453.25	461.76	469.92	481.27
Western Health	Full	HMO D	340.94	342.31	349.13	357.31	370.61	381.52	386.97	395.15	403.34	408.45	413.91	416.63	419.36	422.09	424.82	430.27	435.73	443.91	451.75	462.66

CARRIER	NETWORK	PLAN	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	675.99	698.74	725.84	756.32	791.16	825.52	864.23	902.45	944.55	987.14	1033.11	1079.07	1128.92	1179.24	1232.95	1259.57	1313.28	1359.73	1390.22	1428.44	1451.67
Anthem Blue Cross	CaliforniaCare HMO	HMO B	837.12	865.29	898.85	936.60	979.74	1022.29	1070.22	1117.56	1169.70	1222.43	1279.36	1336.28	1398.00	1460.32	1526.84	1559.80	1626.31	1683.84	1721.59	1768.93	1797.69
Anthem Blue Cross	Priority Select HMO	HMO C	511.44	528.65	549.15	572.21	598.57	624.57	653.85	682.78	714.63	746.84	781.62	816.40	854.11	892.19	932.82	952.96	993.60	1028.74	1051.81	1080.73	1098.30
Anthem Blue Cross	Advantage PPO	PPO A	844.89	873.32	907.19	945.29	988.83	1031.77	1080.15	1127.93	1180.55	1233.77	1291.23	1348.68	1410.98	1473.87	1541.00	1574.27	1641.40	1699.46	1737.56	1785.34	1814.37
Anthem Blue Cross	Select PPO	PPO B	803.79	830.83	863.06	899.30	940.73	981.58	1027.61	1073.07	1123.12	1173.75	1228.41	1283.08	1342.34	1402.18	1466.04	1497.69	1561.55	1616.79	1653.04	1698.49	1726.11
Anthem Blue Cross	Select PPO	PPO C	835.83	863.95	897.45	935.14	978.22	1020.70	1068.56	1115.83	1167.88	1220.53	1277.37	1334.21	1395.83	1458.06	1524.47	1557.37	1623.79	1681.22	1718.92	1766.18	1794.90
Anthem Blue Cross	Select PPO	PPO D	781.83	808.13	839.48	874.73	915.03	954.76	999.53	1043.75	1092.44	1141.69	1194.85	1248.02	1305.66	1363.87	1425.99	1456.77	1518.89	1572.62	1607.87	1652.09	1678.95
Anthem Blue Cross	Prudent Buyer - Small Group	PPO E	835.83	863.95	897.45	935.14	978.22	1020.70	1068.56	1115.83	1167.88	1220.53	1277.37	1334.21	1395.83	1458.06	1524.47	1557.37	1623.79	1681.22	1718.92	1766.18	1794.90
Cigna + Oscar	LocalPlus	EPO C	682.58	705.55	732.91	763.69	798.87	833.56	872.65	911.25	953.76	996.76	1043.17	1089.59	1139.92	1190.73	1244.97	1271.84	1326.08	1372.98	1403.76	1442.36	1465.82
Cigna + Oscar	LocalPlus	EPO D	661.75	684.01	710.54	740.38	774.49	808.12	846.02	883.44	924.65	966.33	1011.33	1056.34	1105.13	1154.39	1206.97	1233.02	1285.60	1331.08	1360.92	1398.34	1421.08
Cigna + Oscar	LocalPlus	EPO E	676.11	698.85	725.96	756.45	791.29	825.65	864.37	902.61	944.71	987.30	1033.28	1079.25	1129.10	1179.44	1233.16	1259.78	1313.50	1359.96	1390.45	1428.68	1451.91
Health Net	WholeCare	HMO A	622.28	643.22	668.17	696.23	728.30	759.93	795.56	830.75	869.51	908.70	951.02	993.34	1039.22	1085.55	1134.99	1159.49	1208.93	1251.70	1279.76	1314.95	1336.32
Health Net	WholeCare	HMO B	609.89	630.41	654.86	682.36	713.79	744.79	779.72	814.21	852.19	890.61	932.08	973.55	1018.52	1063.92	1112.38	1136.40	1184.85	1226.77	1254.27	1288.76	1309.71
Health Net	WholeCare	HMO C	617.31	638.07	662.82	690.66	722.47	753.85	789.20	824.11	862.55	901.43	943.41	985.39	1030.91	1076.86	1125.91	1150.21	1199.26	1241.68	1269.52	1304.43	1325.64
Health Net	Salud HMO y Mas	HMO D	507.46	524.53	544.87	567.76	593.91	619.70	648.76	677.46	709.06	741.03	775.54	810.05	847.46	885.24	925.56	945.54	985.86	1020.73	1043.62	1072.31	1089.75
Health Net	Full	HMO E	651.98	673.91	700.05	729.45	763.05	796.19	833.52	870.39	910.99	952.06	996.40	1040.73	1088.80	1137.34	1189.14	1214.81	1266.62	1311.42	1340.82	1377.69	1400.10
Health Net	Full	HMO F	618.16	638.96	663.73	691.61	723.47	754.89	790.29	825.24	863.74	902.68	944.72	986.75	1032.33	1078.35	1127.46	1151.80	1200.92	1243.40	1271.27	1306.23	1327.47
Health Net	Full	HMO G	669.58	692.11	718.95	749.15	783.66	817.69	856.03	893.90	935.59	977.77	1023.31	1068.84	1118.21	1168.06	1221.26	1247.62	1300.82	1346.83	1377.03	1414.89	1437.90
Kaiser Permanente	Full	HMO B	583.06	602.68	626.05	652.35	682.40	712.03	745.42	778.39	814.70	851.43	891.08	930.73	973.72	1017.12	1063.45	1086.41	1132.74	1172.80	1199.10	1232.07	1252.11
Kaiser Permanente	Full	HMO C	616.82	637.57	662.29	690.11	721.90	753.25	788.57	823.45	861.86	900.72	942.66	984.61	1030.09	1076.01	1125.02	1149.30	1198.31	1240.70	1268.51	1303.39	1324.59
Kaiser Permanente	Full	HMO D	548.98	567.45	589.46	614.21	642.51	670.41	701.85	732.89	767.08	801.66	838.99	876.32	916.80	957.67	1001.29	1022.90	1066.52	1104.25	1129.00	1160.05	1178.91
Kaiser Permanente	Full	HMO E	507.26	524.33	544.66	567.54	593.68	619.46	648.51	677.20	708.79	740.74	775.24	809.73	847.13	884.89	925.20	945.17	985.48	1020.33	1043.21	1071.89	1089.33
Sharp Health Plan	Performance	HMO A	477.65	493.72	512.87	534.41	559.02	583.30	610.65	637.66	667.41	697.50	729.98	762.46	797.68	833.23	871.19	889.99	927.94	960.77	982.31	1009.32	1025.73
Sharp Health Plan	Premier	HMO B	457.64	473.04	491.39	512.02	535.61	558.87	585.08	610.96	639.46	668.28	699.40	730.53	764.27	798.34	834.70	852.72	889.08	920.53	941.17	967.05	982.77
Sharp Health Plan	Performance	HMO D	512.35	529.59	550.13	573.23	599.64	625.68	655.02	683.99	715.90	748.17	783.01	817.85	855.63	893.77	934.48	954.65	995.36	1030.57	1053.67	1082.65	1100.25
Sutter Health Plus	Sutter Health Plus	HMO A	572.77	592.05	615.01	640.84	670.36	699.47	732.27	764.66	800.33	836.41	875.36	914.31	956.54	999.18	1044.69	1067.24	1112.75	1152.11	1177.94	1210.33	1230.00
Sutter Health Plus	Sutter Health Plus	HMO B	596.57	616.64	640.56	667.46	698.21	728.53	762.69	796.43	833.58	871.16	911.73	952.30	996.28	1040.69	1088.10	1111.58	1158.98	1199.98	1226.88	1260.62	1281.11
UnitedHealthcare	SignatureValue	HMO A	693.60	716.93	744.74	776.01	811.76	847.01	886.73	925.95	969.15	1012.84	1060.01	1107.17	1158.31	1209.95	1265.06	1292.36	1347.47	1395.14	1426.42	1465.64	1489.47
UnitedHealthcare	SignatureValue	HMO F	800.30	827.22	859.31	895.40	936.64	977.32	1023.15	1068.40	1118.24	1168.65	1223.08	1277.50	1336.51	1396.08	1459.67	1491.18	1554.77	1609.76	1645.86	1691.11	1718.61
UnitedHealthcare	SignatureValue	HMO H	735.49	760.24	789.72	822.89	860.79	898.17	940.29	981.89	1027.69	1074.02	1124.03	1174.05	1228.28	1283.03	1341.47	1370.43	1428.87	1479.41	1512.58	1554.17	1579.44
UnitedHealthcare	Harmony	HMO L	530.80	548.66	569.94	593.88	621.23	648.21	678.61	708.63	741.68	775.12	811.21	847.31	886.45	925.96	968.14	989.04	1031.21	1067.69	1091.63	1121.64	1139.88
UnitedHealthcare	Harmony	HMO M	612.46	633.06	657.62	685.23	716.80	747.93	783.00	817.63	855.78	894.36	936.01	977.65	1022.81	1068.41	1117.07	1141.18	1189.84	1231.93	1259.55	1294.19	1315.23
UnitedHealthcare	Harmony	HMO N	562.87	581.80	604.37	629.75	658.76	687.36	719.60	751.43	786.48	821.94	860.21	898.49	939.99	981.89	1026.61	1048.77	1093.50	1132.18	1157.56	1189.39	1208.73
UnitedHealthcare	Harmony	HMO P	522.74	540.33	561.29	584.86	611.80	638.37	668.30	697.86	730.42	763.35	798.90	834.44	872.99	911.90	953.44	974.02	1015.55	1051.47	1075.05	1104.61	1122.57
UnitedHealthcare	SignatureValue	HMO Q	683.06	706.04	733.43	764.23	799.43	834.15	873.26	911.89	954.43	997.46	1043.91	1090.36	1140.72	1191.57	1245.84	1272.74	1327.01	1373.95	1404.75	1443.38	1466.85
Western Health	Full	HMO A	520.95	538.47	559.35	582.85	609.70	636.17	666.01	695.46	727.91	760.72	796.15	831.57	869.98	908.77	950.16	970.67	1012.06	1047.86	1071.35	1100.81	1118.71
Western Health	Full	HMO B	544.16	562.47	584.29	608.83	636.87	664.53	695.69	726.46	760.35	794.63	831.63	868.64	908.76	949.27	992.51	1013.93	1057.17	1094.56	1119.10	1149.87	1168.57
Western Health	Full	HMO C	495.45	512.12	531.98	554.32	579.86	605.04	633.41	661.43	692.29	723.49	757.19	790.88	827.41	864.29	903.66	923.17	962.53	996.58	1018.92	1046.94	1063.96
Western Health	Full	HMO D	476.30	492.32	511.42	532.90	557.44	581.65	608.93	635.86	665.52	695.53	727.92	760.31	795.42	830.88	868.73	887.48	925.32	958.05	979.53	1006.47	1022.83

Platinum

CARRIER	NETWORK	PLAN	0-14	15	16	17	18	19	20	21	22	23
Anthem Blue Cross	Select HMO	HMO A	423.04	460.64	475.02	489.40	504.88	520.36	536.40	552.99	552.99	552.99
Cigna + Oscar	LocalPlus	EPO C	442.78	482.14	497.19	512.24	528.45	544.65	561.44	578.80	578.80	578.80
Cigna + Oscar	LocalPlus	EPO D	434.17	472.76	487.52	502.27	518.16	534.05	550.51	567.54	567.54	567.54
Cigna + Oscar	LocalPlus	EPO E	421.38	458.84	473.16	487.48	502.90	518.33	534.30	550.83	550.83	550.83
Health Net	WholeCare	HMO C	344.19	374.79	386.48	398.18	410.78	423.38	436.42	449.92	449.92	449.92
Health Net	Salud HMO y Mas	HMO D	281.81	306.86	316.44	326.02	336.33	346.65	357.33	368.38	368.38	368.38
Health Net	Full	HMO E	370.94	403.91	416.52	429.13	442.70	456.28	470.34	484.89	484.89	484.89
Health Net	WholeCare	HMO F	354.27	385.77	397.81	409.85	422.81	435.78	449.21	463.10	463.10	463.10
Health Net	Salud HMO y Mas	HMO G	291.23	317.12	327.02	336.92	347.58	358.24	369.28	380.70	380.70	380.70
Health Net	Full	HMO H	381.81	415.75	428.72	441.70	455.67	469.65	484.12	499.09	499.09	499.09
Kaiser Permanente	Full	HMO A	375.12	407.22	419.49	431.77	444.98	444.21	457.90	472.06	472.06	472.06
Kaiser Permanente	Full	HMO B	368.57	400.09	412.14	424.19	437.17	436.16	449.60	463.50	463.50	463.50
Sharp Health Plan	Premier	HMO A	282.65	307.78	317.38	326.99	337.34	347.68	358.40	369.48	369.48	369.48
Sharp Health Plan	Performance	HMO B	304.58	331.66	342.01	352.36	363.51	374.66	386.21	398.15	398.15	398.15
Sharp Health Plan	Premier	HMO C	278.68	303.45	312.93	322.40	332.60	342.80	353.36	364.29	364.29	364.29
Sutter Health Plus	Sutter Health Plus	HMO A	357.08	388.82	400.96	413.09	426.16	439.23	452.77	466.78	466.78	466.78
Sutter Health Plus	Sutter Health Plus	HMO B	363.55	395.86	408.22	420.57	433.88	447.18	460.97	475.23	475.23	475.23
UnitedHealthcare	SignatureValue	HMO A	461.95	503.02	518.72	534.42	551.32	568.23	585.74	603.86	603.86	603.86
UnitedHealthcare	SignatureValue	HMO E	500.23	544.70	561.70	578.70	597.01	615.32	634.28	653.90	653.90	653.90
UnitedHealthcare	Harmony	HMO H	353.52	384.95	396.96	408.98	421.92	434.85	448.26	462.12	462.12	462.12
UnitedHealthcare	Harmony	HMO I	382.82	416.85	429.86	442.87	456.88	470.90	485.41	500.42	500.42	500.42
UnitedHealthcare	Harmony	HMO K	347.80	378.72	390.54	402.36	415.09	427.82	441.00	454.64	454.64	454.64
UnitedHealthcare	SignatureValue	HMO L	454.47	494.87	510.31	525.76	542.40	559.03	576.26	594.08	594.08	594.08
Western Health	Full	HMO A	324.22	353.04	364.06	375.08	386.94	398.81	411.10	423.82	423.82	423.82
Western Health	Full	HMO B	331.85	361.35	372.63	383.91	396.05	408.20	420.78	433.79	433.79	433.79
Western Health	Full	HMO C	320.56	349.06	359.95	370.85	382.58	394.31	406.46	419.03	419.03	419.03

CARRIER	NETWORK	PLAN	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43
Anthem Blue Cross	Select HMO	HMO A	552.99	555.20	566.26	579.53	601.10	618.80	627.64	640.92	654.19	662.48	671.33	675.75	680.18	684.60	689.03	697.87	706.72	719.99	732.71	750.41
Cigna + Oscar	LocalPlus	EPO C	578.80	581.12	592.69	606.59	629.16	647.68	656.94	670.83	684.72	693.41	702.67	707.30	711.93	716.56	721.19	730.45	739.71	753.60	766.91	785.44
Cigna + Oscar	LocalPlus	EPO D	567.54	569.81	581.16	594.78	616.91	635.08	644.16	657.78	671.40	679.91	688.99	693.53	698.07	702.61	707.15	716.23	725.31	738.93	751.99	770.15
Cigna + Oscar	LocalPlus	EPO E	550.83	553.03	564.05	577.27	598.75	616.37	625.19	638.41	651.63	659.89	668.70	673.11	677.52	681.92	686.33	695.14	703.96	717.18	729.84	747.47
Health Net	WholeCare	HMO C	449.92	451.72	460.72	471.52	489.07	503.46	510.66	521.46	532.26	539.01	546.21	549.80	553.40	557.00	560.60	567.80	575.00	585.80	596.15	610.54
Health Net	Salud HMO y Mas	HMO D	368.38	369.85	377.22	386.06	400.43	412.22	418.11	426.95	435.80	441.32	447.21	450.16	453.11	456.06	459.00	464.90	470.79	479.63	488.11	499.89
Health Net	Full	HMO E	484.89	486.83	496.53	508.16	527.07	542.59	550.35	561.99	573.62	580.90	588.66	592.53	596.41	600.29	604.17	611.93	619.69	631.33	642.48	657.99
Health Net	WholeCare	HMO F	463.10	464.96	474.22	485.33	503.39	518.21	525.62	536.74	547.85	554.80	562.21	565.91	569.62	573.32	577.03	584.44	591.85	602.96	613.61	628.43
Health Net	Salud HMO y Mas	HMO G	380.70	382.22	389.83	398.97	413.82	426.00	432.09	441.23	450.36	456.07	462.17	465.21	468.26	471.30	474.35	480.44	486.53	495.67	504.42	516.61
Health Net	Full	HMO H	499.09	501.09	511.07	523.05	542.52	558.49	566.47	578.45	590.43	597.92	605.90	609.89	613.89	617.88	621.87	629.86	637.84	649.82	661.30	677.27
Kaiser Permanente	Full	HMO A	472.06	473.95	483.39	494.72	513.13	528.24	535.79	547.12	558.45	565.53	573.09	576.86	580.64	584.42	588.19	595.74	603.30	614.63	625.48	640.59
Kaiser Permanente	Full	HMO B	463.50	465.36	474.63	485.75	503.83	518.66	526.08	537.20	548.32	555.28	562.69	566.40	570.11	573.82	577.52	584.94	592.36	603.48	614.14	628.97
Sharp Health Plan	Premier	HMO A	369.48	370.96	378.35	387.22	401.62	413.45	419.36	428.23	437.09	442.64	448.55	451.50	454.46	457.42	460.37	466.28	472.20	481.06	489.56	501.38
Sharp Health Plan	Performance	HMO B	398.15	399.74	407.71	417.26	432.79	445.53	451.90	461.46	471.01	476.98	483.35	486.54	489.72	492.91	496.09	502.47	508.84	518.39	527.55	540.29
Sharp Health Plan	Premier	HMO C	364.29	365.75	373.03	381.78	395.98	407.64	413.47	422.21	430.96	436.42	442.25	445.16	448.08	450.99	453.91	459.73	465.56	474.31	482.68	494.34
Sutter Health Plus	Sutter Health Plus	HMO A	466.78	468.64	477.97	489.18	507.38	522.32	529.79	540.99	552.19	559.19	566.66	570.39	574.13	577.86	581.60	589.07	596.53	607.74	618.47	633.41
Sutter Health Plus	Sutter Health Plus	HMO B	475.23	477.12	486.63	498.03	516.57	531.77	539.38	550.78	562.19	569.32	576.92	580.72	584.52	588.33	592.13	599.73	607.33	618.74	629.67	644.88
UnitedHealthcare	SignatureValue	HMO A	603.86	606.28	618.35	632.85	656.40	675.72	685.38	699.87	714.37	723.42	733.09	737.92	742.75	747.58	752.41	762.07	771.73	786.23	800.11	819.44
UnitedHealthcare	SignatureValue	HMO E	653.90	656.52	669.59	685.29	710.79	731.71	742.18	757.87	773.56	783.37	793.83	799.07	804.30	809.53	814.76	825.22	835.68	851.38	866.42	887.34
UnitedHealthcare	Harmony	HMO H	462.12	463.97	473.21	484.30	502.32	517.11	524.51	535.60	546.69	553.62	561.01	564.71	568.41	572.10	575.80	583.20	590.59	601.68	612.31	627.10
UnitedHealthcare	Harmony	HMO I	500.42	502.42	512.43	524.44	543.96	559.97	567.98	579.99	592.00	599.50	607.51	611.51	615.52	619.52	623.52	631.53	639.54	651.55	663.06	679.07
UnitedHealthcare	Harmony	HMO K	454.64	456.46	465.55	476.46	494.19	508.74	516.02	526.93	537.84	544.66	551.93	555.57	559.21	562.84	566.48	573.76	581.03	591.94	602.40	616.95
UnitedHealthcare	SignatureValue	HMO L	594.08	596.46	608.34	622.60	645.76	664.78	674.28	688.54	702.80	711.71	721.21	725.97	730.72	735.47	740.22	749.73	759.23	773.49	787.16	806.17
Western Health	Full	HMO A	423.82	425.51	433.99	444.16	460.69	474.25	481.03	491.20	501.37	507.73	514.51	517.90	521.29	524.68	528.07	534.86	541.64	551.81	561.56	575.12
Western Health	Full	HMO B	433.79	435.53	444.21	454.62	471.54	485.42	492.36	502.77	513.18	519.69	526.63	530.10	533.57	537.04	540.51	547.45	554.39	564.80	574.78	588.66
Western Health	Full	HMO C	419.03	420.71	429.09	439.15	455.49	468.90	475.60	485.66	495.72	502.00	508.71	512.06	515.41	518.76	522.12	528.82	535.53	545.58	555.22	568.63

CARRIER	NETWORK	PLAN	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	772.53	798.52	829.49	864.32	904.14	943.40	987.64	1031.33	1079.44	1128.10	1180.63	1233.17	1290.13	1347.64	1409.02	1439.43	1500.81	1553.90	1588.74	1632.43	1658.97
Cigna + Oscar	LocalPlus	EPO C	808.59	835.79	868.20	904.67	946.34	987.44	1033.74	1079.47	1129.82	1180.76	1235.74	1290.73	1350.35	1410.54	1474.79	1506.62	1570.87	1626.44	1662.90	1708.63	1736.41
Cigna + Oscar	LocalPlus	EPO D	792.85	819.53	851.31	887.06	927.93	968.22	1013.62	1058.46	1107.83	1157.78	1211.69	1265.61	1324.07	1383.09	1446.09	1477.30	1540.30	1594.78	1630.54	1675.37	1702.61
Cigna + Oscar	LocalPlus	EPO E	769.50	795.39	826.24	860.94	900.60	939.71	983.77	1027.29	1075.21	1123.68	1176.01	1228.34	1285.08	1342.36	1403.50	1433.80	1494.94	1547.82	1582.52	1626.04	1652.48
Health Net	WholeCare	HMO C	628.54	649.69	674.88	703.23	735.62	767.57	803.56	839.10	878.25	917.84	960.58	1003.33	1049.67	1096.46	1146.40	1171.15	1221.09	1264.28	1292.63	1328.17	1349.76
Health Net	Salud HMO y Mas	HMO D	514.63	531.94	552.57	575.78	602.30	628.46	657.93	687.03	719.08	751.50	786.49	821.49	859.43	897.75	938.64	958.90	999.79	1035.15	1058.36	1087.46	1105.14
Health Net	Full	HMO E	677.39	700.18	727.33	757.88	792.79	827.22	866.01	904.32	946.50	989.17	1035.24	1081.30	1131.25	1181.67	1235.50	1262.17	1315.99	1362.54	1393.09	1431.39	1454.67
Health Net	WholeCare	HMO F	646.96	668.72	694.66	723.83	757.17	790.05	827.10	863.69	903.98	944.73	988.73	1032.72	1080.42	1128.58	1179.99	1205.46	1256.86	1301.32	1330.50	1367.08	1389.30
Health Net	Salud HMO y Mas	HMO G	531.83	549.73	571.04	595.03	622.44	649.47	679.92	710.00	743.12	776.62	812.79	848.95	888.16	927.76	970.01	990.95	1033.21	1069.76	1093.74	1123.82	1142.10
Health Net	Full	HMO H	697.24	720.69	748.64	780.09	816.02	851.46	891.38	930.81	974.23	1018.15	1065.57	1112.98	1164.39	1216.29	1271.69	1299.14	1354.54	1402.46	1433.90	1473.33	1497.27
Kaiser Permanente	Full	HMO A	659.47	681.66	708.10	737.84	771.82	805.34	843.11	880.40	921.47	963.01	1007.86	1052.70	1101.33	1150.42	1202.82	1228.78	1281.18	1326.50	1356.24	1393.53	1416.18
Kaiser Permanente	Full	HMO B	647.51	669.30	695.25	724.45	757.83	790.74	827.82	864.43	904.76	945.55	989.58	1033.61	1081.35	1129.56	1181.01	1206.50	1257.95	1302.44	1331.64	1368.26	1390.50
Sharp Health Plan	Premier	HMO A	516.16	533.53	554.22	577.50	604.10	630.33	659.89	689.08	721.22	753.74	788.84	823.94	862.00	900.42	941.44	961.76	1002.77	1038.24	1061.52	1090.70	1108.44
Sharp Health Plan	Performance	HMO B	556.22	574.93	597.23	622.31	650.98	679.24	711.10	742.55	777.19	812.23	850.05	887.87	928.88	970.29	1014.49	1036.38	1080.58	1118.80	1143.88	1175.34	1194.45
Sharp Health Plan	Premier	HMO C	508.91	526.03	546.44	569.39	595.61	621.48	650.62	679.40	711.09	743.15	777.76	812.37	849.89	887.77	928.21	948.25	988.68	1023.65	1046.61	1075.38	1092.87
Sutter Health Plus	Sutter Health Plus	HMO A	652.08	674.02	700.16	729.56	763.17	796.31	833.65	870.53	911.14	952.21	996.56	1040.90	1088.98	1137.52	1189.33	1215.01	1266.82	1311.63	1341.03	1377.91	1400.30
Sutter Health Plus	Sutter Health Plus	HMO B	663.89	686.22	712.83	742.77	776.99	810.73	848.75	886.29	927.63	969.45	1014.60	1059.75	1108.69	1158.12	1210.87	1237.00	1289.75	1335.38	1365.31	1402.86	1425.66
UnitedHealthcare	SignatureValue	HMO A	843.59	871.97	905.79	943.83	987.31	1030.19	1078.49	1126.20	1178.73	1231.87	1289.24	1346.61	1408.81	1471.61	1538.64	1571.85	1638.88	1696.85	1734.89	1782.59	1811.58
UnitedHealthcare	SignatureValue	HMO E	913.50	944.23	980.85	1022.05	1069.13	1115.55	1167.87	1219.52	1276.41	1333.96	1396.08	1458.20	1525.55	1593.55	1666.14	1702.10	1774.68	1837.46	1878.65	1930.31	1961.70
UnitedHealthcare	Harmony	HMO H	645.58	667.30	693.18	722.29	755.57	788.38	825.35	861.85	902.06	942.72	986.63	1030.53	1078.13	1126.19	1177.48	1202.90	1254.19	1298.56	1327.67	1364.18	1386.36
UnitedHealthcare	Harmony	HMO I	699.09	722.61	750.63	782.16	818.19	853.72	893.75	933.28	976.82	1020.86	1068.40	1115.94	1167.48	1219.52	1275.07	1302.59	1358.14	1406.18	1437.71	1477.24	1501.26
UnitedHealthcare	Harmony	HMO K	635.13	656.50	681.96	710.60	743.34	775.62	811.99	847.90	887.46	927.47	970.66	1013.85	1060.68	1107.96	1158.42	1183.43	1233.89	1277.54	1306.18	1342.10	1363.92
UnitedHealthcare	SignatureValue	HMO L	829.93	857.85	891.12	928.55	971.32	1013.50	1061.03	1107.96	1159.64	1211.92	1268.36	1324.80	1385.99	1447.77	1513.72	1546.39	1612.33	1669.36	1706.79	1753.72	1782.24
Western Health	Full	HMO A	592.07	611.99	635.72	662.42	692.94	723.03	756.93	790.42	827.29	864.58	904.85	945.11	988.76	1032.84	1079.88	1103.19	1150.24	1190.92	1217.62	1251.10	1271.45
Western Health	Full	HMO B	606.01	626.40	650.69	678.02	709.25	740.05	774.76	809.03	846.77	884.94	926.15	967.36	1012.04	1057.16	1105.31	1129.17	1177.32	1218.96	1246.29	1280.56	1301.38
Western Health	Full	HMO C	585.39	605.09	628.55	654.95	685.12	714.87	748.39	781.50	817.95	854.83	894.64	934.45	977.61	1021.19	1067.70	1090.75	1137.26	1177.49	1203.88	1236.99	1257.10

Health Care Service Plan rates will vary by county

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USE EMPLOYER ZIP CODE FOR RATING

AREA 9

04/01/22 - 06/01/22

Bronze		AGE -->	0-14	15	16	17	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	Prudent Buyer - Small Group	PPO A	357.89	389.70	401.87	414.03	427.13	440.23	453.80	467.83	467.83	467.83	467.83	469.70	479.06	490.29	508.53	523.50	530.99	542.21	553.44	560.46	567.95	571.69	575.43	579.17	582.92	590.40	597.89	609.11	619.87	634.85	653.56	675.55	701.75	731.22	764.90	798.12	835.54	872.50	913.20	954.37	998.82	1043.26	1091.45	1140.10	1192.03	1217.76	1269.69	1314.60	1344.08	1381.03	1403.49
Anthem Blue Cross	Select PPO	PPO B	323.12	351.84	362.82	373.81	385.63	397.46	409.71	422.38	422.38	422.38	422.38	424.07	432.52	442.65	459.13	472.64	479.40	489.54	499.68	506.01	512.77	516.15	519.53	522.91	526.29	533.04	539.80	549.94	559.65	573.17	590.06	609.92	633.57	660.18	690.59	720.58	754.37	787.74	824.49	861.66	901.78	941.91	985.41	1029.34	1076.22	1099.46	1146.34	1186.89	1213.50	1246.87	1267.14
Anthem Blue Cross	Prudent Buyer - Small Group	EPO A	361.55	393.68	405.97	418.26	431.49	444.73	458.43	472.61	472.61	472.61	472.61	474.50	483.95	495.30	513.73	528.85	536.41	547.75	559.10	566.19	573.75	577.53	581.31	585.09	588.87	596.43	604.00	615.34	626.21	641.33	660.24	682.45	708.92	738.69	772.72	806.27	844.08	881.42	922.53	964.12	1009.02	1053.92	1102.60	1151.75	1204.21	1230.20	1282.66	1328.03	1357.81	1395.14	1417.83
Health Net	CommunityCare	HMO A	214.95	234.06	241.36	248.67	256.54	264.40	272.55	280.98	280.98	280.98	280.98	282.10	287.72	294.47	305.43	314.42	318.91	325.66	332.40	336.61	341.11	343.36	345.61	347.85	350.10	354.60	359.09	365.84	372.30	381.29	392.53	405.74	421.47	439.17	459.40	479.35	501.83	524.03	548.47	573.20	599.89	626.59	655.53	684.75	715.94	731.39	762.58	789.56	807.26	829.45	842.94
Kaiser Permanente	Full	HMO A	230.72	249.99	257.35	264.72	272.65	266.59	274.81	283.31	283.31	283.31	283.31	284.44	290.11	296.91	307.96	317.02	321.56	328.36	335.16	339.41	343.94	346.21	348.47	350.74	353.00	357.54	362.07	368.87	375.39	384.45	395.78	409.10	424.97	442.81	463.21	483.33	505.99	528.37	553.02	577.95	604.87	631.78	660.96	690.43	721.87	737.46	768.90	796.10	813.95	836.33	849.93
Kaiser Permanente	Full	HMO B	226.58	245.48	252.70	259.93	267.71	261.50	269.56	277.90	277.90	277.90	277.90	279.01	284.56	291.23	302.07	310.96	315.41	322.08	328.75	332.92	337.36	339.59	341.81	344.03	346.26	350.70	355.15	361.82	368.21	377.10	388.22	401.28	416.84	434.35	454.36	474.09	496.32	518.27	542.45	566.91	593.31	619.71	648.33	677.23	708.08	723.36	754.21	780.89	798.39	820.35	833.70
Kaiser Permanente	Full	HMO C	217.89	236.01	242.94	249.87	257.34	250.81	258.54	266.54	266.54	266.54	266.54	267.60	272.93	279.33	289.72	298.25	302.52	308.91	315.31	319.31	323.57	325.71	327.84	329.97	332.10	336.37	340.63	347.03	353.16	361.69	372.35	384.88	399.80	416.60	435.79	454.71	476.03	497.09	520.28	543.73	569.05	594.37	621.83	649.55	679.13	693.79	723.38	748.97	765.76	786.81	799.62
Sharp Health Plan	Premier	HMO A	181.79	197.95	204.12	210.30	216.96	223.61	230.50	237.63	237.63	237.63	237.63	238.58	243.33	249.04	258.30	265.91	269.71	275.41	281.12	284.68	288.48	290.38	292.28	294.19	296.09	299.89	303.69	309.39	314.86	322.46	331.97	343.14	356.45	371.42	388.53	405.40	424.41	443.18	463.85	484.77	507.34	529.91	554.39	579.10	605.48	618.55	644.93	667.74	682.71	701.48	712.89
Sharp Health Plan	Performance	HMO B	200.32	218.13	224.94	231.75	239.08	246.41	254.00	261.86	261.86	261.86	261.86	262.91	268.14	274.43	284.64	293.02	297.21	303.50	309.78	313.71	317.90	319.99	322.09	324.18	326.28	330.47	334.66	340.94	346.96	355.34	365.82	378.13	392.79	409.29	428.14	446.73	467.68	488.37	511.15	534.19	559.07	583.95	610.92	638.15	667.22	681.62	710.69	735.83	752.32	773.01	785.58
Sutter Health Plus	Sutter Health Plus	HMO A	207.41	225.84	232.89	239.94	247.53	255.12	262.99	271.13	271.13	271.13	271.13	272.20	277.63	284.13	294.71	303.38	307.72	314.23	320.73	324.80	329.14	331.31	333.48	335.65	337.81	342.15	346.49	353.00	359.23	367.91	378.75	391.50	406.68	423.76	443.28	462.53	484.22	505.64	529.23	553.08	578.84	604.60	632.52	660.72	690.81	705.72	735.82	761.85	778.93	800.34	813.35
Sutter Health Plus	Sutter Health Plus	HMO B	212.58	231.47	238.70	245.92	253.70	261.48	269.54	277.89	277.89	277.89	277.89	278.99	284.55	291.22	302.05	310.95	315.39	322.06	328.73	332.90	337.34	339.57	341.79	344.01	346.24	350.68	355.13	361.80	368.19	377.08	388.20	401.26	416.82	434.32	454.33	474.06	496.29	518.24	542.42	566.87	593.27	619.67	648.29	677.19	708.03	723.32	754.16	780.84	798.34	820.30	833.62
Western Health	Full	HMO B	223.32	243.17	250.76	258.35	266.53	274.70	283.17	291.93	291.93	291.93	291.93	293.09	298.93	305.94	317.32	326.67	331.34	338.34	345.35	349.73	354.40	356.73	359.07	361.40	363.74	368.41	373.08	380.09	386.80	396.14	407.82	421.54	437.89	456.28	477.30	498.03	521.38	544.44	569.84	595.53	623.26	651.00	681.06	711.42	743.83	759.88	792.29	820.31	838.70	861.77	875.78
Western Health	Full	HMO C	229.09	249.46	257.24	265.03	273.41	281.80	290.48	299.47	299.47	299.47	299.47	300.67	306.66	313.84	325.52	335.11	339.90	347.08	354.27	358.76	363.55	365.95	368.35	370.74	373.14	377.93	382.72	389.91	396.80	406.38	418.36	432.43	449.20	468.07	489.63	510.89	534.85	558.51	584.56	610.92	639.37	667.81	698.66	729.80	763.05	779.52	812.76	841.51	860.37	884.03	898.41

Silver		AGE -->	0-14	15	16	17	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	288.96	314.65	324.47	334.29	344.87	355.44	366.40	377.73	377.73	377.73	377.73	379.24	386.80	395.86	410.59	422.68	428.72	437.79	446.85	452.52	458.56	461.59	464.61	467.63	470.65	476.70	482.74	491.80	500.49	512.58	527.69	545.44	566.60	590.39	617.59	644.41	674.63	704.47	737.33	770.57	806.45	842.34	881.24	920.53	962.46	983.23	1025.16	1061.42	1085.22	1115.06	1133.19
Anthem Blue Cross	CaliforniaCare HMO	HMO B	303.87	330.88	341.20	351.53	362.65	373.77	385.29	397.21	397.21	397.21	397.21	398.80	406.74	416.28	431.77	444.48	450.83	460.37	469.90	475.86	482.21	485.39	488.57	491.75	494.92	501.28	507.63	517.17	526.30	539.01	554.90	573.57	595.82	620.84	649.44	677.64	709.42	740.80	775.35	810.31	848.04	885.78	926.69	968.00	1012.09	1033.94	1078.03	1116.16	1141.18	1172.56	1191.63
Anthem Blue Cross	Priority Select HMO	HMO C	200.67	218.51	225.33	232.15	239.50	246.84	254.45	262.32	262.32	262.32	262.32	263.37	268.62	274.91	285.14	293.54	297.73	304.03	310.32	314.26	318.46	320.56	322.65	324.75	326.85	331.05	335.24	341.54	347.57	355.97	366.46	378.79	393.48	410.01	428.89	447.52	468.50	489.23	512.05	535.13	560.05	584.97	611.99	639.27	668.39	682.82	711.94	737.12	753.65	774.37	786.96
Anthem Blue Cross	Advantage PPO	PPO A	400.32	435.90	449.51	463.11	477.76	492.42	507.59	523.29	523.29	523.29	523.29	525.38	535.85	548.41	568.82	585.56	593.93	606.49	619.05	626.90	635.27	639.46	643.65	647.83	652.02	660.39	668.76	681.32	693.36	710.10	731.04	755.63	784.94	817.90	855.58	892.73	934.60	975.94	1021.46	1067.51	1117.22	1166.94	1220.84	1275.26	1333.34	1362.12	1420.21	1470.44	1503.41	1544.75	1569.87
Anthem Blue Cross	Select PPO	PPO B	357.58	389.36	401.51	413.67	426.75	439.84	453.40	467.42	467.42	467.42	467.42	469.29	478.64	489.86	508.09	523.04	530.52	541.74	552.96	559.97	567.45	571.19	574.93	578.67	582.41	589.88	597.36	608.58	619.33	634.29	652.99	674.95	701.13	730.58	764.23	797.42	834.81	871.74	912.40	953.54	997.94	1042.35	1090.49	1139.10	1190.99	1216.69	1268.58	1313.45	1342.90	1379.82	1402.26
Anthem Blue Cross	Prudent Buyer - Small Group	PPO C	396.08	431.29	444.75	458.21	472.71	487.20	502.22	517.75	517.75	517.75	517.75	519.82	530.18	542.60	562.79	579.36	587.65	600.07	612.50	620.26	628.55	632.69	636.83	640.97	645.12	653.40	661.68	674.11	686.02	702.59	723.30	747.63	776.63	809.24	846.52	883.28	924.70	965.60	1010.65	1056.21	1105.40	1154.58	1207.91	1261.76	1319.23	1347.70	1405.17	1454.88	1487.50	1528.40	1553.25
Anthem Blue Cross	Prudent Buyer - Small Group	EPO A	386.88	421.27	434.42	447.57	461.73	475.89	490.56	505.73	505.73	505.73	505.73	507.75	517.87	530.01	549.73	565.91	574.00	586.14	598.28	605.86	613.96	618.00	622.05	626.09	630.14	638.23	646.32	658.46	670.09	686.28	706.50	730.27	758.60	790.46	826.87	862.78	903.23	943.19	987.18	1031.69	1079.73	1127.78	1179.87	1232.46	1288.60	1316.42	1372.55	1421.10	1452.96	1492.91	1517.19
Anthem Blue Cross	Prudent Buyer - Small Group	EPO B	387.04	421.44	434.59	447.75	461.91	476.08	490.75	505.93	505.93	505.93	505.93	507.95	518.07	530.21	549.95	566.14	574.23	586.37	598.52	606.10	614.20	618.25	622.29	626.34	630.39	638.48	646.58	658.72	670.36	686.55	706.78	730.56	758.90	790.77	827.20	863.12	903.59	943.56	987.58	1032.10	1080.16	1128.22	1180.33	1232.95	1289.11	1316.94	1373.09	1421.66	1453.54	1493.51	1517.79
Health Net	WholeCare	HMO A	281.15	306.14	315.70	325.25	335.54	345.83	356.49	367.52	367.52	367.52	367.52	368.99	376.34	385.16	399.49	411.25	417.13	425.95	434.77	440.28	446.16	449.10	452.04	454.98	457.92	463.80	469.68	478.50	486.96	498.72	513.42	530.69	551.27	574.43	600.89	626.98	656.38	685.42	717.39	749.73	784.65	819.56	857.41	895.63	936.43	956.64	997.44	1032.72	1055.87	1084.91	1102.56
Health Net	CommunityCare	HMO C	235.35	256.27	264.27	272.27	280.89	289.50	298.42	307.65	307.65	307.65	307.65	308.88	315.04	322.42	334.42	344.26	349.18	356.57	363.95	368.57	373.49	375.95	378.41	380.87	383.33	388.26	393.18	400.56	407.64	417.48	429.79	444.25	461.48	480.86	503.01	524.85	549.47	573.77	600.54	627.61	656.84	686.06	717.75	749.75	783.90	800.82	834.97	864.50	883.88	908.19	922.95
Kaiser Permanente	Full	HMO A	263.72	285.92	294.41	302.89	312.03	307.19	316.65	326.45	326.45	326.45	326.45	327.75	334.28	342.11	354.85	365.29	370.52	378.35	386.18	391.08	396.30	398.92	401.53	404.14	406.75	411.97	417.20	425.03	432.54	442.99	456.04	471.39	489.67	510.23	533.74	556.92	583.03	608.82	637.22	665.95	696.96	727.97	761.60	795.55	831.78	849.74	885.97	917.31	937.88	963.67	979.35
Kaiser Permanente	Full	HMO B	268.41	291.03	299.68	308.32	317.63	312.96	322.60	332.58	332.58	332.58	332.58	333.91	340.56	348.54	361.51	372.16	377.48	385.46	393.44	398.43	403.75	406.41	409.07	411.73	414.39	419.72	425.04	433.02	440.67	451.31	464.61	480.24	498.87	519.82	543.77	567.38	593.99	620.26	649.19	678.46	710.06	741.65	775.91	810.50	847.41	865.70	902.62	934.55	955.50	981.77	997.74
Kaiser Permanente	Full	HMO C	266.42	288.86	297.44	306.02	315.26	310.51	320.07	329.97	329.97	329.97	329.97	331.29	337.89	345.81	358.68	369.24	374.52	382.44	390.36	395.31	400.59	403.23	405.87	408.51	411.15	416.43	421.71	429.63	437.22	447.77	460.97	476.48	494.96	515.75	539.51	562.94	589.33	615.40	644.11	673.15	704.49	735.84	769.83	804.15	840.77	858.92	895.55	927.23	948.02	974.08	989.91
Kaiser Permanente	Full	HMO D	249.39	270.31	278.31	286.32	294.93	289.56	298.48	307.71	307.71	307.71	307.71	308.94	315.10	322.48	334.48	344.33	349.25	356.64	364.02	368.64	373.56	376.02	378.49	380.95	383.41	388.33	393.26	400.64	407.72	417.57	429.87	444.34	461.57	480.95	503.11	524.96	549.57	573.88	600.65	627.73	656.96	686.20	717.89	749.89	784.05	800.97	835.13	864.67	884.06	908.37	923.13
Kaiser Permanente	Full	HMO E	260.17	282.05	290.42	298.78	307.79	302.82	312.15	321.80	321.80	321.80	321.80	323.09	329.52	337.25	349.80	360.10	365.24	372.97	380.69	385.52	390.67	393.24	395.82	398.39	400.96	406.11	411.26	418.99	426.39	436.68	449.56	464.68	482.70	502.98	526.15	548.99	574.74	600.16	628.16	656.48	687.05	717.62	750.76	784.23	819.95	837.65	873.37	904.26	924.54	949.96	965.40
Sharp Health Plan	Premier	HMO A	203.65	221.75	228.67	235.60	243.05	250.50	258.22	266.21	266.21	266.21	266.21	267.27	272.60	278.99	289.37	297.89	302.15	308.54	314.93	318.92	323.18	325.31	327.44	329.57	331.70	335.96	340.22	346.61	352.73	361.25	371.90	384.41	399.32	416.09	435.25	454.15	475.45	496.48	519.64	543.07	568.36	593.65	621.07	648.75	678.30	692.94	722.49	748.05	764.82	785.85	798.63
Sharp Health Plan	Performance	HMO B	216.16	235.37	242.72	250.07	257.98	265.89	274.08	282.56	282.56	282.56	282.56	283.69	289.34	296.12	307.14	316.18	320.71	327.49	334.27	338.51	343.03	345.29	347.55	349.81	352.07	356.59	361.11	367.89	374.39	383.43	394.74	408.02	423.84	441.64	461.99	482.05	504.65	526.97	551.56	576.42	603.27	630.11	659.21	688.60	719.96	735.50	766.87	793.99	811.79	834.12	847.68
Sharp Health Plan	Premier	HMO C	199.18	216.88	223.65	230.42	237.71	245.00	252.55	260.36	260.36	260.36	260.36	261.40	266.61	272.86	283.01	291.34	295.51	301.76	308.01	311.91	316.08	318.16	320.24	322.33	324.41	328.57	332.74	338.99	344.98	353.31	363.72	375.96	390.54	406.94	425.69	444.17	465.00	485.57	508.22	531.13	555.87	580.60	607.42	634.50	663.40	677.72	706.62	731.61	748.01	768.58	781.08
Sutter Health Plus	Sutter Health Plus	HMO B	267.54	291.32	300.41	309.50	319.30	329.09	339.23	349.73	349.73	349.73	349.73	351.12	358.11	366.51	380.15	391.34	396.93	405.33	413.72	418.97	424.56	427.36	430.16	432.95	435.75	441.35	446.94	455.34	463.38	474.57	488.56	505.00	524.58	546.61	571.79	596.62	624.60	652.23	682.66	713.43	746.65	779.88	815.90	852.87	891.09	910.32	949.14	982.72	1004.75	1032.38	1049.15
Sutter Health Plus	Sutter Health Plus	HMO C	243.91	265.59	273.88	282.17	291.10	300.03	309.27	318.85	318.85	318.85	318.85	320.11	326.49	334.14	346.58	356.78	361.88	369.53	377.18	381.97	387.07	389.62	392.17	394.72	397.27	402.37	407.47	415.13	422.46	432.66	445.42	460.40	478.26	498.34	521.30	543.94	569.44	594.63	622.37	650.43	680.72	711.01	743.85	777.01	812.40	829.93	865.32	895.93	916.02	941.21	956.50
UnitedHealthcare	SignatureValue	HMO A	354.59	386.11	398.16	410.22	423.19	436.17	449.61	463.52	463.52	463.52	463.52	465.37	474.64	485.77	503.85	518.68	526.10	537.22	548.34	555.30	562.71	566.42	570.13	573.84	577.55	584.96	592.38	603.50	614.16	629.00	647.54	669.32	695.28	724.48	757.86	790.77	827.85	864.46	904.79	945.58	989.62	1033.65	1081.39	1129.60	1181.05	1206.54	1257.99	1302.49	1331.69	1368.31	1390.56
UnitedHealthcare	Harmony	HMO F	271.35	295.47	304.70	313.92	323.85	333.78	344.07	354.71	354.71	354.71	354.71	356.13	363.22	371.74	385.57	396.92	402.60	411.11	419.62	424.94	430.62	433.46	436.29	439.13	441.97	447.64	453.32	461.83	469.99	481.34	495.53	512.20	532.07	554.41	579.95	605.14	633.51	661.53	692.39	723.61	757.31	791.00	827.54	864.43	903.80	923.31	962.68	996.74	1019.08	1047.10	1064.13
UnitedHealthcare	Harmony	HMO G	240.34	261.70	269.87	278.04	286.84	295.63	304.74	314.17	314.17	314.17	314.17	315.43	321.71	329.25	341.50	351.56	356.58	364.12	371.66	376.38	381.40	383.92	386.43	388.94	391.46	396.48	401.51	409.05	416.28	426.33	438.90	453.66	471.26	491.05	513.67	535.97	561.11	585.93	613.26	640.91	670.75	700.60	732.96	765.63	800.51	817.78	852.66	882.82	902.61	927.43	942.51
Western Health	Full	HMO A	246.14	268.02	276.38	284.75	293.76	302.77	312.10	321.75	321.75	321.75	321.75	323.04	329.47	337.19	349.74	360.04	365.18	372.91	380.63	385.45	390.60	393.18	395.75	398.32	400.90	406.05	411.19	418.92	426.32	436.61	449.48	464.60	482.62	502.89	526.06	548.90	574.64	600.06	628.05	656.37	686.93	717.50	750.64	784.10	819.81	837.51	873.23	904.11	924.38	949.80	965.25
Western Health	Full	HMO B	258.40	281.37	290.15	298.94	308.39	317.85	327.65	337.78	337.78	337.78	337.78	339.13	345.89	353.99	367.17	377.98	383.38	391.49	399.59	404.66	410.06	412.77	415.47	418.17	420.87	426.28	431.68	439.79	447.56	458.37	471.88	487.75	506.67	527.95	552.27	576.25	603.27	629.96	659.35	689.07	721.16	753.25	788.04	823.17	860.66	879.24	916.73	949.16	970.44	997.13	1013.34
Western Health	Full	HMO C	241.30	262.75	270.95	279.16	287.99	296.82	305.97	315.43	315.43	315.43	315.43	316.69	323.00	330.57	342.87	352.97	358.01	365.58	373.15	377.89	382.93	385.46	387.98	390.50	393.03	398.07	403.12	410.69	417.95	428.04	440.66	455.48	473.15	493.02	515.73	538.12	563.36	588.28	615.72	643.48	673.44	703.41	735.90	768.70	803.72	821.07	856.08	886.36	906.23	931.15	946.29

Health Care Service Plan rates will vary by county

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Continued

Gold		AGE -->	0-14	15	16	17	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	353.35	384.75	396.76	408.77	421.71	434.64	448.03	461.89	461.89	461.89	461.89	463.74	472.98	484.06	502.07	516.85	524.25	535.33	546.42	553.34	560.73	564.43	568.12	571.82	575.51	582.91	590.30	601.38	612.00	626.78	645.26	666.97	692.84	721.93	755.19	787.98	824.94	861.42	901.61	942.26	986.14	1030.01	1077.59	1125.63	1176.90	1202.30	1253.57	1297.91	1327.01	1363.50	1385.67
Anthem Blue Cross	CaliforniaCare HMO	HMO B	371.59	404.62	417.25	429.88	443.48	457.08	471.17	485.74	485.74	485.74	485.74	487.68	497.40	509.06	528.00	543.54	551.31	562.97	574.63	581.92	589.69	593.57	597.46	601.35	605.23	613.00	620.78	632.43	643.61	659.15	678.58	701.41	728.61	759.21	794.18	828.67	867.53	905.91	948.16	990.91	1037.05	1083.20	1133.23	1183.75	1237.67	1264.38	1318.30	1364.93	1395.53	1433.90	1457.22
Anthem Blue Cross	Priority Select HMO	HMO C	245.34	267.15	275.49	283.83	292.81	301.79	311.09	320.71	320.71	320.71	320.71	321.99	328.41	336.10	348.61	358.87	364.01	371.70	379.40	384.21	389.34	391.91	394.47	397.04	399.60	404.74	409.87	417.56	424.94	435.20	448.03	463.11	481.07	501.27	524.36	547.13	572.79	598.12	626.03	654.25	684.72	715.18	748.22	781.57	817.17	834.81	870.41	901.20	921.40	946.74	962.13
Anthem Blue Cross	Advantage PPO	PPO A	472.55	514.55	530.61	546.67	563.97	581.27	599.18	617.71	617.71	617.71	617.71	620.18	632.54	647.36	671.45	691.22	701.10	715.93	730.75	740.02	749.90	754.84	759.78	764.72	769.67	779.55	789.43	804.26	818.47	838.23	862.94	891.97	926.57	965.48	1009.96	1053.81	1103.23	1152.03	1205.77	1260.13	1318.81	1377.49	1441.12	1505.36	1573.93	1607.90	1676.46	1735.77	1774.68	1823.48	1853.13
Anthem Blue Cross	Select PPO	PPO B	405.86	441.94	455.73	469.53	484.38	499.24	514.62	530.54	530.54	530.54	530.54	532.66	543.27	556.01	576.70	593.67	602.16	614.90	627.63	635.59	644.08	648.32	652.56	656.81	661.05	669.54	678.03	690.76	702.97	719.94	741.16	766.10	795.81	829.23	867.43	905.10	947.54	989.46	1035.61	1082.30	1132.70	1183.10	1237.75	1292.93	1351.82	1381.00	1439.89	1490.82	1524.24	1566.15	1591.62
Anthem Blue Cross	Select PPO	PPO C	422.04	459.55	473.89	488.24	503.68	519.13	535.13	551.68	551.68	551.68	551.68	553.89	564.92	578.16	599.68	617.33	626.16	639.40	652.64	660.91	669.74	674.15	678.57	682.98	687.39	696.22	705.05	718.29	730.98	748.63	770.70	796.63	827.52	862.28	902.00	941.17	985.30	1028.88	1076.88	1125.43	1177.84	1230.25	1287.07	1344.44	1405.68	1436.02	1497.26	1550.22	1584.98	1628.56	1655.04
Anthem Blue Cross	Select PPO	PPO D	394.77	429.86	443.28	456.70	471.14	485.59	500.56	516.04	516.04	516.04	516.04	518.10	528.42	540.81	560.94	577.45	585.71	598.09	610.48	618.22	626.47	630.60	634.73	638.86	642.99	651.24	659.50	671.88	683.75	700.27	720.91	745.16	774.06	806.57	843.73	880.36	921.65	962.41	1007.31	1052.72	1101.75	1150.77	1203.92	1257.59	1314.87	1343.25	1400.53	1450.07	1482.58	1523.35	1548.12
Anthem Blue Cross	Prudent Buyer - Small Group	PPO E	467.47	509.02	524.91	540.80	557.91	575.02	592.74	611.07	611.07	611.07	611.07	613.51	625.74	640.40	664.23	683.79	693.56	708.23	722.90	732.06	741.84	746.73	751.62	756.50	761.39	771.17	780.95	795.61	809.67	829.22	853.66	882.39	916.61	955.10	999.10	1042.49	1091.37	1139.65	1192.81	1246.58	1304.63	1362.69	1425.63	1489.18	1557.01	1590.62	1658.44	1717.11	1755.60	1803.88	1833.21
Health Net	WholeCare	HMO A	322.54	351.22	362.18	373.14	384.95	396.75	408.98	421.63	421.63	421.63	421.63	423.31	431.75	441.87	458.31	471.80	478.55	488.67	498.79	505.11	511.86	515.23	518.60	521.97	525.35	532.09	538.84	548.96	558.66	572.15	589.01	608.83	632.44	659.00	689.36	719.30	753.03	786.34	823.02	860.12	900.17	940.23	983.66	1027.51	1074.31	1097.50	1144.30	1184.77	1211.34	1244.64	1264.89
Health Net	WholeCare	HMO B	316.12	344.22	354.96	365.71	377.28	388.85	400.83	413.23	413.23	413.23	413.23	414.88	423.15	433.06	449.18	462.40	469.02	478.93	488.85	495.05	501.66	504.97	508.27	511.58	514.88	521.50	528.11	538.02	547.53	560.75	577.28	596.70	619.84	645.88	675.63	704.97	738.03	770.67	806.62	842.99	882.24	921.50	964.06	1007.04	1052.91	1075.64	1121.50	1161.17	1187.21	1219.85	1239.69
Health Net	WholeCare	HMO C	319.96	348.41	359.28	370.15	381.87	393.58	405.71	418.25	418.25	418.25	418.25	419.93	428.29	438.33	454.64	468.03	474.72	484.76	494.79	501.07	507.76	511.11	514.45	517.80	521.14	527.84	534.53	544.57	554.19	567.57	584.30	603.96	627.38	653.73	683.85	713.54	747.00	780.04	816.43	853.24	892.97	932.71	975.79	1019.29	1065.71	1088.72	1135.14	1175.29	1201.64	1234.69	1254.75
Health Net	Salud HMO y Mas	HMO D	277.89	302.59	312.03	321.48	331.65	341.82	352.35	363.25	363.25	363.25	363.25	364.70	371.97	380.69	394.85	406.48	412.29	421.01	429.72	435.17	440.98	443.89	446.80	449.70	452.61	458.42	464.23	472.95	481.31	492.93	507.46	524.53	544.87	567.76	593.91	619.70	648.76	677.46	709.06	741.03	775.54	810.05	847.46	885.24	925.56	945.54	985.86	1020.73	1043.62	1072.31	1089.75
Health Net	Full	HMO E	348.52	379.50	391.35	403.19	415.95	428.71	441.92	455.58	455.58	455.58	455.58	457.41	466.52	477.45	495.22	509.80	517.09	528.02	538.96	545.79	553.08	556.72	560.37	564.01	567.66	574.95	582.24	593.17	603.65	618.23	636.45	657.86	683.38	712.08	744.88	777.23	813.67	849.67	889.30	929.39	972.67	1015.95	1062.88	1110.26	1160.83	1185.89	1236.46	1280.19	1308.89	1344.89	1366.74
Health Net	Full	HMO F	330.44	359.82	371.05	382.28	394.37	406.47	418.99	431.95	431.95	431.95	431.95	433.68	442.32	452.69	469.53	483.36	490.27	500.63	511.00	517.48	524.39	527.85	531.30	534.76	538.21	545.13	552.04	562.40	572.34	586.16	603.44	623.74	647.93	675.14	706.24	736.91	771.47	805.59	843.17	881.18	922.22	963.26	1007.75	1052.67	1100.62	1124.37	1172.32	1213.79	1241.00	1275.13	1295.85
Health Net	Full	HMO G	357.93	389.75	401.92	414.08	427.18	440.28	453.85	467.89	467.89	467.89	467.89	469.76	479.12	490.35	508.59	523.57	531.05	542.28	553.51	560.53	568.02	571.76	575.50	579.24	582.99	590.47	597.96	609.19	619.95	634.92	653.64	675.63	701.83	731.31	765.00	798.22	835.65	872.61	913.32	954.49	998.94	1043.39	1091.58	1140.24	1192.18	1217.91	1269.85	1314.76	1344.24	1381.20	1403.67
Kaiser Permanente	Full	HMO B	314.92	341.67	351.90	362.13	373.14	370.17	381.58	393.38	393.38	393.38	393.38	394.95	402.82	412.26	427.60	440.19	446.48	455.92	465.37	471.27	477.56	480.71	483.85	487.00	490.15	496.44	502.74	512.18	521.23	533.81	549.55	568.04	590.07	614.85	643.17	671.10	702.57	733.65	767.87	802.49	839.86	877.23	917.75	958.66	1002.33	1023.96	1067.63	1105.39	1130.17	1161.25	1180.14
Kaiser Permanente	Full	HMO C	332.35	360.64	371.46	382.28	393.94	391.60	403.67	416.15	416.15	416.15	416.15	417.82	426.14	436.13	452.36	465.67	472.33	482.32	492.31	498.55	505.21	508.54	511.87	515.19	518.52	525.18	531.84	541.83	551.40	564.72	581.36	600.92	624.23	650.44	680.41	709.95	743.24	776.12	812.33	848.95	888.48	928.02	970.88	1014.16	1060.35	1083.24	1129.43	1169.38	1195.60	1228.48	1248.45
Kaiser Permanente	Full	HMO D	297.33	322.52	332.15	341.78	352.15	348.53	359.27	370.38	370.38	370.38	370.38	371.86	379.27	388.16	402.61	414.46	420.38	429.27	438.16	443.72	449.65	452.61	455.57	458.53	461.50	467.42	473.35	482.24	490.76	502.61	517.43	534.83	555.57	578.91	605.58	631.87	661.50	690.76	722.99	755.58	790.77	825.95	864.10	902.62	943.74	964.11	1005.22	1040.78	1064.11	1093.37	1111.14
Kaiser Permanente	Full	HMO E	275.80	299.07	307.97	316.87	326.45	322.04	331.97	342.24	342.24	342.24	342.24	343.61	350.45	358.66	372.01	382.96	388.44	396.65	404.87	410.00	415.48	418.21	420.95	423.69	426.43	431.90	437.38	445.59	453.46	464.42	478.11	494.19	513.36	534.92	559.56	583.86	611.24	638.27	668.05	698.16	730.68	763.19	798.44	834.03	872.02	890.84	928.83	961.69	983.25	1010.28	1026.72
Sharp Health Plan	Performance	HMO A	261.56	284.81	293.70	302.59	312.16	321.74	331.65	341.91	341.91	341.91	341.91	343.28	350.12	358.32	371.66	382.60	388.07	396.27	404.48	409.61	415.08	417.81	420.55	423.28	426.02	431.49	436.96	445.17	453.03	463.97	477.65	493.72	512.87	534.41	559.02	583.30	610.65	637.66	667.41	697.50	729.98	762.46	797.68	833.23	871.19	889.99	927.94	960.77	982.31	1009.32	1025.73
Sharp Health Plan	Premier	HMO B	250.61	272.88	281.40	289.92	299.09	308.26	317.76	327.59	327.59	327.59	327.59	328.90	335.45	343.31	356.09	366.57	371.81	379.68	387.54	392.45	397.69	400.31	402.94	405.56	408.18	413.42	418.66	426.52	434.06	444.54	457.64	473.04	491.39	512.02	535.61	558.87	585.08	610.96	639.46	668.28	699.40	730.53	764.27	798.34	834.70	852.72	889.08	920.53	941.17	967.05	982.77
Sharp Health Plan	Performance	HMO D	280.56	305.50	315.04	324.57	334.84	345.11	355.75	366.75	366.75	366.75	366.75	368.22	375.55	384.35	398.66	410.39	416.26	425.06	433.87	439.37	445.23	448.17	451.10	454.04	456.97	462.84	468.71	477.51	485.94	497.68	512.35	529.59	550.13	573.23	599.64	625.68	655.02	683.99	715.90	748.17	783.01	817.85	855.63	893.77	934.48	954.65	995.36	1030.57	1053.67	1082.65	1100.25
Sutter Health Plus	Sutter Health Plus	HMO A	304.66	331.74	342.10	352.45	363.60	374.75	386.30	398.26	398.26	398.26	398.26	399.84	407.81	417.36	432.90	445.64	452.01	461.57	471.13	477.10	483.47	486.66	489.85	493.03	496.22	502.59	508.96	518.52	527.68	540.42	556.35	575.07	597.37	622.46	651.14	679.41	711.27	742.73	777.38	812.43	850.26	888.09	929.11	970.53	1014.74	1036.64	1080.85	1119.08	1144.17	1175.63	1194.73
Sutter Health Plus	Sutter Health Plus	HMO B	317.32	345.52	356.31	367.09	378.71	390.32	402.35	414.81	414.81	414.81	414.81	416.45	424.75	434.71	450.88	464.16	470.79	480.75	490.70	496.92	503.56	506.88	510.20	513.52	516.84	523.47	530.11	540.06	549.60	562.88	579.47	598.96	622.19	648.33	678.19	707.64	740.82	773.59	809.68	846.18	885.59	924.99	967.72	1010.86	1056.90	1079.71	1125.75	1165.58	1191.71	1224.48	1244.38
UnitedHealthcare	SignatureValue	HMO A	388.64	423.18	436.39	449.60	463.82	478.05	492.78	508.02	508.02	508.02	508.02	510.05	520.21	532.40	552.22	568.47	576.60	588.80	600.99	608.61	616.74	620.80	624.86	628.93	632.99	641.12	649.25	661.44	673.13	689.38	709.70	733.58	762.03	794.04	830.61	866.68	907.32	947.46	991.66	1036.36	1084.62	1132.88	1185.21	1238.04	1294.43	1322.38	1378.77	1427.54	1459.54	1499.68	1524.06
UnitedHealthcare	SignatureValue	HMO F	448.43	488.29	503.53	518.77	535.18	551.60	568.59	586.18	586.18	586.18	586.18	588.52	600.25	614.32	637.18	655.94	665.31	679.38	693.45	702.24	711.62	716.31	721.00	725.69	730.38	739.76	749.14	763.21	776.69	795.45	818.89	846.44	879.27	916.20	958.40	1000.02	1046.92	1093.23	1144.22	1195.81	1251.49	1307.18	1367.56	1428.52	1493.59	1525.83	1590.89	1647.17	1684.10	1730.40	1758.54
UnitedHealthcare	SignatureValue	HMO H	412.11	448.75	462.75	476.76	491.84	506.93	522.55	538.71	538.71	538.71	538.71	540.86	551.64	564.57	585.58	602.82	611.44	624.36	637.29	645.37	653.99	658.30	662.61	666.92	671.23	679.85	688.47	701.40	713.79	731.03	752.58	777.90	808.07	842.00	880.79	919.04	962.14	1004.69	1051.56	1098.97	1150.15	1201.32	1256.81	1312.84	1372.63	1402.26	1462.06	1513.78	1547.71	1590.27	1616.13
UnitedHealthcare	Harmony	HMO L	297.41	323.85	333.95	344.06	354.95	365.83	377.11	388.77	388.77	388.77	388.77	390.33	398.10	407.43	422.59	435.03	441.25	450.58	459.91	465.75	471.97	475.08	478.19	481.30	484.41	490.63	496.85	506.18	515.12	527.56	543.11	561.38	583.16	607.65	635.64	663.24	694.34	725.06	758.88	793.09	830.02	866.96	907.00	947.43	990.59	1011.97	1055.12	1092.44	1116.94	1147.65	1166.31
UnitedHealthcare	Harmony	HMO M	343.16	373.67	385.33	396.99	409.55	422.11	435.12	448.58	448.58	448.58	448.58	450.37	459.35	470.11	487.61	501.96	509.14	519.90	530.67	537.40	544.58	548.16	551.75	555.34	558.93	566.11	573.29	584.05	594.37	608.72	626.67	647.75	672.87	701.13	733.43	765.28	801.16	836.60	875.63	915.10	957.72	1000.33	1046.54	1093.19	1142.98	1167.65	1217.45	1260.51	1288.77	1324.21	1345.74
UnitedHealthcare	Harmony	HMO N	315.37	343.40	354.12	364.84	376.38	387.93	399.88	412.25	412.25	412.25	412.25	413.90	422.14	432.04	448.12	461.31	467.90	477.80	487.69	493.88	500.47	503.77	507.07	510.37	513.66	520.26	526.86	536.75	546.23	559.42	575.91	595.29	618.38	644.35	674.03	703.30	736.28	768.85	804.71	840.99	880.15	919.32	961.78	1004.65	1050.41	1073.09	1118.85	1158.42	1184.39	1216.96	1236.75
UnitedHealthcare	Harmony	HMO P	292.89	318.92	328.88	338.83	349.55	360.27	371.37	382.86	382.86	382.86	382.86	384.39	392.05	401.24	416.17	428.42	434.55	443.73	452.92	458.67	464.79	467.85	470.92	473.98	477.04	483.17	489.30	498.48	507.29	519.54	534.86	552.85	574.29	598.41	625.98	653.16	683.79	714.03	747.34	781.03	817.41	853.78	893.21	933.03	975.53	996.58	1039.08	1075.84	1099.96	1130.20	1148.58
UnitedHealthcare	SignatureValue	HMO Q	382.74	416.76	429.77	442.77	456.78	470.79	485.30	500.31	500.31	500.31	500.31	502.31	512.32	524.32	543.84	559.85	567.85	579.86	591.87	599.37	607.38	611.38	615.38	619.38	623.39	631.39	639.40	651.40	662.91	678.92	698.93	722.45	750.47	781.98	818.01	853.53	893.55	933.08	976.61	1020.63	1068.16	1115.69	1167.22	1219.26	1274.79	1302.31	1357.84	1405.87	1437.39	1476.92	1500.93
Western Health	Full	HMO A	285.27	310.63	320.32	330.02	340.46	350.90	361.72	372.90	372.90	372.90	372.90	374.39	381.85	390.80	405.35	417.28	423.25	432.19	441.14	446.74	452.70	455.69	458.67	461.65	464.64	470.60	476.57	485.52	494.10	506.03	520.95	538.47	559.35	582.85	609.70	636.17	666.01	695.46	727.91	760.72	796.15	831.57	869.98	908.77	950.16	970.67	1012.06	1047.86	1071.35	1100.81	1118.71
Western Health	Full	HMO B	297.99	324.47	334.60	344.73	355.64	366.54	377.84	389.52	389.52	389.52	389.52	391.08	398.87	408.22	423.41	435.88	442.11	451.46	460.81	466.65	472.88	476.00	479.11	482.23	485.35	491.58	497.81	507.16	516.12	528.58	544.16	562.47	584.29	608.83	636.87	664.53	695.69	726.46	760.35	794.63	831.63	868.64	908.76	949.27	992.51	1013.93	1057.17	1094.56	1119.10	1149.87	1168.57
Western Health	Full	HMO C	271.31	295.43	304.65	313.87	323.80	333.73	344.01	354.65	354.65	354.65	354.65	356.07	363.17	371.68	385.51	396.86	402.53	411.04	419.56	424.88	430.55	433.39	436.22	439.06	441.90	447.57	453.25	461.76	469.92	481.27	495.45	512.12	531.98	554.32	579.86	605.04	633.41	661.43	692.29	723.49	757.19	790.88	827.41	864.29	903.66	923.17	962.53	996.58	1018.92	1046.94	1063.96
Western Health	Full	HMO D	260.82	284.01	292.87	301.74	311.28	320.83	330.72	340.94	340.94	340.94	340.94	342.31	349.13	357.31	370.61	381.52	386.97	395.15	403.34	408.45	413.91	416.63	419.36	422.09	424.82	430.27	435.73	443.91	451.75	462.66	476.30	492.32	511.42	532.90	557.44	581.65	608.93	635.86	665.52	695.53	727.92	760.31	795.42	830.88	868.73	887.48	925.32	958.05	979.53	1006.47	1022.83

Platinum		AGE -->	0-14	15	16	17	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	403.82	439.72	453.44	467.16	481.95	496.73	512.03	527.87	527.87	527.87	527.87	529.98	540.54	553.21	573.79	590.69	599.13	611.80	624.47	632.39	640.83	645.06	649.28	653.50	657.73	666.17	674.62	687.29	699.43	716.32	737.43	762.24	791.81	825.06	863.07	900.55	942.78	984.48	1030.40	1076.85	1127.00	1177.15	1231.52	1286.42	1345.01	1374.05	1432.64	1483.31	1516.57	1558.27	1583.61
Health Net	WholeCare	HMO C	325.79	354.75	365.82	376.89	388.82	400.74	413.09	425.87	425.87	425.87	425.87	427.57	436.09	446.31	462.92	476.54	483.36	493.58	503.80	510.19	517.00	520.41	523.82	527.22	530.63	537.44	544.26	554.48	564.27	577.90	594.94	614.95	638.80	665.63	696.29	726.53	760.60	794.24	831.29	868.77	909.22	949.68	993.55	1037.84	1085.11	1108.53	1155.80	1196.68	1223.51	1257.16	1277.61
Health Net	Salud HMO y Mas	HMO D	281.81	306.86	316.44	326.02	336.33	346.65	357.33	368.38	368.38	368.38	368.38	369.85	377.22	386.06	400.43	412.22	418.11	426.95	435.80	441.32	447.21	450.16	453.11	456.06	459.00	464.90	470.79	479.63	488.11	499.89	514.63	531.94	552.57	575.78	602.30	628.46	657.93	687.03	719.08	751.50	786.49	821.49	859.43	897.75	938.64	958.90	999.79	1035.15	1058.36	1087.46	1105.14
Health Net	Full	HMO E	362.11	394.29	406.60	418.91	432.16	445.42	459.14	473.34	473.34	473.34	473.34	475.24	484.70	496.06	514.52	529.67	537.24	548.60	559.96	567.07	574.64	578.43	582.21	586.00	589.79	597.36	604.93	616.29	627.18	642.33	661.26	683.51	710.01	739.84	773.92	807.52	845.39	882.79	923.97	965.62	1010.59	1055.56	1104.31	1153.54	1206.08	1232.11	1284.65	1330.09	1359.91	1397.31	1420.02
Health Net	WholeCare	HMO F	335.33	365.14	376.54	387.93	400.21	412.48	425.19	438.34	438.34	438.34	438.34	440.10	448.86	459.38	476.48	490.51	497.52	508.04	518.56	525.13	532.15	535.66	539.16	542.67	546.18	553.19	560.20	570.72	580.80	594.83	612.37	632.97	657.51	685.13	716.69	747.81	782.88	817.51	855.65	894.22	935.86	977.50	1022.65	1068.24	1116.90	1141.01	1189.66	1231.74	1259.36	1293.99	1315.02
Health Net	Salud HMO y Mas	HMO G	291.23	317.12	327.02	336.92	347.58	358.24	369.28	380.70	380.70	380.70	380.70	382.22	389.83	398.97	413.82	426.00	432.09	441.23	450.36	456.07	462.17	465.21	468.26	471.30	474.35	480.44	486.53	495.67	504.42	516.61	531.83	549.73	571.04	595.03	622.44	649.47	679.92	710.00	743.12	776.62	812.79	848.95	888.16	927.76	970.01	990.95	1033.21	1069.76	1093.74	1123.82	1142.10
Health Net	Full	HMO H	372.72	405.85	418.51	431.18	444.82	458.47	472.59	487.21	487.21	487.21	487.21	489.16	498.90	510.60	529.60	545.19	552.98	564.68	576.37	583.68	591.47	595.37	599.27	603.17	607.06	614.86	622.66	634.35	645.55	661.14	680.63	703.53	730.82	761.51	796.59	831.18	870.16	908.65	951.04	993.91	1040.19	1086.48	1136.66	1187.33	1241.41	1268.21	1322.29	1369.06	1399.76	1438.25	1461.63
Kaiser Permanente	Full	HMO A	354.36	384.62	396.19	407.75	420.21	418.68	431.58	444.93	444.93	444.93	444.93	446.71	455.61	466.29	483.64	497.88	505.00	515.67	526.35	533.03	540.15	543.70	547.26	550.82	554.38	561.50	568.62	579.30	589.53	603.77	621.57	642.48	667.40	695.43	727.46	759.05	794.65	829.80	868.50	907.66	949.93	992.19	1038.02	1084.30	1133.68	1158.15	1207.54	1250.25	1278.28	1313.43	1334.79
Kaiser Permanente	Full	HMO B	348.19	377.90	389.25	400.61	412.84	411.09	423.76	436.86	436.86	436.86	436.86	438.61	447.35	457.83	474.87	488.85	495.84	506.32	516.81	523.36	530.35	533.84	537.34	540.83	544.33	551.32	558.31	568.79	578.84	592.82	610.29	630.83	655.29	682.81	714.27	745.29	780.23	814.75	852.75	891.20	932.70	974.20	1019.20	1064.63	1113.12	1137.15	1185.64	1227.58	1255.10	1289.61	1310.58
Sharp Health Plan	Premier	HMO A	282.65	307.78	317.38	326.99	337.34	347.68	358.40	369.48	369.48	369.48	369.48	370.96	378.35	387.22	401.62	413.45	419.36	428.23	437.09	442.64	448.55	451.50	454.46	457.42	460.37	466.28	472.20	481.06	489.56	501.38	516.16	533.53	554.22	577.50	604.10	630.33	659.89	689.08	721.22	753.74	788.84	823.94	862.00	900.42	941.44	961.76	1002.77	1038.24	1061.52	1090.70	1108.44
Sharp Health Plan	Performance	HMO B	304.58	331.66	342.01	352.36	363.51	374.66	386.21	398.15	398.15	398.15	398.15	399.74	407.71	417.26	432.79	445.53	451.90	461.46	471.01	476.98	483.35	486.54	489.72	492.91	496.09	502.47	508.84	518.39	527.55	540.29	556.22	574.93	597.23	622.31	650.98	679.24	711.10	742.55	777.19	812.23	850.05	887.87	928.88	970.29	1014.49	1036.38	1080.58	1118.80	1143.88	1175.34	1194.45
Sharp Health Plan	Premier	HMO C	278.68	303.45	312.93	322.40	332.60	342.80	353.36	364.29	364.29	364.29	364.29	365.75	373.03	381.78	395.98	407.64	413.47	422.21	430.96	436.42	442.25	445.16	448.08	450.99	453.91	459.73	465.56	474.31	482.68	494.34	508.91	526.03	546.44	569.39	595.61	621.48	650.62	679.40	711.09	743.15	777.76	812.37	849.89	887.77	928.21	948.25	988.68	1023.65	1046.61	1075.38	1092.87
Sutter Health Plus	Sutter Health Plus	HMO A	346.84	377.67	389.46	401.25	413.94	426.64	439.79	453.40	453.40	453.40	453.40	455.20	464.27	475.15	492.83	507.34	514.60	525.48	536.36	543.16	550.41	554.04	557.67	561.29	564.92	572.18	579.43	590.31	600.74	615.25	633.38	654.69	680.08	708.65	741.29	773.48	809.75	845.57	885.01	924.91	967.98	1011.06	1057.76	1104.91	1155.23	1180.17	1230.50	1274.02	1302.58	1338.40	1360.16
Sutter Health Plus	Sutter Health Plus	HMO B	353.12	384.51	396.51	408.51	421.44	434.36	447.75	461.61	461.61	461.61	461.61	463.44	472.68	483.75	501.76	516.53	523.91	534.99	546.07	552.99	560.38	564.07	567.76	571.46	575.15	582.54	589.92	601.00	611.62	626.39	644.85	666.55	692.40	721.48	754.71	787.48	824.41	860.88	901.04	941.66	985.51	1029.36	1076.91	1124.91	1176.15	1201.54	1252.77	1297.09	1326.17	1362.64	1384.78
UnitedHealthcare	SignatureValue	HMO A	472.68	514.69	530.76	546.82	564.12	581.43	599.34	617.88	617.88	617.88	617.88	620.35	632.71	647.54	671.64	691.41	701.29	716.12	730.95	740.22	750.11	755.05	759.99	764.94	769.88	779.76	789.65	804.48	818.69	838.46	863.18	892.22	926.82	965.75	1010.23	1054.10	1103.53	1152.35	1206.10	1260.48	1319.17	1377.87	1441.51	1505.77	1574.36	1608.34	1676.93	1736.24	1775.17	1823.98	1853.64
UnitedHealthcare	SignatureValue	HMO E	511.85	557.34	574.74	592.14	610.87	629.60	649.01	669.08	669.08	669.08	669.08	671.76	685.14	701.20	727.29	748.70	759.41	775.46	791.52	801.56	812.26	817.62	822.97	828.32	833.67	844.38	855.08	871.14	886.53	907.94	934.70	966.15	1003.62	1045.77	1093.95	1141.45	1194.98	1247.83	1306.04	1364.92	1428.49	1492.05	1560.96	1630.55	1704.82	1741.62	1815.88	1880.11	1922.27	1975.12	2007.24
UnitedHealthcare	Harmony	HMO H	361.72	393.88	406.17	418.46	431.70	444.94	458.65	472.84	472.84	472.84	472.84	474.73	484.19	495.54	513.98	529.11	536.67	548.02	559.37	566.46	574.03	577.81	581.59	585.38	589.16	596.72	604.29	615.64	626.51	641.64	660.56	682.78	709.26	739.05	773.09	806.67	844.49	881.85	922.98	964.59	1009.51	1054.43	1103.14	1152.31	1204.80	1230.80	1283.29	1328.68	1358.47	1395.82	1418.52
UnitedHealthcare	Harmony	HMO I	391.70	426.51	439.83	453.14	467.47	481.81	496.66	512.02	512.02	512.02	512.02	514.07	524.31	536.60	556.57	572.95	581.14	593.43	605.72	613.40	621.59	625.69	629.78	633.88	637.98	646.17	654.36	666.65	678.43	694.81	715.29	739.36	768.03	800.29	837.15	873.51	914.47	954.92	999.46	1044.52	1093.16	1141.80	1194.54	1247.79	1304.63	1332.79	1389.62	1438.78	1471.03	1511.48	1536.06
UnitedHealthcare	Harmony	HMO K	355.86	387.49	399.59	411.68	424.71	437.73	451.22	465.18	465.18	465.18	465.18	467.04	476.34	487.51	505.65	520.54	527.98	539.14	550.31	557.29	564.73	568.45	572.17	575.89	579.61	587.06	594.50	605.66	616.36	631.25	649.86	671.72	697.77	727.08	760.57	793.60	830.81	867.56	908.03	948.97	993.16	1037.35	1085.26	1133.64	1185.28	1210.86	1262.50	1307.16	1336.46	1373.21	1395.54
UnitedHealthcare	SignatureValue	HMO L	465.03	506.36	522.17	537.97	554.99	572.02	589.64	607.88	607.88	607.88	607.88	610.31	622.47	637.06	660.77	680.22	689.94	704.53	719.12	728.24	737.97	742.83	747.69	752.56	757.42	767.14	776.87	791.46	805.44	824.89	849.21	877.78	911.82	950.12	993.88	1037.04	1085.67	1133.70	1186.58	1240.08	1297.82	1355.57	1418.18	1481.40	1548.88	1582.31	1649.79	1708.14	1746.44	1794.46	1823.64
Western Health	Full	HMO A	324.22	353.04	364.06	375.08	386.94	398.81	411.10	423.82	423.82	423.82	423.82	425.51	433.99	444.16	460.69	474.25	481.03	491.20	501.37	507.73	514.51	517.90	521.29	524.68	528.07	534.86	541.64	551.81	561.56	575.12	592.07	611.99	635.72	662.42	692.94	723.03	756.93	790.42	827.29	864.58	904.85	945.11	988.76	1032.84	1079.88	1103.19	1150.24	1190.92	1217.62	1251.10	1271.45
Western Health	Full	HMO B	331.85	361.35	372.63	383.91	396.05	408.20	420.78	433.79	433.79	433.79	433.79	435.53	444.21	454.62	471.54	485.42	492.36	502.77	513.18	519.69	526.63	530.10	533.57	537.04	540.51	547.45	554.39	564.80	574.78	588.66	606.01	626.40	650.69	678.02	709.25	740.05	774.76	809.03	846.77	884.94	926.15	967.36	1012.04	1057.16	1105.31	1129.17	1177.32	1218.96	1246.29	1280.56	1301.38
Western Health	Full	HMO C	320.56	349.06	359.95	370.85	382.58	394.31	406.46	419.03	419.03	419.03	419.03	420.71	429.09	439.15	455.49	468.90	475.60	485.66	495.72	502.00	508.71	512.06	515.41	518.76	522.12	528.82	535.53	545.58	555.22	568.63	585.39	605.09	628.55	654.95	685.12	714.87	748.39	781.50	817.95	854.83	894.64	934.45	977.61	1021.19	1067.70	1090.75	1137.26	1177.49	1203.88	1236.99	1257.10

Health Care Service Plan rates will vary by county

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USE EMPLOYER ZIP CODE FOR RATING

AREA 10

04/01/22 - 06/01/22

Bronze		AGE -->	0-14	15	16	17	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	Prudent Buyer - Small Group	PPO A	270.49	294.53	303.73	312.92	322.82	332.72	342.97	353.58	353.58	353.58	353.58	354.99	362.07	370.55	384.34	395.66	401.31	409.80	418.29	423.59	429.25	432.07	434.90	437.73	440.56	446.22	451.88	460.36	468.49	479.81	493.95	510.57	530.37	552.65	578.10	603.21	631.49	659.43	690.19	721.30	754.89	788.48	824.90	861.67	900.92	920.37	959.62	993.56	1015.84	1043.77	1060.74
Anthem Blue Cross	Select PPO	PPO B	242.83	264.41	272.66	280.92	289.80	298.69	307.90	317.42	317.42	317.42	317.42	318.69	325.04	332.66	345.04	355.19	360.27	367.89	375.51	380.27	385.35	387.89	390.43	392.97	395.51	400.58	405.66	413.28	420.58	430.74	443.44	458.35	476.13	496.13	518.98	541.52	566.91	591.99	619.60	647.54	677.69	707.85	740.54	773.55	808.79	826.24	861.48	891.95	911.95	937.02	952.26
Anthem Blue Cross	Prudent Buyer - Small Group	EPO A	273.24	297.53	306.82	316.10	326.11	336.11	346.46	357.18	357.18	357.18	357.18	358.61	365.75	374.32	388.25	399.68	405.40	413.97	422.54	427.90	433.62	436.47	439.33	442.19	445.05	450.76	456.48	465.05	473.26	484.69	498.98	515.77	535.77	558.27	583.99	609.35	637.92	666.14	697.22	728.65	762.58	796.51	833.30	870.45	910.09	929.74	969.39	1003.68	1026.18	1054.40	1071.54
Health Net	CommunityCare	HMO A	214.95	234.06	241.36	248.67	256.54	264.40	272.55	280.98	280.98	280.98	280.98	282.10	287.72	294.47	305.43	314.42	318.91	325.66	332.40	336.61	341.11	343.36	345.61	347.85	350.10	354.60	359.09	365.84	372.30	381.29	392.53	405.74	421.47	439.17	459.40	479.35	501.83	524.03	548.47	573.20	599.89	626.59	655.53	684.75	715.94	731.39	762.58	789.56	807.26	829.45	842.94
Kaiser Permanente	Full	HMO A	211.09	228.61	235.31	242.01	249.22	242.45	249.92	257.65	257.65	257.65	257.65	258.68	263.83	270.01	280.06	288.31	292.43	298.61	304.80	308.66	312.78	314.84	316.91	318.97	321.03	325.15	329.27	335.46	341.38	349.63	359.93	372.04	386.47	402.70	421.25	439.55	460.16	480.51	502.93	525.60	550.08	574.55	601.09	627.88	656.48	670.65	699.25	723.99	740.22	760.57	772.95
Kaiser Permanente	Full	HMO B	207.32	224.51	231.08	237.65	244.73	237.81	245.14	252.72	252.72	252.72	252.72	253.73	258.79	264.85	274.71	282.80	286.84	292.90	298.97	302.76	306.80	308.83	310.85	312.87	314.89	318.94	322.98	329.04	334.86	342.94	353.05	364.93	379.08	395.00	413.20	431.14	451.36	471.33	493.31	515.55	539.56	563.57	589.60	615.88	643.94	657.84	685.89	710.15	726.07	746.04	758.16
Kaiser Permanente	Full	HMO C	199.42	215.90	222.20	228.51	235.29	228.09	235.12	242.39	242.39	242.39	242.39	243.36	248.21	254.03	263.48	271.24	275.11	280.93	286.75	290.38	294.26	296.20	298.14	300.08	302.02	305.90	309.78	315.59	321.17	328.93	338.62	350.01	363.59	378.86	396.31	413.52	432.91	452.06	473.15	494.48	517.51	540.53	565.50	590.71	617.61	630.95	657.85	681.12	696.39	715.54	727.17
Sharp Health Plan	Premier	HMO A	181.79	197.95	204.12	210.30	216.96	223.61	230.50	237.63	237.63	237.63	237.63	238.58	243.33	249.04	258.30	265.91	269.71	275.41	281.12	284.68	288.48	290.38	292.28	294.19	296.09	299.89	303.69	309.39	314.86	322.46	331.97	343.14	356.45	371.42	388.53	405.40	424.41	443.18	463.85	484.77	507.34	529.91	554.39	579.10	605.48	618.55	644.93	667.74	682.71	701.48	712.89
Sharp Health Plan	Performance	HMO B	200.32	218.13	224.94	231.75	239.08	246.41	254.00	261.86	261.86	261.86	261.86	262.91	268.14	274.43	284.64	293.02	297.21	303.50	309.78	313.71	317.90	319.99	322.09	324.18	326.28	330.47	334.66	340.94	346.96	355.34	365.82	378.13	392.79	409.29	428.14	446.73	467.68	488.37	511.15	534.19	559.07	583.95	610.92	638.15	667.22	681.62	710.69	735.83	752.32	773.01	785.58
Sutter Health Plus	Sutter Health Plus	HMO A	195.88	213.29	219.94	226.60	233.77	240.94	248.37	256.06	256.06	256.06	256.06	257.07	262.19	268.34	278.32	286.52	290.61	296.76	302.90	306.74	310.84	312.89	314.94	316.99	319.03	323.13	327.23	333.37	339.26	347.46	357.70	369.73	384.07	400.20	418.64	436.82	457.30	477.53	499.80	522.34	546.66	570.99	597.36	623.99	652.41	666.49	694.91	719.49	735.62	755.85	768.13
Sutter Health Plus	Sutter Health Plus	HMO B	200.76	218.60	225.43	232.25	239.60	246.95	254.56	262.44	262.44	262.44	262.44	263.48	268.73	275.03	285.26	293.66	297.86	304.16	310.45	314.39	318.59	320.69	322.79	324.89	326.99	331.19	335.39	341.68	347.72	356.12	366.61	378.95	393.65	410.18	429.07	447.71	468.70	489.43	512.26	535.36	560.29	585.22	612.25	639.54	668.67	683.11	712.24	737.43	753.96	774.69	787.28
Western Health	Full	HMO B	223.32	243.17	250.76	258.35	266.53	274.70	283.17	291.93	291.93	291.93	291.93	293.09	298.93	305.94	317.32	326.67	331.34	338.34	345.35	349.73	354.40	356.73	359.07	361.40	363.74	368.41	373.08	380.09	386.80	396.14	407.82	421.54	437.89	456.28	477.30	498.03	521.38	544.44	569.84	595.53	623.26	651.00	681.06	711.42	743.83	759.88	792.29	820.31	838.70	861.77	875.78
Western Health	Full	HMO C	229.09	249.46	257.24	265.03	273.41	281.80	290.48	299.47	299.47	299.47	299.47	300.67	306.66	313.84	325.52	335.11	339.90	347.08	354.27	358.76	363.55	365.95	368.35	370.74	373.14	377.93	382.72	389.91	396.80	406.38	418.36	432.43	449.20	468.07	489.63	510.89	534.85	558.51	584.56	610.92	639.37	667.81	698.66	729.80	763.05	779.52	812.76	841.51	860.37	884.03	898.41

Silver		AGE -->	0-14	15	16	17	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	280.19	305.09	314.62	324.14	334.40	344.65	355.27	366.26	366.26	366.26	366.26	367.73	375.05	383.84	398.12	409.84	415.71	424.50	433.29	438.78	444.64	447.57	450.50	453.43	456.36	462.22	468.08	476.87	485.29	497.01	511.67	528.88	549.39	572.46	598.84	624.84	654.14	683.07	714.94	747.17	781.97	816.76	854.48	892.58	933.23	953.37	994.03	1029.19	1052.26	1081.20	1098.78
Anthem Blue Cross	CaliforniaCare HMO	HMO B	300.99	327.74	337.97	348.20	359.22	370.24	381.65	393.45	393.45	393.45	393.45	395.02	402.89	412.34	427.68	440.27	446.57	456.01	465.45	471.35	477.65	480.80	483.94	487.09	490.24	496.53	502.83	512.27	521.32	533.91	549.65	568.14	590.18	614.96	643.29	671.23	702.70	733.78	768.01	802.64	840.02	877.39	917.92	958.84	1002.51	1024.15	1067.82	1105.59	1130.38	1161.46	1180.35
Anthem Blue Cross	Priority Select HMO	HMO C	216.93	236.21	243.59	250.96	258.90	266.84	275.06	283.57	283.57	283.57	283.57	284.70	290.38	297.18	308.24	317.31	321.85	328.66	335.46	339.72	344.25	346.52	348.79	351.06	353.33	357.87	362.40	369.21	375.73	384.80	396.15	409.48	425.36	443.22	463.64	483.77	506.46	528.86	553.53	578.48	605.42	632.36	661.57	691.06	722.54	738.13	769.61	796.83	814.70	837.10	850.71
Anthem Blue Cross	Advantage PPO	PPO A	302.58	329.48	339.76	350.04	361.12	372.19	383.66	395.53	395.53	395.53	395.53	397.11	405.02	414.52	429.94	442.60	448.93	458.42	467.91	473.84	480.17	483.34	486.50	489.67	492.83	499.16	505.49	514.98	524.08	536.73	552.56	571.15	593.30	618.21	646.69	674.77	706.42	737.66	772.07	806.88	844.46	882.03	922.77	963.91	1007.81	1029.56	1073.47	1111.44	1136.36	1167.60	1186.59
Anthem Blue Cross	Select PPO	PPO B	268.73	292.62	301.75	310.88	320.72	330.55	340.74	351.28	351.28	351.28	351.28	352.69	359.71	368.14	381.84	393.08	398.70	407.13	415.56	420.83	426.45	429.26	432.07	434.88	437.69	443.32	448.94	457.37	465.45	476.69	490.74	507.25	526.92	549.05	574.34	599.28	627.39	655.14	685.70	716.61	749.98	783.35	819.54	856.07	895.06	914.38	953.37	987.10	1009.23	1036.98	1053.84
Anthem Blue Cross	Prudent Buyer - Small Group	PPO C	299.34	325.95	336.13	346.30	357.26	368.21	379.56	391.30	391.30	391.30	391.30	392.87	400.69	410.08	425.34	437.86	444.13	453.52	462.91	468.78	475.04	478.17	481.30	484.43	487.56	493.82	500.08	509.47	518.47	530.99	546.65	565.04	586.95	611.60	639.78	667.56	698.86	729.77	763.82	798.25	835.43	872.60	912.90	953.60	997.03	1018.55	1061.99	1099.55	1124.20	1155.12	1173.90
Anthem Blue Cross	Prudent Buyer - Small Group	EPO A	292.43	318.42	328.36	338.30	349.00	359.71	370.79	382.26	382.26	382.26	382.26	383.79	391.43	400.61	415.52	427.75	433.87	443.04	452.21	457.95	464.06	467.12	470.18	473.24	476.30	482.41	488.53	497.70	506.49	518.73	534.02	551.98	573.39	597.47	625.00	652.14	682.72	712.91	746.17	779.81	816.13	852.44	891.81	931.57	974.00	995.02	1037.45	1074.15	1098.23	1128.43	1146.78
Anthem Blue Cross	Prudent Buyer - Small Group	EPO B	292.51	318.51	328.46	338.40	349.10	359.81	370.90	382.37	382.37	382.37	382.37	383.90	391.55	400.72	415.64	427.87	433.99	443.17	452.34	458.08	464.20	467.26	470.32	473.37	476.43	482.55	488.67	497.85	506.64	518.88	534.17	552.14	573.56	597.64	625.17	652.32	682.91	713.12	746.39	780.03	816.36	852.69	892.07	931.84	974.28	995.31	1037.75	1074.46	1098.55	1128.76	1147.11
Health Net	WholeCare	HMO A	245.91	267.77	276.13	284.49	293.49	302.49	311.81	321.45	321.45	321.45	321.45	322.74	329.17	336.88	349.42	359.71	364.85	372.56	380.28	385.10	390.24	392.82	395.39	397.96	400.53	405.67	410.82	418.53	425.93	436.21	449.07	464.18	482.18	502.43	525.58	548.40	574.11	599.51	627.48	655.76	686.30	716.84	749.95	783.38	819.06	836.74	872.42	903.28	923.53	948.93	964.35
Health Net	CommunityCare	HMO C	235.35	256.27	264.27	272.27	280.89	289.50	298.42	307.65	307.65	307.65	307.65	308.88	315.04	322.42	334.42	344.26	349.18	356.57	363.95	368.57	373.49	375.95	378.41	380.87	383.33	388.26	393.18	400.56	407.64	417.48	429.79	444.25	461.48	480.86	503.01	524.85	549.47	573.77	600.54	627.61	656.84	686.06	717.75	749.75	783.90	800.82	834.97	864.50	883.88	908.19	922.95
Kaiser Permanente	Full	HMO A	241.10	261.29	269.01	276.72	285.04	279.36	287.97	296.87	296.87	296.87	296.87	298.06	304.00	311.12	322.70	332.20	336.95	344.08	351.20	355.66	360.41	362.78	365.16	367.53	369.91	374.66	379.41	386.53	393.36	402.86	414.73	428.69	445.31	464.01	485.39	506.47	530.22	553.67	579.50	605.62	633.83	662.03	692.61	723.48	756.44	772.76	805.72	834.22	852.92	876.37	890.61
Kaiser Permanente	Full	HMO B	245.37	265.93	273.80	281.66	290.13	284.61	293.38	302.45	302.45	302.45	302.45	303.66	309.71	316.97	328.77	338.44	343.28	350.54	357.80	362.34	367.18	369.60	372.02	374.44	376.86	381.70	386.53	393.79	400.75	410.43	422.53	436.74	453.68	472.73	494.51	515.98	540.18	564.07	590.39	617.00	645.74	674.47	705.62	737.08	770.65	787.28	820.86	849.89	868.95	892.84	907.35
Kaiser Permanente	Full	HMO C	243.55	263.96	271.76	279.56	287.97	282.38	291.08	300.08	300.08	300.08	300.08	301.28	307.29	314.49	326.19	335.79	340.59	347.80	355.00	359.50	364.30	366.70	369.10	371.50	373.90	378.71	383.51	390.71	397.61	407.21	419.22	433.32	450.13	469.03	490.64	511.94	535.95	559.66	585.76	612.17	640.68	669.19	700.09	731.30	764.61	781.12	814.43	843.23	862.14	885.85	900.24
Kaiser Permanente	Full	HMO D	228.07	247.09	254.37	261.65	269.48	263.33	271.44	279.84	279.84	279.84	279.84	280.96	286.55	293.27	304.18	313.14	317.62	324.33	331.05	335.25	339.72	341.96	344.20	346.44	348.68	353.16	357.63	364.35	370.79	379.74	390.93	404.09	419.76	437.39	457.53	477.40	499.79	521.90	546.24	570.87	597.45	624.04	652.86	681.96	713.03	728.42	759.48	786.34	803.97	826.08	839.52
Kaiser Permanente	Full	HMO E	237.87	257.77	265.38	272.99	281.18	275.38	283.87	292.65	292.65	292.65	292.65	293.82	299.67	306.70	318.11	327.48	332.16	339.18	346.21	350.60	355.28	357.62	359.96	362.30	364.64	369.33	374.01	381.03	387.76	397.13	408.83	422.59	438.98	457.41	478.48	499.26	522.68	545.79	571.26	597.01	624.81	652.61	682.76	713.19	745.68	761.77	794.26	822.35	840.79	863.91	877.95
Sharp Health Plan	Premier	HMO A	203.65	221.75	228.67	235.60	243.05	250.50	258.22	266.21	266.21	266.21	266.21	267.27	272.60	278.99	289.37	297.89	302.15	308.54	314.93	318.92	323.18	325.31	327.44	329.57	331.70	335.96	340.22	346.61	352.73	361.25	371.90	384.41	399.32	416.09	435.25	454.15	475.45	496.48	519.64	543.07	568.36	593.65	621.07	648.75	678.30	692.94	722.49	748.05	764.82	785.85	798.63
Sharp Health Plan	Performance	HMO B	216.16	235.37	242.72	250.07	257.98	265.89	274.08	282.56	282.56	282.56	282.56	283.69	289.34	296.12	307.14	316.18	320.71	327.49	334.27	338.51	343.03	345.29	347.55	349.81	352.07	356.59	361.11	367.89	374.39	383.43	394.74	408.02	423.84	441.64	461.99	482.05	504.65	526.97	551.56	576.42	603.27	630.11	659.21	688.60	719.96	735.50	766.87	793.99	811.79	834.12	847.68
Sharp Health Plan	Premier	HMO C	199.18	216.88	223.65	230.42	237.71	245.00	252.55	260.36	260.36	260.36	260.36	261.40	266.61	272.86	283.01	291.34	295.51	301.76	308.01	311.91	316.08	318.16	320.24	322.33	324.41	328.57	332.74	338.99	344.98	353.31	363.72	375.96	390.54	406.94	425.69	444.17	465.00	485.57	508.22	531.13	555.87	580.60	607.42	634.50	663.40	677.72	706.62	731.61	748.01	768.58	781.08
Sutter Health Plus	Sutter Health Plus	HMO B	252.66	275.12	283.71	292.30	301.54	310.79	320.37	330.29	330.29	330.29	330.29	331.60	338.21	346.13	359.01	369.58	374.87	382.79	390.72	395.67	400.96	403.60	406.24	408.89	411.53	416.81	422.10	430.02	437.62	448.19	461.40	476.92	495.42	516.23	540.01	563.46	589.88	615.97	644.70	673.71	705.15	736.52	770.54	804.89	841.55	859.72	896.38	928.08	948.89	974.98	990.83
Sutter Health Plus	Sutter Health Plus	HMO C	230.35	250.83	258.66	266.48	274.92	283.35	292.08	301.12	301.12	301.12	301.12	302.32	308.34	315.57	327.31	336.94	341.76	348.99	356.22	360.73	365.55	367.96	370.37	372.78	375.19	380.00	384.82	392.05	398.97	408.61	420.65	434.81	451.67	470.64	492.32	513.70	537.79	561.57	587.77	614.27	642.87	671.48	702.49	733.81	767.23	783.79	817.22	846.12	865.09	888.88	903.33
UnitedHealthcare	SignatureValue	HMO A	351.19	382.41	394.34	406.28	419.13	431.98	445.30	459.07	459.07	459.07	459.07	460.91	470.09	481.11	499.01	513.70	521.04	532.06	543.08	549.97	557.31	560.98	564.66	568.33	572.00	579.35	586.69	597.71	608.27	622.96	641.32	662.90	688.61	717.53	750.58	783.17	819.90	856.17	896.10	936.50	980.11	1023.73	1071.01	1118.75	1169.71	1194.96	1245.92	1289.99	1318.91	1355.17	1377.21
Western Health	Full	HMO A	246.14	268.02	276.38	284.75	293.76	302.77	312.10	321.75	321.75	321.75	321.75	323.04	329.47	337.19	349.74	360.04	365.18	372.91	380.63	385.45	390.60	393.18	395.75	398.32	400.90	406.05	411.19	418.92	426.32	436.61	449.48	464.60	482.62	502.89	526.06	548.90	574.64	600.06	628.05	656.37	686.93	717.50	750.64	784.10	819.81	837.51	873.23	904.11	924.38	949.80	965.25
Western Health	Full	HMO B	258.40	281.37	290.15	298.94	308.39	317.85	327.65	337.78	337.78	337.78	337.78	339.13	345.89	353.99	367.17	377.98	383.38	391.49	399.59	404.66	410.06	412.77	415.47	418.17	420.87	426.28	431.68	439.79	447.56	458.37	471.88	487.75	506.67	527.95	552.27	576.25	603.27	629.96	659.35	689.07	721.16	753.25	788.04	823.17	860.66	879.24	916.73	949.16	970.44	997.13	1013.34
Western Health	Full	HMO C	241.30	262.75	270.95	279.16	287.99	296.82	305.97	315.43	315.43	315.43	315.43	316.69	323.00	330.57	342.87	352.97	358.01	365.58	373.15	377.89	382.93	385.46	387.98	390.50	393.03	398.07	403.12	410.69	417.95	428.04	440.66	455.48	473.15	493.02	515.73	538.12	563.36	588.28	615.72	643.48	673.44	703.41	735.90	768.70	803.72	821.07	856.08	886.36	906.23	931.15	946.29

Health Care Service Plan rates will vary by county

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Continued

Gold		AGE -->	0-14	15	16	17	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**	342.66	373.12	384.76	396.41	408.95	421.49	434.48	447.92	447.92	447.92	447.92	449.71	458.67	469.42	486.89	501.22	508.39	519.14	529.89	536.61	543.77	547.36	550.94	554.52	558.11	565.28	572.44	583.19	593.49	607.83	625.74	646.80	671.88	700.10	732.35	764.15	799.99	835.37	874.34	913.76	956.31	998.86	1045.00	1091.58	1141.30	1165.94	1215.65	1258.66	1286.87	1322.26	1343.76
Anthem Blue Cross	**CaliforniaCare HMO**	**HMO B**	368.12	400.84	413.35	425.86	439.34	452.81	466.76	481.20	481.20	481.20	481.20	483.12	492.75	504.30	523.06	538.46	546.16	557.71	569.26	576.48	584.18	588.03	591.88	595.73	599.58	607.27	614.97	626.52	637.59	652.99	672.24	694.85	721.80	752.12	786.76	820.93	859.42	897.44	939.30	981.65	1027.36	1073.08	1122.64	1172.68	1226.10	1252.56	1305.98	1352.17	1382.49	1420.50	1443.60
Anthem Blue Cross	**Priority Select HMO**	**HMO C**	265.26	288.83	297.85	306.86	316.57	326.28	336.34	346.74	346.74	346.74	346.74	348.13	355.06	363.38	376.91	388.00	393.55	401.87	410.19	415.39	420.94	423.72	426.49	429.26	432.04	437.59	443.13	451.46	459.43	470.53	484.40	500.69	520.11	541.95	566.92	591.54	619.28	646.67	676.84	707.35	740.29	773.23	808.94	845.01	883.49	902.56	941.05	974.34	996.18	1023.58	1040.22
Anthem Blue Cross	**Advantage PPO**	**PPO A**	357.16	388.90	401.04	413.18	426.25	439.32	452.86	466.87	466.87	466.87	466.87	468.74	478.07	489.28	507.49	522.43	529.90	541.10	552.31	559.31	566.78	570.52	574.25	577.99	581.72	589.19	596.66	607.86	618.60	633.54	652.22	674.16	700.31	729.72	763.33	796.48	833.83	870.71	911.33	952.41	996.77	1041.12	1089.21	1137.76	1189.58	1215.26	1267.09	1311.90	1341.32	1378.20	1400.61
Anthem Blue Cross	**Select PPO**	**PPO B**	305.01	332.13	342.49	352.86	364.02	375.19	386.75	398.71	398.71	398.71	398.71	400.30	408.28	417.85	433.40	446.16	452.54	462.10	471.67	477.65	484.03	487.22	490.41	493.60	496.79	503.17	509.55	519.12	528.29	541.05	557.00	575.74	598.07	623.18	651.89	680.20	712.10	743.59	778.28	813.37	851.25	889.12	930.19	971.66	1015.91	1037.84	1082.10	1120.38	1145.49	1176.99	1196.13
Anthem Blue Cross	**Select PPO**	**PPO C**	317.17	345.36	356.14	366.92	378.53	390.14	402.16	414.60	414.60	414.60	414.60	416.26	424.55	434.50	450.67	463.94	470.57	480.52	490.47	496.69	503.32	506.64	509.96	513.27	516.59	523.23	529.86	539.81	549.35	562.61	579.20	598.68	621.90	648.02	677.87	707.31	740.48	773.23	809.30	845.78	885.17	924.56	967.26	1010.38	1056.40	1079.20	1125.22	1165.03	1191.15	1223.90	1243.80
Anthem Blue Cross	**Select PPO**	**PPO D**	296.68	323.05	333.14	343.22	354.08	364.94	376.19	387.82	387.82	387.82	387.82	389.37	397.13	406.44	421.56	433.97	440.18	449.48	458.79	464.61	470.81	473.92	477.02	480.12	483.22	489.43	495.63	504.94	513.86	526.27	541.78	560.01	581.73	606.16	634.09	661.62	692.65	723.28	757.02	791.15	828.00	864.84	904.78	945.12	988.17	1009.50	1052.54	1089.77	1114.21	1144.84	1163.46
Anthem Blue Cross	**Prudent Buyer - Small Group**	**PPO E**	353.34	384.75	396.75	408.76	421.70	434.63	448.02	461.88	461.88	461.88	461.88	463.73	472.97	484.05	502.06	516.84	524.23	535.32	546.40	553.33	560.72	564.42	568.11	571.81	575.50	582.89	590.28	601.37	611.99	626.77	645.25	666.95	692.82	721.92	755.17	787.97	824.92	861.41	901.59	942.24	986.11	1029.99	1077.57	1125.60	1176.87	1202.27	1253.54	1297.88	1326.98	1363.47	1385.64
Health Net	**WholeCare**	**HMO A**	282.12	307.20	316.78	326.37	336.70	347.02	357.72	368.78	368.78	368.78	368.78	370.26	377.63	386.48	400.87	412.67	418.57	427.42	436.27	441.80	447.70	450.65	453.60	456.55	459.50	465.40	471.30	480.16	488.64	500.44	515.19	532.52	553.17	576.41	602.96	629.14	658.65	687.78	719.86	752.32	787.35	822.39	860.37	898.72	939.66	959.94	1000.88	1036.28	1059.51	1088.65	1106.34
Health Net	**WholeCare**	**HMO B**	276.50	301.08	310.47	319.87	329.99	340.11	350.59	361.44	361.44	361.44	361.44	362.88	370.11	378.79	392.88	404.45	410.23	418.91	427.58	433.00	438.79	441.68	444.57	447.46	450.35	456.13	461.92	470.59	478.90	490.47	504.93	521.92	542.16	564.93	590.95	616.61	645.53	674.08	705.53	737.33	771.67	806.01	843.23	880.82	920.94	940.82	980.94	1015.64	1038.41	1066.96	1084.32
Health Net	**WholeCare**	**HMO C**	279.86	304.74	314.25	323.76	334.01	344.25	354.86	365.83	365.83	365.83	365.83	367.30	374.61	383.39	397.66	409.37	415.22	424.00	432.78	438.27	444.12	447.05	449.97	452.90	455.83	461.68	467.53	476.31	484.73	496.43	511.07	528.26	548.75	571.80	598.14	624.11	653.38	682.28	714.10	746.30	781.05	815.81	853.49	891.53	932.14	952.26	992.87	1027.99	1051.04	1079.94	1097.49
Health Net	**Salud HMO y Mas**	**HMO D**	277.89	302.59	312.03	321.48	331.65	341.82	352.35	363.25	363.25	363.25	363.25	364.70	371.97	380.69	394.85	406.48	412.29	421.01	429.72	435.17	440.98	443.89	446.80	449.70	452.61	458.42	464.23	472.95	481.31	492.93	507.46	524.53	544.87	567.76	593.91	619.70	648.76	677.46	709.06	741.03	775.54	810.05	847.46	885.24	925.56	945.54	985.86	1020.73	1043.62	1072.31	1089.75
Health Net	**Full**	**HMO E**	304.84	331.94	342.30	352.66	363.82	374.97	386.53	398.48	398.48	398.48	398.48	400.08	408.05	417.61	433.15	445.90	452.28	461.84	471.41	477.38	483.76	486.95	490.14	493.32	496.51	502.89	509.26	518.83	527.99	540.74	556.68	575.41	597.73	622.83	651.52	679.81	711.69	743.17	777.84	812.91	850.76	888.62	929.66	971.11	1015.34	1037.25	1081.49	1119.74	1144.84	1176.33	1195.44
Health Net	**Full**	**HMO F**	289.03	314.72	324.54	334.37	344.94	355.52	366.48	377.81	377.81	377.81	377.81	379.33	386.88	395.95	410.68	422.77	428.82	437.89	446.95	452.62	458.67	461.69	464.71	467.73	470.76	476.80	482.85	491.91	500.60	512.69	527.81	545.56	566.72	590.52	617.73	644.55	674.78	704.62	737.49	770.74	806.63	842.53	881.44	920.73	962.67	983.45	1025.39	1061.66	1085.46	1115.31	1133.43
Health Net	**Full**	**HMO G**	313.07	340.90	351.54	362.18	373.64	385.10	396.97	409.25	409.25	409.25	409.25	410.88	419.07	428.89	444.85	457.95	464.49	474.32	484.14	490.28	496.82	500.10	503.37	506.65	509.92	516.47	523.02	532.84	542.25	555.35	571.72	590.95	613.87	639.65	669.12	698.17	730.91	763.24	798.85	834.86	873.74	912.62	954.77	997.33	1042.76	1065.27	1110.69	1149.98	1175.76	1208.09	1227.75
Kaiser Permanente	**Full**	**HMO B**	287.66	311.99	321.29	330.59	340.61	336.64	347.01	357.74	357.74	357.74	357.74	359.17	366.33	374.92	388.87	400.32	406.04	414.62	423.21	428.58	434.30	437.16	440.02	442.89	445.75	451.47	457.20	465.78	474.01	485.46	499.77	516.58	536.62	559.15	584.91	610.31	638.93	667.19	698.32	729.80	763.78	797.77	834.62	871.82	911.53	931.21	970.92	1005.26	1027.80	1056.06	1073.22
Kaiser Permanente	**Full**	**HMO C**	303.51	329.24	339.08	348.92	359.52	356.12	367.10	378.45	378.45	378.45	378.45	379.97	387.54	396.62	411.38	423.49	429.54	438.63	447.71	453.39	459.44	462.47	465.50	468.53	471.55	477.61	483.66	492.75	501.45	513.56	528.70	546.49	567.68	591.52	618.77	645.64	675.92	705.82	738.74	772.05	808.00	843.95	882.93	922.29	964.30	985.11	1027.12	1063.45	1087.30	1117.19	1135.35
Kaiser Permanente	**Full**	**HMO D**	271.67	294.57	303.33	312.09	321.52	316.96	326.73	336.83	336.83	336.83	336.83	338.18	344.92	353.00	366.14	376.92	382.30	390.39	398.47	403.52	408.91	411.61	414.30	417.00	419.69	425.08	430.47	438.56	446.30	457.08	470.55	486.39	505.25	526.47	550.72	574.64	601.58	628.19	657.50	687.14	719.14	751.14	785.83	820.86	858.25	876.77	914.16	946.50	967.72	994.33	1010.49
Kaiser Permanente	**Full**	**HMO E**	252.09	273.25	281.34	289.43	298.15	292.87	301.90	311.24	311.24	311.24	311.24	312.48	318.71	326.17	338.31	348.27	353.25	360.72	368.19	372.86	377.84	380.33	382.82	385.31	387.80	392.78	397.76	405.23	412.39	422.35	434.80	449.42	466.85	486.46	508.87	530.97	555.87	580.45	607.53	634.92	664.49	694.06	726.11	758.48	793.03	810.15	844.69	874.57	894.18	918.77	933.72
Sharp Health Plan	**Performance**	**HMO A**	261.56	284.81	293.70	302.59	312.16	321.74	331.65	341.91	341.91	341.91	341.91	343.28	350.12	358.32	371.66	382.60	388.07	396.27	404.48	409.61	415.08	417.81	420.55	423.28	426.02	431.49	436.96	445.17	453.03	463.97	477.65	493.72	512.87	534.41	559.02	583.30	610.65	637.66	667.41	697.50	729.98	762.46	797.68	833.23	871.19	889.99	927.94	960.77	982.31	1009.32	1025.73
Sharp Health Plan	**Premier**	**HMO B**	250.61	272.88	281.40	289.92	299.09	308.26	317.76	327.59	327.59	327.59	327.59	328.90	335.45	343.31	356.09	366.57	371.81	379.68	387.54	392.45	397.69	400.31	402.94	405.56	408.18	413.42	418.66	426.52	434.06	444.54	457.64	473.04	491.39	512.02	535.61	558.87	585.08	610.96	639.46	668.28	699.40	730.53	764.27	798.34	834.70	852.72	889.08	920.53	941.17	967.05	982.77
Sharp Health Plan	**Performance**	**HMO D**	280.56	305.50	315.04	324.57	334.84	345.11	355.75	366.75	366.75	366.75	366.75	368.22	375.55	384.35	398.66	410.39	416.26	425.06	433.87	439.37	445.23	448.17	451.10	454.04	456.97	462.84	468.71	477.51	485.94	497.68	512.35	529.59	550.13	573.23	599.64	625.68	655.02	683.99	715.90	748.17	783.01	817.85	855.63	893.77	934.48	954.65	995.36	1030.57	1053.67	1082.65	1100.25
Sutter Health Plus	**Sutter Health Plus**	**HMO A**	287.72	313.30	323.08	332.86	343.39	353.92	364.83	376.12	376.12	376.12	376.12	377.61	385.13	394.16	408.83	420.87	426.88	435.91	444.94	450.58	456.60	459.60	462.61	465.62	468.63	474.65	480.67	489.69	498.34	510.38	525.42	543.10	564.16	587.86	614.94	641.64	671.73	701.44	734.16	767.26	802.99	838.72	877.46	916.58	958.32	979.01	1020.76	1056.86	1080.56	1110.27	1128.31
Sutter Health Plus	**Sutter Health Plus**	**HMO B**	299.68	326.32	336.50	346.69	357.65	368.62	379.98	391.75	391.75	391.75	391.75	393.30	401.14	410.54	425.82	438.35	444.62	454.02	463.42	469.30	475.57	478.70	481.83	484.97	488.10	494.37	500.64	510.04	519.05	531.59	547.25	565.67	587.60	612.28	640.49	668.30	699.64	730.59	764.67	799.14	836.36	873.57	913.92	954.66	998.14	1019.69	1063.17	1100.78	1125.46	1156.40	1175.20
UnitedHealthcare	**SignatureValue**	**HMO A**	384.90	419.12	432.20	445.28	459.37	473.45	488.05	503.14	503.14	503.14	503.14	505.15	515.22	527.29	546.91	563.01	571.06	583.14	595.21	602.76	610.81	614.84	618.86	622.89	626.91	634.96	643.01	655.09	666.66	682.76	702.89	726.53	754.71	786.41	822.63	858.36	898.61	938.36	982.13	1026.41	1074.20	1122.00	1173.83	1226.15	1282.00	1309.67	1365.52	1413.82	1445.52	1485.27	1509.42
UnitedHealthcare	**SignatureValue**	**HMO F**	444.12	483.60	498.69	513.79	530.04	546.30	563.13	580.55	580.55	580.55	580.55	582.87	594.48	608.42	631.06	649.64	658.92	672.86	686.79	695.50	704.79	709.43	714.08	718.72	723.37	732.65	741.94	755.88	769.23	787.81	811.03	838.31	870.83	907.40	949.20	990.42	1036.86	1082.73	1133.23	1184.32	1239.47	1294.63	1354.42	1414.80	1479.24	1511.17	1575.61	1631.35	1667.92	1713.78	1741.65
UnitedHealthcare	**SignatureValue**	**HMO H**	408.15	444.43	458.30	472.17	487.11	502.05	517.52	533.53	533.53	533.53	533.53	535.66	546.33	559.14	579.95	597.02	605.56	618.36	631.17	639.17	647.71	651.97	656.24	660.51	664.78	673.31	681.85	694.66	706.93	724.00	745.34	770.42	800.30	833.91	872.32	910.20	952.88	995.03	1041.45	1088.40	1139.09	1189.77	1244.73	1300.21	1359.43	1388.78	1448.00	1499.22	1532.83	1574.98	1600.59
UnitedHealthcare	**SignatureValue**	**HMO Q**	379.06	412.75	425.63	438.52	452.39	466.27	480.64	495.50	495.50	495.50	495.50	497.48	507.39	519.28	538.61	554.46	562.39	574.28	586.18	593.61	601.54	605.50	609.47	613.43	617.39	625.32	633.25	645.14	656.54	672.39	692.21	715.50	743.25	774.47	810.14	845.32	884.96	924.11	967.22	1010.82	1057.89	1104.97	1156.00	1207.53	1262.53	1289.79	1344.79	1392.36	1423.57	1462.72	1486.50
Western Health	**Full**	**HMO A**	285.27	310.63	320.32	330.02	340.46	350.90	361.72	372.90	372.90	372.90	372.90	374.39	381.85	390.80	405.35	417.28	423.25	432.19	441.14	446.74	452.70	455.69	458.67	461.65	464.64	470.60	476.57	485.52	494.10	506.03	520.95	538.47	559.35	582.85	609.70	636.17	666.01	695.46	727.91	760.72	796.15	831.57	869.98	908.77	950.16	970.67	1012.06	1047.86	1071.35	1100.81	1118.71
Western Health	**Full**	**HMO B**	297.99	324.47	334.60	344.73	355.64	366.54	377.84	389.52	389.52	389.52	389.52	391.08	398.87	408.22	423.41	435.88	442.11	451.46	460.81	466.65	472.88	476.00	479.11	482.23	485.35	491.58	497.81	507.16	516.12	528.58	544.16	562.47	584.29	608.83	636.87	664.53	695.69	726.46	760.35	794.63	831.63	868.64	908.76	949.27	992.51	1013.93	1057.17	1094.56	1119.10	1149.87	1168.57
Western Health	**Full**	**HMO C**	271.31	295.43	304.65	313.87	323.80	333.73	344.01	354.65	354.65	354.65	354.65	356.07	363.17	371.68	385.51	396.86	402.53	411.04	419.56	424.88	430.55	433.39	436.22	439.06	441.90	447.57	453.25	461.76	469.92	481.27	495.45	512.12	531.98	554.32	579.86	605.04	633.41	661.43	692.29	723.49	757.19	790.88	827.41	864.29	903.66	923.17	962.53	996.58	1018.92	1046.94	1063.96
Western Health	**Full**	**HMO D**	260.82	284.01	292.87	301.74	311.28	320.83	330.72	340.94	340.94	340.94	340.94	342.31	349.13	357.31	370.61	381.52	386.97	395.15	403.34	408.45	413.91	416.63	419.36	422.09	424.82	430.27	435.73	443.91	451.75	462.66	476.30	492.32	511.42	532.90	557.44	581.65	608.93	635.86	665.52	695.53	727.92	760.31	795.42	830.88	868.73	887.48	925.32	958.05	979.53	1006.47	1022.83

Platinum		AGE -->	0-14	15	16	17	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**	391.62	426.43	439.74	453.05	467.38	481.72	496.56	511.92	511.92	511.92	511.92	513.97	524.21	536.49	556.46	572.84	581.03	593.32	605.60	613.28	621.47	625.57	629.66	633.76	637.85	646.04	654.23	666.52	678.29	694.68	715.15	739.21	767.88	800.13	836.99	873.34	914.29	954.73	999.27	1044.32	1092.95	1141.58	1194.31	1247.55	1304.37	1332.53	1389.35	1438.50	1470.75	1511.19	1535.76
Health Net	**WholeCare**	**HMO C**	284.96	310.28	319.97	329.65	340.08	350.51	361.32	372.49	372.49	372.49	372.49	373.98	381.43	390.37	404.90	416.82	422.78	431.72	440.66	446.24	452.20	455.18	458.16	461.14	464.12	470.08	476.04	484.98	493.55	505.47	520.37	537.88	558.74	582.20	609.02	635.47	665.27	694.70	727.10	759.88	795.27	830.65	869.02	907.76	949.11	969.59	1010.94	1046.70	1070.17	1099.59	1117.47
Health Net	**Salud HMO y Mas**	**HMO D**	281.81	306.86	316.44	326.02	336.33	346.65	357.33	368.38	368.38	368.38	368.38	369.85	377.22	386.06	400.43	412.22	418.11	426.95	435.80	441.32	447.21	450.16	453.11	456.06	459.00	464.90	470.79	479.63	488.11	499.89	514.63	531.94	552.57	575.78	602.30	628.46	657.93	687.03	719.08	751.50	786.49	821.49	859.43	897.75	938.64	958.90	999.79	1035.15	1058.36	1087.46	1105.14
Health Net	**Full**	**HMO E**	316.72	344.88	355.64	366.41	378.00	389.59	401.60	414.02	414.02	414.02	414.02	415.67	423.95	433.89	450.04	463.28	469.91	479.85	489.78	495.99	502.62	505.93	509.24	512.55	515.87	522.49	529.11	539.05	548.57	561.82	578.38	597.84	621.03	647.11	676.92	706.31	739.43	772.14	808.16	844.59	883.93	923.26	965.90	1008.96	1054.92	1077.69	1123.64	1163.39	1189.47	1222.18	1242.06
Health Net	**WholeCare**	**HMO F**	293.30	319.38	329.34	339.31	350.05	360.78	371.90	383.40	383.40	383.40	383.40	384.94	392.61	401.81	416.76	429.03	435.16	444.36	453.57	459.32	465.45	468.52	471.59	474.65	477.72	483.86	489.99	499.19	508.01	520.28	535.61	553.63	575.11	599.26	626.86	654.09	684.76	715.05	748.40	782.14	818.57	854.99	894.48	934.35	976.91	998.00	1040.56	1077.36	1101.52	1131.81	1150.20
Health Net	**Salud HMO y Mas**	**HMO G**	291.23	317.12	327.02	336.92	347.58	358.24	369.28	380.70	380.70	380.70	380.70	382.22	389.83	398.97	413.82	426.00	432.09	441.23	450.36	456.07	462.17	465.21	468.26	471.30	474.35	480.44	486.53	495.67	504.42	516.61	531.83	549.73	571.04	595.03	622.44	649.47	679.92	710.00	743.12	776.62	812.79	848.95	888.16	927.76	970.01	990.95	1033.21	1069.76	1093.74	1123.82	1142.10
Health Net	**Full**	**HMO H**	326.00	354.98	366.06	377.14	389.07	401.00	413.36	426.15	426.15	426.15	426.15	427.85	436.37	446.60	463.22	476.86	483.68	493.90	504.13	510.52	517.34	520.75	524.16	527.57	530.98	537.80	544.61	554.84	564.64	578.28	595.33	615.36	639.22	666.07	696.75	727.01	761.10	794.76	831.84	869.34	909.82	950.31	994.20	1038.52	1085.82	1109.26	1156.56	1197.47	1224.32	1257.98	1278.45
Kaiser Permanente	**Full**	**HMO A**	323.53	351.04	361.56	372.08	383.41	380.75	392.49	404.63	404.63	404.63	404.63	406.24	414.34	424.05	439.83	452.78	459.25	468.96	478.67	484.74	491.22	494.45	497.69	500.93	504.16	510.64	517.11	526.82	536.13	549.08	565.26	584.28	606.94	632.43	661.56	690.29	722.66	754.63	789.83	825.44	863.88	902.32	943.99	986.07	1030.99	1053.24	1098.16	1137.00	1162.49	1194.46	1213.89
Kaiser Permanente	**Full**	**HMO B**	317.92	344.93	355.26	365.59	376.71	373.85	385.37	397.29	397.29	397.29	397.29	398.88	406.82	416.36	431.85	444.57	450.92	460.46	469.99	475.95	482.31	485.49	488.66	491.84	495.02	501.38	507.73	517.27	526.41	539.12	555.01	573.68	595.93	620.96	649.57	677.77	709.56	740.94	775.51	810.47	848.21	885.95	926.87	968.19	1012.29	1034.14	1078.24	1116.38	1141.41	1172.79	1191.87
Sharp Health Plan	**Premier**	**HMO A**	282.65	307.78	317.38	326.99	337.34	347.68	358.40	369.48	369.48	369.48	369.48	370.96	378.35	387.22	401.62	413.45	419.36	428.23	437.09	442.64	448.55	451.50	454.46	457.42	460.37	466.28	472.20	481.06	489.56	501.38	516.16	533.53	554.22	577.50	604.10	630.33	659.89	689.08	721.22	753.74	788.84	823.94	862.00	900.42	941.44	961.76	1002.77	1038.24	1061.52	1090.70	1108.44
Sharp Health Plan	**Performance**	**HMO B**	304.58	331.66	342.01	352.36	363.51	374.66	386.21	398.15	398.15	398.15	398.15	399.74	407.71	417.26	432.79	445.53	451.90	461.46	471.01	476.98	483.35	486.54	489.72	492.91	496.09	502.47	508.84	518.39	527.55	540.29	556.22	574.93	597.23	622.31	650.98	679.24	711.10	742.55	777.19	812.23	850.05	887.87	928.88	970.29	1014.49	1036.38	1080.58	1118.80	1143.88	1175.34	1194.45
Sharp Health Plan	**Premier**	**HMO C**	278.68	303.45	312.93	322.40	332.60	342.80	353.36	364.29	364.29	364.29	364.29	365.75	373.03	381.78	395.98	407.64	413.47	422.21	430.96	436.42	442.25	445.16	448.08	450.99	453.91	459.73	465.56	474.31	482.68	494.34	508.91	526.03	546.44	569.39	595.61	621.48	650.62	679.40	711.09	743.15	777.76	812.37	849.89	887.77	928.21	948.25	988.68	1023.65	1046.61	1075.38	1092.87
Sutter Health Plus	**Sutter Health Plus**	**HMO A**	327.56	356.68	367.81	378.94	390.93	402.92	415.34	428.19	428.19	428.19	428.19	429.90	438.46	448.74	465.44	479.14	485.99	496.26	506.54	512.96	519.81	523.24	526.67	530.09	533.52	540.37	547.22	557.49	567.34	581.04	598.17	618.30	642.27	669.25	700.08	730.48	764.74	798.56	835.81	873.49	914.17	954.85	998.95	1043.48	1091.01	1114.56	1162.09	1203.19	1230.17	1264.00	1284.54
Sutter Health Plus	**Sutter Health Plus**	**HMO B**	333.49	363.13	374.47	385.80	398.01	410.22	422.86	435.95	435.95	435.95	435.95	437.68	446.40	456.86	473.86	487.81	494.79	505.25	515.71	522.25	529.23	532.71	536.20	539.69	543.18	550.15	557.13	567.59	577.61	591.56	609.00	629.49	653.90	681.37	712.75	743.71	778.58	813.02	850.95	889.31	930.72	972.14	1017.04	1062.38	1110.76	1134.74	1183.13	1224.98	1252.44	1286.88	1307.80
UnitedHealthcare	**SignatureValue**	**HMO A**	468.14	509.75	525.67	541.58	558.71	575.84	593.59	611.95	611.95	611.95	611.95	614.40	626.64	641.32	665.19	684.77	694.56	709.25	723.94	733.12	742.91	747.80	752.70	757.59	762.49	772.28	782.07	796.76	810.83	830.42	854.89	883.66	917.93	956.48	1000.54	1043.99	1092.94	1141.29	1194.53	1248.38	1306.51	1364.65	1427.68	1491.32	1559.25	1592.91	1660.83	1719.58	1758.13	1806.48	1835.85
UnitedHealthcare	**SignatureValue**	**HMO E**	506.93	552.00	569.22	586.45	605.01	623.56	642.78	662.66	662.66	662.66	662.66	665.31	678.56	694.47	720.31	741.52	752.12	768.02	783.93	793.87	804.47	809.77	815.07	820.37	825.67	836.28	846.88	862.78	878.02	899.23	925.74	956.88	993.99	1035.74	1083.45	1130.50	1183.51	1235.86	1293.51	1351.83	1414.78	1477.73	1545.99	1614.90	1688.46	1724.90	1798.46	1862.07	1903.82	1956.17	1987.98
UnitedHealthcare	**SignatureValue**	**HMO L**	460.56	501.50	517.15	532.81	549.66	566.52	583.98	602.04	602.04	602.04	602.04	604.45	616.49	630.94	654.42	673.68	683.32	697.76	712.21	721.24	730.88	735.69	740.51	745.33	750.14	759.77	769.41	783.86	797.70	816.97	841.05	869.35	903.06	940.99	984.34	1027.08	1075.24	1122.80	1175.18	1228.16	1285.36	1342.55	1404.56	1467.17	1534.00	1567.11	1633.94	1691.73	1729.66	1777.22	1806.12
Western Health	**Full**	**HMO A**	324.22	353.04	364.06	375.08	386.94	398.81	411.10	423.82	423.82	423.82	423.82	425.51	433.99	444.16	460.69	474.25	481.03	491.20	501.37	507.73	514.51	517.90	521.29	524.68	528.07	534.86	541.64	551.81	561.56	575.12	592.07	611.99	635.72	662.42	692.94	723.03	756.93	790.42	827.29	864.58	904.85	945.11	988.76	1032.84	1079.88	1103.19	1150.24	1190.92	1217.62	1251.10	1271.45
Western Health	**Full**	**HMO B**	331.85	361.35	372.63	383.91	396.05	408.20	420.78	433.79	433.79	433.79	433.79	435.53	444.21	454.62	471.54	485.42	492.36	502.77	513.18	519.69	526.63	530.10	533.57	537.04	540.51	547.45	554.39	564.80	574.78	588.66	606.01	626.40	650.69	678.02	709.25	740.05	774.76	809.03	846.77	884.94	926.15	967.36	1012.04	1057.16	1105.31	1129.17	1177.32	1218.96	1246.29	1280.56	1301.38
Western Health	**Full**	**HMO C**	320.56	349.06	359.95	370.85	382.58	394.31	406.46	419.03	419.03	419.03	419.03	420.71	429.09	439.15	455.49	468.90	475.60	485.66	495.72	502.00	508.71	512.06	515.41	518.76	522.12	528.82	535.53	545.58	555.22	568.63	585.39	605.09	628.55	654.95	685.12	714.87	748.39	781.50	817.95	854.83	894.64	934.45	977.61	1021.19	1067.70	1090.75	1137.26	1177.49	1203.88	1236.99	1257.10

Health Care Service Plan rates will vary by county

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USE EMPLOYER ZIP CODE FOR RATING

AREA 11

04/01/22 - 06/01/22

Bronze		AGE -->	0-14	15	16	17	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	Prudent Buyer - Small Group	PPO A	237.57	258.69	266.76	274.84	283.53	292.23	301.23	310.55	310.55	310.55	310.55	311.79	318.00	325.46	337.57	347.51	352.47	359.93	367.38	372.04	377.01	379.49	381.98	384.46	386.95	391.91	396.88	404.34	411.48	421.42	433.84	448.43	465.83	485.39	507.75	529.80	554.64	579.18	606.19	633.52	663.02	692.53	724.51	756.81	791.28	808.36	842.83	872.65	892.21	916.74	931.65
Anthem Blue Cross	Select PPO	PPO B	231.58	252.17	260.04	267.91	276.38	284.86	293.64	302.72	302.72	302.72	302.72	303.93	309.99	317.25	329.06	338.74	343.59	350.85	358.12	362.66	367.50	369.92	372.35	374.77	377.19	382.03	386.88	394.14	401.10	410.79	422.90	437.13	454.08	473.15	494.95	516.44	540.66	564.57	590.91	617.55	646.31	675.07	706.25	737.73	771.33	787.98	821.58	850.64	869.71	893.63	908.16
Anthem Blue Cross	Prudent Buyer - Small Group	EPO A	240.00	261.33	269.49	277.64	286.43	295.21	304.31	313.72	313.72	313.72	313.72	314.97	321.25	328.78	341.01	351.05	356.07	363.60	371.13	375.84	380.86	383.37	385.88	388.39	390.90	395.91	400.93	408.46	415.68	425.72	438.27	453.01	470.58	490.34	512.93	535.21	560.30	585.09	612.38	639.99	669.79	699.60	731.91	764.54	799.36	816.61	851.44	881.55	901.32	926.10	941.16
Health Net	CommunityCare	HMO A	214.95	234.06	241.36	248.67	256.54	264.40	272.55	280.98	280.98	280.98	280.98	282.10	287.72	294.47	305.43	314.42	318.91	325.66	332.40	336.61	341.11	343.36	345.61	347.85	350.10	354.60	359.09	365.84	372.30	381.29	392.53	405.74	421.47	439.17	459.40	479.35	501.83	524.03	548.47	573.20	599.89	626.59	655.53	684.75	715.94	731.39	762.58	789.56	807.26	829.45	842.94
Kaiser Permanente	Full	HMO A	205.18	222.17	228.67	235.17	242.16	235.17	242.42	249.92	249.92	249.92	249.92	250.92	255.92	261.91	271.66	279.66	283.66	289.65	295.65	299.40	303.40	305.40	307.40	309.40	311.40	315.40	319.39	325.39	331.14	339.14	349.13	360.88	374.88	390.62	408.61	426.36	446.35	466.10	487.84	509.83	533.57	557.32	583.06	609.05	636.79	650.53	678.28	702.27	718.01	737.76	749.76
Kaiser Permanente	Full	HMO B	201.52	218.19	224.57	230.94	237.80	230.68	237.79	245.14	245.14	245.14	245.14	246.12	251.02	256.91	266.47	274.31	278.23	284.12	290.00	293.68	297.60	299.56	301.52	303.48	305.44	309.37	313.29	319.17	324.81	332.66	342.46	353.98	367.71	383.15	400.80	418.21	437.82	457.19	478.51	500.09	523.37	546.66	571.91	597.41	624.62	638.10	665.31	688.84	704.29	723.65	735.42
Kaiser Permanente	Full	HMO C	193.86	209.84	215.96	222.07	228.65	221.25	228.07	235.12	235.12	235.12	235.12	236.06	240.76	246.41	255.58	263.10	266.86	272.50	278.15	281.67	285.44	287.32	289.20	291.08	292.96	296.72	300.48	306.13	311.53	319.06	328.46	339.51	352.68	367.49	384.42	401.11	419.92	438.50	458.95	479.64	501.98	524.32	548.53	572.99	599.09	612.02	638.11	660.69	675.50	694.07	705.36
Sharp Health Plan	Premier	HMO A	181.79	197.95	204.12	210.30	216.96	223.61	230.50	237.63	237.63	237.63	237.63	238.58	243.33	249.04	258.30	265.91	269.71	275.41	281.12	284.68	288.48	290.38	292.28	294.19	296.09	299.89	303.69	309.39	314.86	322.46	331.97	343.14	356.45	371.42	388.53	405.40	424.41	443.18	463.85	484.77	507.34	529.91	554.39	579.10	605.48	618.55	644.93	667.74	682.71	701.48	712.89
Sharp Health Plan	Performance	HMO B	200.32	218.13	224.94	231.75	239.08	246.41	254.00	261.86	261.86	261.86	261.86	262.91	268.14	274.43	284.64	293.02	297.21	303.50	309.78	313.71	317.90	319.99	322.09	324.18	326.28	330.47	334.66	340.94	346.96	355.34	365.82	378.13	392.79	409.29	428.14	446.73	467.68	488.37	511.15	534.19	559.07	583.95	610.92	638.15	667.22	681.62	710.69	735.83	752.32	773.01	785.58
Western Health	Full	HMO B	223.32	243.17	250.76	258.35	266.53	274.70	283.17	291.93	291.93	291.93	291.93	293.09	298.93	305.94	317.32	326.67	331.34	338.34	345.35	349.73	354.40	356.73	359.07	361.40	363.74	368.41	373.08	380.09	386.80	396.14	407.82	421.54	437.89	456.28	477.30	498.03	521.38	544.44	569.84	595.53	623.26	651.00	681.06	711.42	743.83	759.88	792.29	820.31	838.70	861.77	875.78
Western Health	Full	HMO C	229.09	249.46	257.24	265.03	273.41	281.80	290.48	299.47	299.47	299.47	299.47	300.67	306.66	313.84	325.52	335.11	339.90	347.08	354.27	358.76	363.55	365.95	368.35	370.74	373.14	377.93	382.72	389.91	396.80	406.38	418.36	432.43	449.20	468.07	489.63	510.89	534.85	558.51	584.56	610.92	639.37	667.81	698.66	729.80	763.05	779.52	812.76	841.51	860.37	884.03	898.41

Silver		AGE -->	0-14	15	16	17	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	259.12	282.15	290.96	299.77	309.25	318.74	328.56	338.72	338.72	338.72	338.72	340.07	346.85	354.98	368.19	379.03	384.45	392.58	400.71	405.79	411.21	413.92	416.63	419.34	422.05	427.46	432.88	441.01	448.80	459.64	473.19	489.11	508.08	529.42	553.81	577.86	604.95	631.71	661.18	690.99	723.17	755.35	790.23	825.46	863.06	881.69	919.29	951.80	973.14	999.90	1016.16
Anthem Blue Cross	CaliforniaCare HMO	HMO B	259.12	282.15	290.96	299.77	309.25	318.74	328.56	338.72	338.72	338.72	338.72	340.07	346.85	354.98	368.19	379.03	384.45	392.58	400.71	405.79	411.21	413.92	416.63	419.34	422.05	427.46	432.88	441.01	448.80	459.64	473.19	489.11	508.08	529.42	553.81	577.86	604.95	631.71	661.18	690.99	723.17	755.35	790.23	825.46	863.06	881.69	919.29	951.80	973.14	999.90	1016.16
Anthem Blue Cross	Priority Select HMO	HMO C	234.72	255.59	263.57	271.54	280.14	288.73	297.63	306.83	306.83	306.83	306.83	308.06	314.19	321.56	333.52	343.34	348.25	355.62	362.98	367.58	372.49	374.95	377.40	379.86	382.31	387.22	392.13	399.49	406.55	416.37	428.64	443.06	460.25	479.58	501.67	523.45	548.00	572.24	598.93	625.93	655.08	684.23	715.83	747.74	781.80	798.68	832.74	862.19	881.52	905.76	920.49
Anthem Blue Cross	Advantage PPO	PPO A	265.75	289.37	298.40	307.43	317.16	326.88	336.96	347.38	347.38	347.38	347.38	348.77	355.72	364.05	377.60	388.72	394.28	402.61	410.95	416.16	421.72	424.50	427.28	430.06	432.84	438.39	443.95	452.29	460.28	471.39	485.29	501.62	521.07	542.95	567.97	592.63	620.42	647.86	678.09	708.66	741.66	774.66	810.44	846.57	885.12	904.23	942.79	976.14	998.02	1025.47	1042.14
Anthem Blue Cross	Select PPO	PPO B	256.28	279.06	287.77	296.48	305.86	315.24	324.95	335.00	335.00	335.00	335.00	336.34	343.04	351.08	364.15	374.87	380.23	388.27	396.31	401.33	406.69	409.37	412.05	414.73	417.41	422.77	428.13	436.17	443.88	454.60	468.00	483.74	502.50	523.61	547.73	571.51	598.31	624.78	653.92	683.40	715.23	747.05	781.56	816.40	853.58	872.01	909.19	941.35	962.46	988.92	1005.00
Anthem Blue Cross	Prudent Buyer - Small Group	PPO C	262.93	286.30	295.24	304.17	313.80	323.42	333.39	343.70	343.70	343.70	343.70	345.07	351.95	360.20	373.60	384.60	390.10	398.35	406.60	411.75	417.25	420.00	422.75	425.50	428.25	433.75	439.25	447.50	455.40	466.40	480.15	496.30	515.55	537.20	561.95	586.35	613.85	641.00	670.90	701.15	733.80	766.45	801.85	837.60	875.75	894.65	932.80	965.80	987.45	1014.60	1031.10
Anthem Blue Cross	Prudent Buyer - Small Group	EPO A	256.83	279.66	288.39	297.12	306.52	315.92	325.66	335.73	335.73	335.73	335.73	337.07	343.79	351.85	364.94	375.68	381.05	389.11	397.17	402.20	407.58	410.26	412.95	415.63	418.32	423.69	429.06	437.12	444.84	455.59	469.01	484.79	503.60	524.75	548.92	572.76	599.61	626.14	655.34	684.89	716.78	748.68	783.26	818.17	855.44	873.91	911.17	943.40	964.55	991.07	1007.19
Anthem Blue Cross	Prudent Buyer - Small Group	EPO B	256.91	279.75	288.48	297.21	306.61	316.02	325.76	335.83	335.83	335.83	335.83	337.17	343.89	351.95	365.05	375.79	381.17	389.23	397.29	402.32	407.70	410.38	413.07	415.76	418.44	423.82	429.19	437.25	444.97	455.72	469.15	484.94	503.75	524.90	549.08	572.93	599.79	626.32	655.54	685.09	717.00	748.90	783.49	818.42	855.69	874.17	911.44	943.68	964.84	991.37	1007.49
Health Net	WholeCare	HMO A	321.01	349.55	360.46	371.37	383.12	394.87	407.03	419.62	419.62	419.62	419.62	421.30	429.69	439.77	456.13	469.56	476.27	486.34	496.41	502.71	509.42	512.78	516.14	519.49	522.85	529.56	536.28	546.35	556.00	569.43	586.21	605.94	629.43	655.87	686.08	715.88	749.45	782.60	819.10	856.03	895.90	935.76	978.98	1022.62	1069.20	1092.28	1138.86	1179.14	1205.58	1238.73	1258.86
Health Net	CommunityCare	HMO C	235.35	256.27	264.27	272.27	280.89	289.50	298.42	307.65	307.65	307.65	307.65	308.88	315.04	322.42	334.42	344.26	349.18	356.57	363.95	368.57	373.49	375.95	378.41	380.87	383.33	388.26	393.18	400.56	407.64	417.48	429.79	444.25	461.48	480.86	503.01	524.85	549.47	573.77	600.54	627.61	656.84	686.06	717.75	749.75	783.90	800.82	834.97	864.50	883.88	908.19	922.95
Kaiser Permanente	Full	HMO A	234.29	253.87	261.35	268.84	276.90	270.98	279.33	287.97	287.97	287.97	287.97	289.12	294.88	301.79	313.02	322.24	326.84	333.76	340.67	344.99	349.59	351.90	354.20	356.50	358.81	363.42	368.02	374.93	381.56	390.77	402.29	415.83	431.95	450.09	470.83	491.27	514.31	537.06	562.11	587.45	614.81	642.17	671.83	701.78	733.74	749.58	781.55	809.19	827.33	850.08	863.91
Kaiser Permanente	Full	HMO B	238.43	258.37	266.00	273.63	281.85	276.07	284.58	293.38	293.38	293.38	293.38	294.55	300.42	307.46	318.90	328.29	332.99	340.03	347.07	351.47	356.16	358.51	360.86	363.20	365.55	370.24	374.94	381.98	388.73	398.12	409.85	423.64	440.07	458.55	479.67	500.50	523.98	547.15	572.68	598.49	626.36	654.24	684.45	714.96	747.53	763.67	796.23	824.40	842.88	866.06	880.14
Kaiser Permanente	Full	HMO C	236.67	256.46	264.03	271.60	279.75	273.91	282.35	291.08	291.08	291.08	291.08	292.25	298.07	305.05	316.41	325.72	330.38	337.36	344.35	348.72	353.37	355.70	358.03	360.36	362.69	367.34	372.00	378.99	385.68	395.00	406.64	420.32	436.62	454.96	475.92	496.58	519.87	542.87	568.19	593.81	621.46	649.11	679.09	709.36	741.67	757.68	789.99	817.94	836.28	859.27	873.24
Kaiser Permanente	Full	HMO D	221.64	240.10	247.16	254.22	261.82	255.43	263.30	271.44	271.44	271.44	271.44	272.53	277.96	284.47	295.06	303.74	308.09	314.60	321.12	325.19	329.53	331.70	333.87	336.05	338.22	342.56	346.90	353.42	359.66	368.35	379.21	391.96	407.16	424.26	443.81	463.08	484.80	506.24	529.86	553.74	579.53	605.32	633.28	661.51	691.64	706.57	736.70	762.75	779.85	801.30	814.32
Kaiser Permanente	Full	HMO E	231.15	250.46	257.84	265.22	273.16	267.12	275.36	283.87	283.87	283.87	283.87	285.01	290.68	297.50	308.57	317.65	322.19	329.01	335.82	340.08	344.62	346.89	349.16	351.43	353.70	358.25	362.79	369.60	376.13	385.21	396.57	409.91	425.81	443.69	464.13	484.29	506.99	529.42	554.12	579.10	606.07	633.03	662.27	691.80	723.31	738.92	770.43	797.68	815.56	837.99	851.61
Sharp Health Plan	Premier	HMO A	203.65	221.75	228.67	235.60	243.05	250.50	258.22	266.21	266.21	266.21	266.21	267.27	272.60	278.99	289.37	297.89	302.15	308.54	314.93	318.92	323.18	325.31	327.44	329.57	331.70	335.96	340.22	346.61	352.73	361.25	371.90	384.41	399.32	416.09	435.25	454.15	475.45	496.48	519.64	543.07	568.36	593.65	621.07	648.75	678.30	692.94	722.49	748.05	764.82	785.85	798.63
Sharp Health Plan	Performance	HMO B	216.16	235.37	242.72	250.07	257.98	265.89	274.08	282.56	282.56	282.56	282.56	283.69	289.34	296.12	307.14	316.18	320.71	327.49	334.27	338.51	343.03	345.29	347.55	349.81	352.07	356.59	361.11	367.89	374.39	383.43	394.74	408.02	423.84	441.64	461.99	482.05	504.65	526.97	551.56	576.42	603.27	630.11	659.21	688.60	719.96	735.50	766.87	793.99	811.79	834.12	847.68
Sharp Health Plan	Premier	HMO C	199.18	216.88	223.65	230.42	237.71	245.00	252.55	260.36	260.36	260.36	260.36	261.40	266.61	272.86	283.01	291.34	295.51	301.76	308.01	311.91	316.08	318.16	320.24	322.33	324.41	328.57	332.74	338.99	344.98	353.31	363.72	375.96	390.54	406.94	425.69	444.17	465.00	485.57	508.22	531.13	555.87	580.60	607.42	634.50	663.40	677.72	706.62	731.61	748.01	768.58	781.08
UnitedHealthcare	SignatureValue	HMO A	275.84	300.36	309.74	319.11	329.21	339.31	349.76	360.58	360.58	360.58	360.58	362.02	369.23	377.89	391.95	403.49	409.26	417.91	426.57	431.97	437.74	440.63	443.51	446.40	449.28	455.05	460.82	469.48	477.77	489.31	503.73	520.68	540.87	563.59	589.55	615.15	644.00	672.48	703.85	735.58	769.84	804.09	841.23	878.73	918.76	938.59	978.61	1013.23	1035.95	1064.43	1081.74
UnitedHealthcare	Alliance	HMO E	253.01	275.50	284.10	292.70	301.96	311.22	320.81	330.73	330.73	330.73	330.73	332.05	338.67	346.61	359.50	370.09	375.38	383.32	391.25	396.21	401.51	404.15	406.80	409.44	412.09	417.38	422.67	430.61	438.22	448.80	462.03	477.57	496.10	516.93	540.74	564.23	590.68	616.81	645.58	674.69	706.11	737.53	771.59	805.99	842.70	860.89	897.60	929.35	950.19	976.31	992.19
Western Health	Full	HMO A	246.14	268.02	276.38	284.75	293.76	302.77	312.10	321.75	321.75	321.75	321.75	323.04	329.47	337.19	349.74	360.04	365.18	372.91	380.63	385.45	390.60	393.18	395.75	398.32	400.90	406.05	411.19	418.92	426.32	436.61	449.48	464.60	482.62	502.89	526.06	548.90	574.64	600.06	628.05	656.37	686.93	717.50	750.64	784.10	819.81	837.51	873.23	904.11	924.38	949.80	965.25
Western Health	Full	HMO B	258.40	281.37	290.15	298.94	308.39	317.85	327.65	337.78	337.78	337.78	337.78	339.13	345.89	353.99	367.17	377.98	383.38	391.49	399.59	404.66	410.06	412.77	415.47	418.17	420.87	426.28	431.68	439.79	447.56	458.37	471.88	487.75	506.67	527.95	552.27	576.25	603.27	629.96	659.35	689.07	721.16	753.25	788.04	823.17	860.66	879.24	916.73	949.16	970.44	997.13	1013.34
Western Health	Full	HMO C	241.30	262.75	270.95	279.16	287.99	296.82	305.97	315.43	315.43	315.43	315.43	316.69	323.00	330.57	342.87	352.97	358.01	365.58	373.15	377.89	382.93	385.46	387.98	390.50	393.03	398.07	403.12	410.69	417.95	428.04	440.66	455.48	473.15	493.02	515.73	538.12	563.36	588.28	615.72	643.48	673.44	703.41	735.90	768.70	803.72	821.07	856.08	886.36	906.23	931.15	946.29

Gold		AGE -->	0-14	15	16	17	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	316.88	345.05	355.81	366.58	378.18	389.78	401.79	414.22	414.22	414.22	414.22	415.88	424.16	434.10	450.26	463.51	470.14	480.08	490.02	496.24	502.86	506.18	509.49	512.80	516.12	522.75	529.37	539.31	548.84	562.10	578.67	598.13	621.33	647.43	677.25	706.66	739.80	772.52	808.56	845.01	884.36	923.71	966.38	1009.45	1055.43	1078.21	1124.19	1163.96	1190.05	1222.78	1242.66
Anthem Blue Cross	CaliforniaCare HMO	HMO B	316.88	345.05	355.81	366.58	378.18	389.78	401.79	414.22	414.22	414.22	414.22	415.88	424.16	434.10	450.26	463.51	470.14	480.08	490.02	496.24	502.86	506.18	509.49	512.80	516.12	522.75	529.37	539.31	548.84	562.10	578.67	598.13	621.33	647.43	677.25	706.66	739.80	772.52	808.56	845.01	884.36	923.71	966.38	1009.45	1055.43	1078.21	1124.19	1163.96	1190.05	1222.78	1242.66
Anthem Blue Cross	Priority Select HMO	HMO C	287.05	312.57	322.32	332.08	342.58	353.09	363.97	375.23	375.23	375.23	375.23	376.73	384.24	393.24	407.88	419.88	425.89	434.89	443.90	449.53	455.53	458.53	461.53	464.53	467.54	473.54	479.54	488.55	497.18	509.19	524.20	541.83	562.85	586.48	613.50	640.14	670.16	699.80	732.45	765.47	801.12	836.76	875.41	914.44	956.09	976.72	1018.37	1054.40	1078.04	1107.68	1125.69
Anthem Blue Cross	Advantage PPO	PPO A	313.68	341.56	352.22	362.89	374.37	385.85	397.74	410.04	410.04	410.04	410.04	411.68	419.88	429.72	445.71	458.83	465.40	475.24	485.08	491.23	497.79	501.07	504.35	507.63	510.91	517.47	524.03	533.87	543.30	556.42	572.83	592.10	615.06	640.89	670.42	699.53	732.33	764.72	800.40	836.48	875.44	914.39	956.62	999.27	1044.78	1067.33	1112.85	1152.21	1178.04	1210.44	1230.12
Anthem Blue Cross	Select PPO	PPO B	290.88	316.74	326.63	336.51	347.16	357.81	368.83	380.24	380.24	380.24	380.24	381.76	389.37	398.49	413.32	425.49	431.57	440.70	449.82	455.53	461.61	464.65	467.70	470.74	473.78	479.86	485.95	495.07	503.82	515.99	531.20	549.07	570.36	594.32	621.69	648.69	679.11	709.15	742.23	775.69	811.81	847.94	887.10	926.64	968.85	989.76	1031.97	1068.47	1092.43	1122.47	1140.72
Anthem Blue Cross	Select PPO	PPO C	302.47	329.36	339.64	349.92	360.99	372.06	383.53	395.39	395.39	395.39	395.39	396.97	404.88	414.37	429.79	442.44	448.77	458.26	467.75	473.68	480.00	483.17	486.33	489.49	492.66	498.98	505.31	514.80	523.89	536.54	552.36	570.94	593.09	617.99	646.46	674.54	706.17	737.40	771.80	806.60	844.16	881.72	922.44	963.57	1007.45	1029.20	1073.09	1111.05	1135.96	1167.19	1186.17
Anthem Blue Cross	Select PPO	PPO D	282.94	308.09	317.70	327.32	337.67	348.03	358.75	369.85	369.85	369.85	369.85	371.33	378.73	387.60	402.03	413.86	419.78	428.66	437.53	443.08	449.00	451.96	454.92	457.87	460.83	466.75	472.67	481.54	490.05	501.89	516.68	534.06	554.78	578.08	604.70	630.96	660.55	689.77	721.95	754.49	789.63	824.77	862.86	901.32	942.38	962.72	1003.77	1039.28	1062.58	1091.80	1109.55
Anthem Blue Cross	Prudent Buyer - Small Group	PPO E	310.31	337.89	348.44	358.98	370.34	381.70	393.46	405.63	405.63	405.63	405.63	407.25	415.37	425.10	440.92	453.90	460.39	470.13	479.86	485.94	492.43	495.68	498.92	502.17	505.41	511.91	518.40	528.13	537.46	550.44	566.67	585.73	608.45	634.00	663.21	692.00	724.46	756.50	791.79	827.49	866.02	904.55	946.33	988.52	1033.55	1055.85	1100.88	1139.82	1165.37	1197.42	1216.89
Health Net	WholeCare	HMO A	368.28	401.01	413.53	426.05	439.53	453.00	466.97	481.41	481.41	481.41	481.41	483.33	492.96	504.52	523.29	538.70	546.40	557.95	569.51	576.73	584.43	588.28	592.13	595.98	599.83	607.54	615.24	626.79	637.87	653.27	672.53	695.15	722.11	752.44	787.10	821.28	859.79	897.83	939.71	982.07	1027.81	1073.54	1123.12	1173.19	1226.63	1253.10	1306.54	1352.76	1383.08	1421.12	1444.23
Health Net	WholeCare	HMO B	360.94	393.03	405.29	417.56	430.77	443.98	457.66	471.82	471.82	471.82	471.82	473.71	483.14	494.47	512.87	527.97	535.51	546.84	558.16	565.24	572.79	576.56	580.34	584.11	587.89	595.44	602.98	614.31	625.16	640.26	659.13	681.31	707.73	737.45	771.42	804.92	842.67	879.94	920.99	962.51	1007.33	1052.16	1100.75	1149.82	1202.19	1228.15	1280.52	1325.81	1355.54	1392.81	1415.46
Health Net	WholeCare	HMO C	365.33	397.80	410.22	422.64	436.01	449.38	463.23	477.56	477.56	477.56	477.56	479.47	489.02	500.48	519.10	534.39	542.03	553.49	564.95	572.11	579.75	583.57	587.39	591.21	595.03	602.68	610.32	621.78	632.76	648.04	667.15	689.59	716.33	746.42	780.80	814.71	852.92	890.64	932.19	974.21	1019.58	1064.95	1114.14	1163.80	1216.81	1243.08	1296.09	1341.93	1372.02	1409.75	1432.68
Health Net	Salud HMO y Mas	HMO D	277.89	302.59	312.03	321.48	331.65	341.82	352.35	363.25	363.25	363.25	363.25	364.70	371.97	380.69	394.85	406.48	412.29	421.01	429.72	435.17	440.98	443.89	446.80	449.70	452.61	458.42	464.23	472.95	481.31	492.93	507.46	524.53	544.87	567.76	593.91	619.70	648.76	677.46	709.06	741.03	775.54	810.05	847.46	885.24	925.56	945.54	985.86	1020.73	1043.62	1072.31	1089.75
Health Net	Full	HMO E	397.94	433.31	446.83	460.36	474.92	489.49	504.57	520.18	520.18	520.18	520.18	522.26	532.66	545.15	565.44	582.08	590.40	602.89	615.37	623.17	631.50	635.66	639.82	643.98	648.14	656.47	664.79	677.27	689.24	705.88	726.69	751.14	780.27	813.04	850.49	887.43	929.04	970.13	1015.39	1061.17	1110.58	1160.00	1213.58	1267.68	1325.42	1354.03	1411.77	1461.70	1494.48	1535.57	1560.54
Health Net	Full	HMO F	377.30	410.83	423.66	436.48	450.29	464.10	478.40	493.20	493.20	493.20	493.20	495.17	505.03	516.87	536.11	551.89	559.78	571.62	583.45	590.85	598.74	602.69	606.63	610.58	614.52	622.42	630.31	642.14	653.49	669.27	689.00	712.18	739.80	770.87	806.38	841.40	880.85	919.81	962.72	1006.12	1052.98	1099.83	1150.63	1201.92	1256.67	1283.79	1338.54	1385.89	1416.96	1455.92	1479.60
Health Net	Full	HMO G	408.68	445.01	458.90	472.79	487.75	502.71	518.20	534.23	534.23	534.23	534.23	536.36	547.05	559.87	580.70	597.80	606.35	619.17	631.99	640.00	648.55	652.83	657.10	661.37	665.65	674.19	682.74	695.56	707.85	724.95	746.32	771.42	801.34	835.00	873.46	911.39	954.13	996.33	1042.81	1089.82	1140.57	1191.33	1246.35	1301.91	1361.21	1390.59	1449.89	1501.18	1534.83	1577.04	1602.69
Kaiser Permanente	Full	HMO B	279.45	303.05	312.07	321.09	330.81	326.54	336.60	347.01	347.01	347.01	347.01	348.40	355.34	363.67	377.20	388.31	393.86	402.19	410.51	415.72	421.27	424.05	426.82	429.60	432.38	437.93	443.48	451.81	459.79	470.89	484.77	501.08	520.52	542.38	567.36	592.00	619.76	647.18	677.37	707.90	740.87	773.84	809.58	845.67	884.18	903.27	941.79	975.10	996.96	1024.38	1041.03
Kaiser Permanente	Full	HMO C	294.82	319.78	329.33	338.87	349.15	345.44	356.09	367.10	367.10	367.10	367.10	368.57	375.91	384.72	399.04	410.78	416.66	425.47	434.28	439.79	445.66	448.60	451.53	454.47	457.41	463.28	469.15	477.96	486.41	498.15	512.84	530.09	550.65	573.78	600.21	626.27	655.64	684.64	716.58	748.88	783.76	818.63	856.44	894.62	935.37	955.56	996.31	1031.55	1054.68	1083.68	1101.30
Kaiser Permanente	Full	HMO D	263.94	286.15	294.65	303.14	312.29	307.45	316.93	326.73	326.73	326.73	326.73	328.03	334.57	342.41	355.15	365.61	370.84	378.68	386.52	391.42	396.65	399.26	401.87	404.49	407.10	412.33	417.56	425.40	432.91	443.37	456.44	471.79	490.09	510.67	534.20	557.40	583.53	609.35	637.77	666.52	697.56	728.60	762.25	796.23	832.50	850.47	886.74	918.10	938.69	964.50	980.19
Kaiser Permanente	Full	HMO E	244.94	265.47	273.32	281.17	289.62	284.09	292.84	301.90	301.90	301.90	301.90	303.11	309.14	316.39	328.16	337.82	342.65	349.90	357.15	361.67	366.50	368.92	371.34	373.75	376.17	381.00	385.83	393.07	400.02	409.68	421.75	435.94	452.85	471.87	493.60	515.04	539.19	563.04	589.31	615.87	644.55	673.23	704.33	735.73	769.24	785.84	819.35	848.33	867.35	891.20	905.70
Sharp Health Plan	Performance	HMO A	261.56	284.81	293.70	302.59	312.16	321.74	331.65	341.91	341.91	341.91	341.91	343.28	350.12	358.32	371.66	382.60	388.07	396.27	404.48	409.61	415.08	417.81	420.55	423.28	426.02	431.49	436.96	445.17	453.03	463.97	477.65	493.72	512.87	534.41	559.02	583.30	610.65	637.66	667.41	697.50	729.98	762.46	797.68	833.23	871.19	889.99	927.94	960.77	982.31	1009.32	1025.73
Sharp Health Plan	Premier	HMO B	250.61	272.88	281.40	289.92	299.09	308.26	317.76	327.59	327.59	327.59	327.59	328.90	335.45	343.31	356.09	366.57	371.81	379.68	387.54	392.45	397.69	400.31	402.94	405.56	408.18	413.42	418.66	426.52	434.06	444.54	457.64	473.04	491.39	512.02	535.61	558.87	585.08	610.96	639.46	668.28	699.40	730.53	764.27	798.34	834.70	852.72	889.08	920.53	941.17	967.05	982.77
Sharp Health Plan	Performance	HMO D	280.56	305.50	315.04	324.57	334.84	345.11	355.75	366.75	366.75	366.75	366.75	368.22	375.55	384.35	398.66	410.39	416.26	425.06	433.87	439.37	445.23	448.17	451.10	454.04	456.97	462.84	468.71	477.51	485.94	497.68	512.35	529.59	550.13	573.23	599.64	625.68	655.02	683.99	715.90	748.17	783.01	817.85	855.63	893.77	934.48	954.65	995.36	1030.57	1053.67	1082.65	1100.25
UnitedHealthcare	SignatureValue	HMO A	302.33	329.20	339.48	349.75	360.82	371.88	383.34	395.20	395.20	395.20	395.20	396.78	404.68	414.17	429.58	442.23	448.55	458.04	467.52	473.45	479.77	482.93	486.10	489.26	492.42	498.74	505.07	514.55	523.64	536.29	552.09	570.67	592.80	617.70	646.15	674.21	705.83	737.05	771.43	806.21	843.75	881.30	922.00	963.10	1006.97	1028.71	1072.57	1110.51	1135.41	1166.63	1185.60
UnitedHealthcare	Alliance	HMO B	277.30	301.95	311.38	320.80	330.95	341.10	351.62	362.49	362.49	362.49	362.49	363.94	371.19	379.89	394.03	405.63	411.43	420.13	428.83	434.26	440.06	442.96	445.86	448.76	451.66	457.46	463.26	471.96	480.30	491.90	506.40	523.44	543.74	566.57	592.67	618.41	647.41	676.04	707.58	739.48	773.92	808.35	845.69	883.39	923.62	943.56	983.80	1018.60	1041.43	1070.07	1087.47
UnitedHealthcare	SignatureValue	HMO F	348.84	379.85	391.70	403.56	416.33	429.10	442.32	456.00	456.00	456.00	456.00	457.82	466.94	477.89	495.67	510.26	517.56	528.50	539.45	546.29	553.58	557.23	560.88	564.53	568.18	575.47	582.77	593.71	604.20	618.79	637.03	658.46	684.00	712.73	745.56	777.94	814.42	850.44	890.11	930.24	973.56	1016.88	1063.85	1111.27	1161.89	1186.97	1237.58	1281.36	1310.09	1346.11	1368.00
UnitedHealthcare	Alliance	HMO G	319.96	348.40	359.28	370.15	381.86	393.57	405.70	418.25	418.25	418.25	418.25	419.92	428.29	438.33	454.64	468.02	474.71	484.75	494.79	501.06	507.76	511.10	514.45	517.79	521.14	527.83	534.52	544.56	554.18	567.57	584.30	603.95	627.38	653.72	683.84	713.53	746.99	780.04	816.42	853.23	892.96	932.70	975.78	1019.28	1065.70	1088.70	1135.13	1175.28	1201.63	1234.67	1254.75
UnitedHealthcare	SignatureValue	HMO H	320.59	349.09	359.98	370.88	382.61	394.34	406.50	419.07	419.07	419.07	419.07	420.75	429.13	439.19	455.53	468.94	475.64	485.70	495.76	502.05	508.75	512.10	515.46	518.81	522.16	528.87	535.57	545.63	555.27	568.68	585.44	605.14	628.61	655.01	685.18	714.93	748.46	781.57	818.02	854.90	894.71	934.53	977.69	1021.27	1067.79	1090.84	1137.36	1177.59	1203.99	1237.09	1257.21
UnitedHealthcare	Alliance	HMO J	294.05	320.19	330.18	340.18	350.94	361.70	372.85	384.38	384.38	384.38	384.38	385.92	393.61	402.83	417.82	430.12	436.27	445.50	454.72	460.49	466.64	469.71	472.79	475.86	478.94	485.09	491.24	500.46	509.30	521.60	536.98	555.04	576.57	600.79	628.46	655.75	686.50	716.87	750.31	784.14	820.65	857.17	896.76	936.73	979.40	1000.54	1043.21	1080.11	1104.32	1134.69	1153.14
UnitedHealthcare	Alliance	HMO O	273.09	297.36	306.65	315.93	325.92	335.92	346.27	356.98	356.98	356.98	356.98	358.41	365.55	374.12	388.04	399.46	405.17	413.74	422.31	427.66	433.37	436.23	439.09	441.94	444.80	450.51	456.22	464.79	473.00	484.42	498.70	515.48	535.47	557.96	583.66	609.01	637.57	665.77	696.82	728.24	762.15	796.07	832.83	869.96	909.59	929.22	968.84	1003.11	1025.60	1053.80	1070.94
UnitedHealthcare	SignatureValue	HMO Q	297.74	324.20	334.32	344.44	355.34	366.24	377.52	389.20	389.20	389.20	389.20	390.76	398.54	407.88	423.06	435.51	441.74	451.08	460.42	466.26	472.49	475.60	478.72	481.83	484.94	491.17	497.40	506.74	515.69	528.14	543.71	562.00	583.80	608.32	636.34	663.98	695.11	725.86	759.72	793.97	830.94	867.92	908.00	948.48	991.68	1013.09	1056.29	1093.65	1118.17	1148.92	1167.60
Western Health	Full	HMO A	285.27	310.63	320.32	330.02	340.46	350.90	361.72	372.90	372.90	372.90	372.90	374.39	381.85	390.80	405.35	417.28	423.25	432.19	441.14	446.74	452.70	455.69	458.67	461.65	464.64	470.60	476.57	485.52	494.10	506.03	520.95	538.47	559.35	582.85	609.70	636.17	666.01	695.46	727.91	760.72	796.15	831.57	869.98	908.77	950.16	970.67	1012.06	1047.86	1071.35	1100.81	1118.71
Western Health	Full	HMO B	297.99	324.47	334.60	344.73	355.64	366.54	377.84	389.52	389.52	389.52	389.52	391.08	398.87	408.22	423.41	435.88	442.11	451.46	460.81	466.65	472.88	476.00	479.11	482.23	485.35	491.58	497.81	507.16	516.12	528.58	544.16	562.47	584.29	608.83	636.87	664.53	695.69	726.46	760.35	794.63	831.63	868.64	908.76	949.27	992.51	1013.93	1057.17	1094.56	1119.10	1149.87	1168.57
Western Health	Full	HMO C	271.31	295.43	304.65	313.87	323.80	333.73	344.01	354.65	354.65	354.65	354.65	356.07	363.17	371.68	385.51	396.86	402.53	411.04	419.56	424.88	430.55	433.39	436.22	439.06	441.90	447.57	453.25	461.76	469.92	481.27	495.45	512.12	531.98	554.32	579.86	605.04	633.41	661.43	692.29	723.49	757.19	790.88	827.41	864.29	903.66	923.17	962.53	996.58	1018.92	1046.94	1063.96
Western Health	Full	HMO D	260.82	284.01	292.87	301.74	311.28	320.83	330.72	340.94	340.94	340.94	340.94	342.31	349.13	357.31	370.61	381.52	386.97	395.15	403.34	408.45	413.91	416.63	419.36	422.09	424.82	430.27	435.73	443.91	451.75	462.66	476.30	492.32	511.42	532.90	557.44	581.65	608.93	635.86	665.52	695.53	727.92	760.31	795.42	830.88	868.73	887.48	925.32	958.05	979.53	1006.47	1022.83

Health Care Service Plan rates will vary by county

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Continued

USE EMPLOYER ZIP CODE FOR RATING

AREA 11 - Continued

04/01/22 - 06/01/22

Platinum		AGE -->	0-14	15	16	17	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	362.16	394.35	406.66	418.97	432.22	445.48	459.21	473.41	473.41	473.41	473.41	475.30	484.77	496.13	514.60	529.75	537.32	548.68	560.04	567.15	574.72	578.51	582.29	586.08	589.87	597.44	605.02	616.38	627.27	642.42	661.35	683.60	710.12	739.94	774.03	807.64	845.51	882.91	924.10	965.76	1010.73	1055.70	1104.47	1153.70	1206.25	1232.29	1284.83	1330.28	1360.11	1397.51	1420.23
Health Net	WholeCare	HMO C	371.98	405.04	417.69	430.33	443.94	457.56	471.66	486.25	486.25	486.25	486.25	488.19	497.92	509.59	528.55	544.11	551.89	563.56	575.23	582.52	590.30	594.19	598.08	601.97	605.86	613.64	621.42	633.09	644.28	659.84	679.29	702.14	729.37	760.01	795.02	829.54	868.44	906.85	949.16	991.95	1038.14	1084.33	1134.42	1184.99	1238.96	1265.70	1319.68	1366.36	1396.99	1435.40	1458.75
Health Net	Salud HMO y Mas	HMO D	281.81	306.86	316.44	326.02	336.33	346.65	357.33	368.38	368.38	368.38	368.38	369.85	377.22	386.06	400.43	412.22	418.11	426.95	435.80	441.32	447.21	450.16	453.11	456.06	459.00	464.90	470.79	479.63	488.11	499.89	514.63	531.94	552.57	575.78	602.30	628.46	657.93	687.03	719.08	751.50	786.49	821.49	859.43	897.75	938.64	958.90	999.79	1035.15	1058.36	1087.46	1105.14
Health Net	Full	HMO E	413.45	450.20	464.25	478.30	493.44	508.57	524.24	540.46	540.46	540.46	540.46	542.62	553.43	566.40	587.48	604.77	613.42	626.39	639.36	647.47	656.11	660.44	664.76	669.08	673.41	682.06	690.70	703.67	716.10	733.40	755.02	780.42	810.68	844.73	883.65	922.02	965.25	1007.95	1054.97	1102.53	1153.87	1205.22	1260.88	1317.09	1377.08	1406.81	1466.80	1518.68	1552.73	1595.43	1621.38
Health Net	WholeCare	HMO F	382.88	416.91	429.92	442.94	456.95	470.96	485.48	500.49	500.49	500.49	500.49	502.50	512.51	524.52	544.04	560.05	568.06	580.07	592.08	599.59	607.60	611.60	615.61	619.61	623.61	631.62	639.63	651.64	663.15	679.17	699.19	722.71	750.74	782.27	818.31	853.84	893.88	933.42	976.96	1021.01	1068.55	1116.10	1167.65	1219.70	1275.26	1302.78	1358.34	1406.39	1437.92	1477.46	1501.47
Health Net	Salud HMO y Mas	HMO G	291.23	317.12	327.02	336.92	347.58	358.24	369.28	380.70	380.70	380.70	380.70	382.22	389.83	398.97	413.82	426.00	432.09	441.23	450.36	456.07	462.17	465.21	468.26	471.30	474.35	480.44	486.53	495.67	504.42	516.61	531.83	549.73	571.04	595.03	622.44	649.47	679.92	710.00	743.12	776.62	812.79	848.95	888.16	927.76	970.01	990.95	1033.21	1069.76	1093.74	1123.82	1142.10
Health Net	Full	HMO H	425.56	463.39	477.85	492.32	507.89	523.47	539.60	556.29	556.29	556.29	556.29	558.51	569.64	582.99	604.69	622.49	631.39	644.74	658.09	666.43	675.34	679.79	684.24	688.69	693.14	702.04	710.94	724.29	737.08	754.88	777.14	803.28	834.43	869.48	909.53	949.03	993.53	1037.48	1085.88	1134.83	1187.68	1240.53	1297.82	1355.68	1417.43	1448.02	1509.77	1563.17	1598.22	1642.17	1668.87
Kaiser Permanente	Full	HMO A	314.24	340.93	351.14	361.34	372.33	369.33	380.71	392.49	392.49	392.49	392.49	394.06	401.91	411.33	426.63	439.19	445.47	454.89	464.31	470.20	476.48	479.62	482.76	485.90	489.04	495.32	501.60	511.02	520.05	532.61	548.31	566.75	588.73	613.46	641.72	669.58	700.98	731.99	766.14	800.67	837.96	875.25	915.67	956.49	1000.06	1021.65	1065.21	1102.89	1127.62	1158.62	1177.47
Kaiser Permanente	Full	HMO B	308.80	335.00	345.02	355.04	365.83	362.63	373.81	385.37	385.37	385.37	385.37	386.91	394.62	403.87	418.90	431.23	437.39	446.64	455.89	461.67	467.84	470.92	474.00	477.09	480.17	486.34	492.50	501.75	510.61	522.95	538.36	556.47	578.05	602.33	630.08	657.44	688.27	718.71	752.24	786.15	822.76	859.37	899.07	939.15	981.92	1003.12	1045.89	1082.89	1107.17	1137.61	1156.11
Sharp Health Plan	Premier	HMO A	282.65	307.78	317.38	326.99	337.34	347.68	358.40	369.48	369.48	369.48	369.48	370.96	378.35	387.22	401.62	413.45	419.36	428.23	437.09	442.64	448.55	451.50	454.46	457.42	460.37	466.28	472.20	481.06	489.56	501.38	516.16	533.53	554.22	577.50	604.10	630.33	659.89	689.08	721.22	753.74	788.84	823.94	862.00	900.42	941.44	961.76	1002.77	1038.24	1061.52	1090.70	1108.44
Sharp Health Plan	Performance	HMO B	304.58	331.66	342.01	352.36	363.51	374.66	386.21	398.15	398.15	398.15	398.15	399.74	407.71	417.26	432.79	445.53	451.90	461.46	471.01	476.98	483.35	486.54	489.72	492.91	496.09	502.47	508.84	518.39	527.55	540.29	556.22	574.93	597.23	622.31	650.98	679.24	711.10	742.55	777.19	812.23	850.05	887.87	928.88	970.29	1014.49	1036.38	1080.58	1118.80	1143.88	1175.34	1194.45
Sharp Health Plan	Premier	HMO C	278.68	303.45	312.93	322.40	332.60	342.80	353.36	364.29	364.29	364.29	364.29	365.75	373.03	381.78	395.98	407.64	413.47	422.21	430.96	436.42	442.25	445.16	448.08	450.99	453.91	459.73	465.56	474.31	482.68	494.34	508.91	526.03	546.44	569.39	595.61	621.48	650.62	679.40	711.09	743.15	777.76	812.37	849.89	887.77	928.21	948.25	988.68	1023.65	1046.61	1075.38	1092.87
UnitedHealthcare	SignatureValue	HMO A	367.70	400.39	412.89	425.38	438.84	452.30	466.24	480.66	480.66	480.66	480.66	482.58	492.20	503.73	522.48	537.86	545.55	557.08	568.62	575.83	583.52	587.37	591.21	595.06	598.90	606.59	614.28	625.82	636.87	652.26	671.48	694.07	720.99	751.27	785.88	820.01	858.46	896.43	938.25	980.55	1026.21	1071.87	1121.38	1171.37	1224.72	1251.16	1304.51	1350.65	1380.94	1418.91	1441.98
UnitedHealthcare	Alliance	HMO C	337.27	367.25	378.72	390.18	402.52	414.87	427.65	440.88	440.88	440.88	440.88	442.64	451.46	462.04	479.24	493.34	500.40	510.98	521.56	528.17	535.23	538.76	542.28	545.81	549.34	556.39	563.44	574.03	584.17	598.27	615.91	636.63	661.32	689.10	720.84	752.14	787.41	822.24	860.60	899.40	941.28	983.16	1028.57	1074.42	1123.36	1147.61	1196.55	1238.87	1266.65	1301.48	1322.64
UnitedHealthcare	SignatureValue	HMO E	398.17	433.57	447.10	460.63	475.21	489.78	504.88	520.49	520.49	520.49	520.49	522.57	532.98	545.47	565.77	582.43	590.76	603.25	615.74	623.55	631.87	636.04	640.20	644.37	648.53	656.86	665.19	677.68	689.65	706.30	727.12	751.59	780.74	813.53	851.00	887.96	929.60	970.71	1016.00	1061.80	1111.25	1160.69	1214.30	1268.43	1326.21	1354.84	1412.61	1462.58	1495.37	1536.49	1561.47
UnitedHealthcare	Alliance	HMO G	365.22	397.68	410.10	422.51	435.88	449.24	463.09	477.41	477.41	477.41	477.41	479.32	488.87	500.33	518.94	534.22	541.86	553.32	564.78	571.94	579.58	583.40	587.21	591.03	594.85	602.49	610.13	621.59	632.57	647.85	666.94	689.38	716.12	746.19	780.57	814.46	852.65	890.37	931.90	973.92	1019.27	1064.62	1113.80	1163.45	1216.44	1242.70	1295.69	1341.52	1371.60	1409.31	1432.23
UnitedHealthcare	Alliance	HMO J	331.81	361.31	372.58	383.86	396.00	408.15	420.73	433.74	433.74	433.74	433.74	435.47	444.15	454.56	471.48	485.36	492.29	502.70	513.11	519.62	526.56	530.03	533.50	536.97	540.44	547.38	554.32	564.73	574.71	588.59	605.93	626.32	650.61	677.94	709.16	739.96	774.66	808.93	846.66	884.83	926.03	967.24	1011.92	1057.02	1105.17	1129.03	1177.17	1218.81	1246.14	1280.40	1301.22
UnitedHealthcare	SignatureValue	HMO L	361.75	393.91	406.20	418.50	431.74	444.98	458.69	472.88	472.88	472.88	472.88	474.77	484.23	495.58	514.02	529.15	536.72	548.07	559.42	566.51	574.08	577.86	581.64	585.43	589.21	596.77	604.34	615.69	626.57	641.70	660.61	682.84	709.32	739.11	773.16	806.73	844.56	881.92	923.06	964.68	1009.60	1054.52	1103.23	1152.41	1204.90	1230.91	1283.40	1328.79	1358.58	1395.94	1418.64
Western Health	Full	HMO A	324.22	353.04	364.06	375.08	386.94	398.81	411.10	423.82	423.82	423.82	423.82	425.51	433.99	444.16	460.69	474.25	481.03	491.20	501.37	507.73	514.51	517.90	521.29	524.68	528.07	534.86	541.64	551.81	561.56	575.12	592.07	611.99	635.72	662.42	692.94	723.03	756.93	790.42	827.29	864.58	904.85	945.11	988.76	1032.84	1079.88	1103.19	1150.24	1190.92	1217.62	1251.10	1271.45
Western Health	HMO B		331.85	361.35	372.63	383.91	396.05	408.20	420.78	433.79	433.79	433.79	433.79	435.53	444.21	454.62	471.54	485.42	492.36	502.77	513.18	519.69	526.63	530.10	533.57	537.04	540.51	547.45	554.39	564.80	574.78	588.66	606.01	626.40	650.69	678.02	709.25	740.05	774.76	809.03	846.77	884.94	926.15	967.36	1012.04	1057.16	1105.31	1129.17	1177.32	1218.96	1246.29	1280.56	1301.38
Western Health	Full	HMO C	320.56	349.06	359.95	370.85	382.58	394.31	406.46	419.03	419.03	419.03	419.03	420.71	429.09	439.15	455.49	468.90	475.60	485.66	495.72	502.00	508.71	512.06	515.41	518.76	522.12	528.82	535.53	545.58	555.22	568.63	585.39	605.09	628.55	654.95	685.12	714.87	748.39	781.50	817.95	854.83	894.64	934.45	977.61	1021.19	1067.70	1090.75	1137.26	1177.49	1203.88	1236.99	1257.10

Health Care Service Plan rates will vary by county

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USE EMPLOYER ZIP CODE FOR RATING

AREA 12

04/01/22 - 06/01/22

Bronze		AGE -->	0-14	15	16	17	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	Prudent Buyer - Small Group	PPO A	268.45	292.32	301.44	310.56	320.39	330.22	340.39	350.92	350.92	350.92	350.92	352.32	359.34	367.76	381.45	392.68	398.29	406.72	415.14	420.40	426.02	428.82	431.63	434.44	437.25	442.86	448.48	456.90	464.97	476.20	490.24	506.73	526.38	548.49	573.75	598.67	626.74	654.47	685.00	715.88	749.21	782.55	818.70	855.19	894.14	913.44	952.40	986.09	1008.19	1035.92	1052.76
Anthem Blue Cross	Select PPO	PPO B	259.19	282.23	291.04	299.85	309.33	318.82	328.65	338.81	338.81	338.81	338.81	340.17	346.94	355.07	368.29	379.13	384.55	392.68	400.81	405.89	411.32	414.03	416.74	419.45	422.16	427.58	433.00	441.13	448.92	459.77	473.32	489.24	508.22	529.56	553.95	578.01	605.11	631.88	661.36	691.17	723.36	755.55	790.44	825.68	863.29	881.92	919.53	952.06	973.40	1000.17	1016.43
Anthem Blue Cross	Prudent Buyer - Small Group	EPO A	271.18	295.28	304.50	313.71	323.64	333.57	343.85	354.48	354.48	354.48	354.48	355.90	362.99	371.50	385.32	396.66	402.33	410.84	419.35	424.67	430.34	433.17	436.01	438.85	441.68	447.35	453.03	461.53	469.69	481.03	495.21	511.87	531.72	554.05	579.57	604.74	633.10	661.11	691.94	723.14	756.81	790.49	827.00	863.87	903.22	922.71	962.06	996.09	1018.42	1046.42	1063.44
Cigna + Oscar	LocalPlus	EPO C	218.20	237.59	245.01	252.42	260.41	268.40	276.67	285.22	285.22	285.22	285.22	286.36	292.07	298.91	310.04	319.17	323.73	330.57	337.42	341.70	346.26	348.54	350.83	353.11	355.39	359.95	364.52	371.36	377.92	387.05	398.46	411.86	427.84	445.80	466.34	486.59	509.41	531.94	556.76	581.86	608.95	636.05	665.43	695.09	726.75	742.44	774.10	801.48	819.45	841.98	855.67
Cigna + Oscar	LocalPlus	EPO D	210.94	229.69	236.86	244.03	251.75	259.47	267.47	275.74	275.74	275.74	275.74	276.84	282.36	288.97	299.73	308.55	312.96	319.58	326.20	330.33	334.75	336.95	339.16	341.36	343.57	347.98	352.39	359.01	365.35	374.18	385.21	398.17	413.61	430.98	450.83	470.41	492.47	514.25	538.24	562.51	588.70	614.90	643.30	671.97	702.58	717.75	748.35	774.82	792.19	813.98	827.21
Health Net	CommunityCare	HMO A	214.95	234.06	241.36	248.67	256.54	264.40	272.55	280.98	280.98	280.98	280.98	282.10	287.72	294.47	305.43	314.42	318.91	325.66	332.40	336.61	341.11	343.36	345.61	347.85	350.10	354.60	359.09	365.84	372.30	381.29	392.53	405.74	421.47	439.17	459.40	479.35	501.83	524.03	548.47	573.20	599.89	626.59	655.53	684.75	715.94	731.39	762.58	789.56	807.26	829.45	842.94
Kaiser Permanente	Full	HMO A	215.15	233.03	239.87	246.71	254.07	247.44	255.07	262.96	262.96	262.96	262.96	264.01	269.27	275.58	285.84	294.25	298.46	304.77	311.08	315.02	319.23	321.34	323.44	325.54	327.65	331.85	336.06	342.37	348.42	356.84	367.35	379.71	394.44	411.00	429.94	448.61	469.64	490.42	513.30	536.44	561.42	586.40	613.48	640.83	670.02	684.48	713.67	738.91	755.48	776.25	788.88
Kaiser Permanente	Full	HMO B	211.31	228.85	235.55	242.26	249.48	242.71	250.19	257.93	257.93	257.93	257.93	258.96	264.12	270.31	280.37	288.63	292.75	298.94	305.13	309.00	313.13	315.19	317.26	319.32	321.38	325.51	329.64	335.83	341.76	350.01	360.33	372.46	386.90	403.15	421.72	440.03	460.67	481.04	503.49	526.18	550.69	575.19	601.76	628.58	657.21	671.40	700.03	724.79	741.04	761.42	773.79
Kaiser Permanente	Full	HMO C	203.24	220.07	226.50	232.93	239.86	232.79	239.97	247.39	247.39	247.39	247.39	248.38	253.33	259.26	268.91	276.83	280.79	286.72	292.66	296.37	300.33	302.31	304.29	306.27	308.25	312.21	316.16	322.10	327.79	335.71	345.60	357.23	371.08	386.67	404.48	422.05	441.84	461.38	482.90	504.67	528.18	551.68	577.16	602.89	630.35	643.95	671.41	695.16	710.75	730.29	742.17
Sharp Health Plan	Premier	HMO A	181.79	197.95	204.12	210.30	216.96	223.61	230.50	237.63	237.63	237.63	237.63	238.58	243.33	249.04	258.30	265.91	269.71	275.41	281.12	284.68	288.48	290.38	292.28	294.19	296.09	299.89	303.69	309.39	314.86	322.46	331.97	343.14	356.45	371.42	388.53	405.40	424.41	443.18	463.85	484.77	507.34	529.91	554.39	579.10	605.48	618.55	644.93	667.74	682.71	701.48	712.89
Sharp Health Plan	Performance	HMO B	200.32	218.13	224.94	231.75	239.08	246.41	254.00	261.86	261.86	261.86	261.86	262.91	268.14	274.43	284.64	293.02	297.21	303.50	309.78	313.71	317.90	319.99	322.09	324.18	326.28	330.47	334.66	340.94	346.96	355.34	365.82	378.13	392.79	409.29	428.14	446.73	467.68	488.37	511.15	534.19	559.07	583.95	610.92	638.15	667.22	681.62	710.69	735.83	752.32	773.01	785.58
Western Health	Full	HMO B	223.32	243.17	250.76	258.35	266.53	274.70	283.17	291.93	291.93	291.93	291.93	293.09	298.93	305.94	317.32	326.67	331.34	338.34	345.35	349.73	354.40	356.73	359.07	361.40	363.74	368.41	373.08	380.09	386.80	396.14	407.82	421.54	437.89	456.28	477.30	498.03	521.38	544.44	569.84	595.53	623.26	651.00	681.06	711.42	743.83	759.88	792.29	820.31	838.70	861.77	875.78
Western Health	Full	HMO C	229.09	249.46	257.24	265.03	273.41	281.80	290.48	299.47	299.47	299.47	299.47	300.67	306.66	313.84	325.52	335.11	339.90	347.08	354.27	358.76	363.55	365.95	368.35	370.74	373.14	377.93	382.72	389.91	396.80	406.38	418.36	432.43	449.20	468.07	489.63	510.89	534.85	558.51	584.56	610.92	639.37	667.81	698.66	729.80	763.05	779.52	812.76	841.51	860.37	884.03	898.41

Silver		AGE -->	0-14	15	16	17	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	233.34	254.08	262.01	269.94	278.48	287.02	295.87	305.02	305.02	305.02	305.02	306.24	312.34	319.66	331.56	341.32	346.20	353.52	360.84	365.41	370.29	372.73	375.17	377.61	380.05	384.94	389.82	397.14	404.15	413.91	426.11	440.45	457.53	476.75	498.71	520.36	544.77	568.86	595.40	622.24	651.22	680.19	711.61	743.33	777.19	793.97	827.82	857.11	876.32	900.42	915.06
Anthem Blue Cross	CaliforniaCare HMO	HMO B	274.67	299.08	308.42	317.75	327.80	337.86	348.27	359.04	359.04	359.04	359.04	360.48	367.66	376.27	390.28	401.77	407.51	416.13	424.74	430.13	435.87	438.75	441.62	444.49	447.36	453.11	458.85	467.47	475.73	487.22	501.58	518.45	538.56	561.18	587.03	612.52	641.25	669.61	700.85	732.44	766.55	800.66	837.64	874.98	914.83	934.58	974.43	1008.90	1031.52	1059.89	1077.12
Anthem Blue Cross	Priority Select HMO	HMO C	222.13	241.87	249.42	256.97	265.10	273.23	281.65	290.36	290.36	290.36	290.36	291.52	297.33	304.30	315.62	324.91	329.56	336.53	343.50	347.85	352.50	354.82	357.14	359.47	361.79	366.43	371.08	378.05	384.73	394.02	405.63	419.28	435.54	453.83	474.74	495.35	518.58	541.52	566.78	592.33	619.92	647.50	677.41	707.61	739.84	755.81	788.04	815.91	834.20	857.14	871.08
Anthem Blue Cross	Advantage PPO	PPO A	300.30	326.99	337.20	347.41	358.40	369.39	380.77	392.55	392.55	392.55	392.55	394.12	401.97	411.39	426.70	439.26	445.54	454.97	464.39	470.27	476.56	479.70	482.84	485.98	489.12	495.40	501.68	511.10	520.13	532.69	548.39	566.84	588.83	613.56	641.82	669.69	701.09	732.11	766.26	800.80	838.09	875.39	915.82	956.64	1000.22	1021.81	1065.38	1103.07	1127.80	1158.81	1177.65
Anthem Blue Cross	Select PPO	PPO B	286.84	312.33	322.08	331.83	342.33	352.83	363.70	374.95	374.95	374.95	374.95	376.45	383.95	392.95	407.57	419.57	425.57	434.57	443.57	449.19	455.19	458.19	461.19	464.19	467.19	473.19	479.19	488.18	496.81	508.81	523.81	541.43	562.43	586.05	613.04	639.66	669.66	699.28	731.90	764.90	800.52	836.14	874.76	913.75	955.37	975.99	1017.61	1053.61	1077.23	1106.85	1124.85
Anthem Blue Cross	Prudent Buyer - Small Group	PPO C	297.09	323.50	333.59	343.69	354.56	365.44	376.70	388.35	388.35	388.35	388.35	389.90	397.67	406.99	422.14	434.56	440.78	450.10	459.42	465.24	471.46	474.56	477.67	480.78	483.88	490.10	496.31	505.63	514.56	526.99	542.52	560.78	582.53	606.99	634.95	662.53	693.59	724.27	758.06	792.23	829.13	866.02	906.02	946.41	989.52	1010.88	1053.98	1091.26	1115.73	1146.41	1165.05
Anthem Blue Cross	Prudent Buyer - Small Group	EPO A	290.20	316.00	325.86	335.72	346.35	356.97	367.97	379.35	379.35	379.35	379.35	380.87	388.45	397.56	412.35	424.49	430.56	439.67	448.77	454.46	460.53	463.57	466.60	469.64	472.67	478.74	484.81	493.91	502.64	514.78	529.95	547.78	569.03	592.92	620.24	647.17	677.52	707.49	740.49	773.87	809.91	845.95	885.02	924.48	966.58	987.45	1029.56	1065.97	1089.87	1119.84	1138.05
Anthem Blue Cross	Prudent Buyer - Small Group	EPO B	290.33	316.13	326.00	335.87	346.49	357.12	368.12	379.51	379.51	379.51	379.51	381.03	388.62	397.73	412.53	424.67	430.74	439.85	448.96	454.65	460.73	463.76	466.80	469.83	472.87	478.94	485.01	494.12	502.85	515.00	530.18	548.01	569.27	593.17	620.50	647.44	677.80	707.79	740.80	774.20	810.25	846.31	885.40	924.87	966.99	987.86	1029.99	1066.42	1090.33	1120.31	1138.53
Cigna + Oscar	LocalPlus	EPO C	279.84	304.71	314.22	323.73	333.97	344.22	354.82	365.80	365.80	365.80	365.80	367.26	374.58	383.36	397.62	409.33	415.18	423.96	432.74	438.23	444.08	447.00	449.93	452.86	455.78	461.64	467.49	476.27	484.68	496.39	511.02	528.21	548.70	571.74	598.08	624.05	653.31	682.21	714.04	746.23	780.98	815.73	853.41	891.45	932.05	952.17	992.77	1027.89	1050.94	1079.83	1097.39
Cigna + Oscar	LocalPlus	EPO D	274.01	298.37	307.68	316.99	327.02	337.05	347.44	358.19	358.19	358.19	358.19	359.62	366.78	375.38	389.35	400.81	406.54	415.14	423.73	429.11	434.84	437.70	440.57	443.43	446.30	452.03	457.76	466.36	474.60	486.06	500.38	517.22	537.28	559.84	585.63	611.06	639.72	668.02	699.18	730.70	764.73	798.75	835.65	872.90	912.66	932.36	972.11	1006.50	1029.07	1057.36	1074.56
Cigna + Oscar	LocalPlus	EPO E	266.99	290.73	299.80	308.87	318.65	328.42	338.54	349.01	349.01	349.01	349.01	350.41	357.39	365.76	379.37	390.54	396.13	404.50	412.88	418.11	423.70	426.49	429.28	432.08	434.87	440.45	446.04	454.41	462.44	473.61	487.57	503.97	523.52	545.50	570.63	595.41	623.33	650.90	681.27	711.98	745.14	778.29	814.24	850.54	889.28	908.47	947.21	980.72	1002.71	1030.28	1047.03
Health Net	WholeCare	HMO A	238.58	259.79	267.90	276.00	284.74	293.47	302.51	311.87	311.87	311.87	311.87	313.12	319.35	326.84	339.00	348.98	353.97	361.46	368.94	373.62	378.61	381.11	383.60	386.09	388.59	393.58	398.57	406.05	413.23	423.21	435.68	450.34	467.80	487.45	509.91	532.05	557.00	581.64	608.77	636.21	665.84	695.47	727.59	760.03	794.64	811.80	846.41	876.35	896.00	920.64	935.61
Health Net	CommunityCare	HMO C	235.35	256.27	264.27	272.27	280.89	289.50	298.42	307.65	307.65	307.65	307.65	308.88	315.04	322.42	334.42	344.26	349.18	356.57	363.95	368.57	373.49	375.95	378.41	380.87	383.33	388.26	393.18	400.56	407.64	417.48	429.79	444.25	461.48	480.86	503.01	524.85	549.47	573.77	600.54	627.61	656.84	686.06	717.75	749.75	783.90	800.82	834.97	864.50	883.88	908.19	922.95
Kaiser Permanente	Full	HMO A	245.78	266.39	274.26	282.14	290.62	285.12	293.91	303.00	303.00	303.00	303.00	304.21	310.27	317.54	329.36	339.05	343.90	351.17	358.44	362.99	367.84	370.26	372.68	375.11	377.53	382.38	387.23	394.50	401.47	411.16	423.28	437.53	454.49	473.58	495.40	516.91	541.15	565.09	591.45	618.11	646.90	675.68	706.89	738.40	772.03	788.70	822.33	851.42	870.51	894.44	909.00
Kaiser Permanente	Full	HMO B	250.14	271.13	279.15	287.18	295.82	290.48	299.43	308.69	308.69	308.69	308.69	309.92	316.10	323.51	335.54	345.42	350.36	357.77	365.18	369.81	374.75	377.22	379.69	382.16	384.63	389.57	394.50	401.91	409.01	418.89	431.24	445.75	463.03	482.48	504.71	526.62	551.32	575.70	602.56	629.73	659.05	688.38	720.17	752.27	786.54	803.52	837.78	867.42	886.86	911.25	926.07
Kaiser Permanente	Full	HMO C	248.29	269.11	277.08	285.04	293.62	288.20	297.08	306.27	306.27	306.27	306.27	307.50	313.62	320.97	332.92	342.72	347.62	354.97	362.32	366.91	371.81	374.26	376.71	379.16	381.61	386.51	391.41	398.76	405.81	415.61	427.86	442.26	459.41	478.70	500.75	522.50	547.00	571.20	597.84	624.79	653.89	682.98	714.53	746.38	780.38	797.22	831.22	860.62	879.92	904.11	918.81
Kaiser Permanente	Full	HMO D	232.48	251.90	259.33	266.75	274.75	268.76	277.04	285.61	285.61	285.61	285.61	286.75	292.46	299.32	310.46	319.60	324.16	331.02	337.87	342.16	346.73	349.01	351.30	353.58	355.87	360.44	365.01	371.86	378.43	387.57	398.99	412.42	428.41	446.40	466.97	487.25	510.10	532.66	557.51	582.64	609.77	636.91	666.32	696.03	727.73	743.44	775.14	802.56	820.55	843.11	856.83
Kaiser Permanente	Full	HMO E	242.48	262.79	270.56	278.33	286.69	281.06	289.72	298.69	298.69	298.69	298.69	299.88	305.85	313.02	324.67	334.23	339.01	346.18	353.34	357.83	362.60	364.99	367.38	369.77	372.16	376.94	381.72	388.89	395.76	405.32	417.26	431.30	448.03	466.85	488.35	509.56	533.45	557.05	583.03	609.32	637.69	666.07	696.83	727.90	761.05	777.48	810.63	839.31	858.12	881.72	896.07
Sharp Health Plan	Premier	HMO A	203.65	221.75	228.67	235.60	243.05	250.50	258.22	266.21	266.21	266.21	266.21	267.27	272.60	278.99	289.37	297.89	302.15	308.54	314.93	318.92	323.18	325.31	327.44	329.57	331.70	335.96	340.22	346.61	352.73	361.25	371.90	384.41	399.32	416.09	435.25	454.15	475.45	496.48	519.64	543.07	568.36	593.65	621.07	648.75	678.30	692.94	722.49	748.05	764.82	785.85	798.63
Sharp Health Plan	Performance	HMO B	216.16	235.37	242.72	250.07	257.98	265.89	274.08	282.56	282.56	282.56	282.56	283.69	289.34	296.12	307.14	316.18	320.71	327.49	334.27	338.51	343.03	345.29	347.55	349.81	352.07	356.59	361.11	367.89	374.39	383.43	394.74	408.02	423.84	441.64	461.99	482.05	504.65	526.97	551.56	576.42	603.27	630.11	659.21	688.60	719.96	735.50	766.87	793.99	811.79	834.12	847.68
Sharp Health Plan	Premier	HMO C	199.18	216.88	223.65	230.42	237.71	245.00	252.55	260.36	260.36	260.36	260.36	261.40	266.61	272.86	283.01	291.34	295.51	301.76	308.01	311.91	316.08	318.16	320.24	322.33	324.41	328.57	332.74	338.99	344.98	353.31	363.72	375.96	390.54	406.94	425.69	444.17	465.00	485.57	508.22	531.13	555.87	580.60	607.42	634.50	663.40	677.72	706.62	731.61	748.01	768.58	781.08
UnitedHealthcare	SignatureValue	HMO A	261.83	285.10	294.00	302.90	312.48	322.07	331.99	342.26	342.26	342.26	342.26	343.63	350.47	358.69	372.04	382.99	388.47	396.68	404.89	410.03	415.50	418.24	420.98	423.72	426.46	431.93	437.41	445.62	453.49	464.45	478.14	494.22	513.39	534.95	559.60	583.90	611.28	638.31	668.09	698.21	730.73	763.24	798.49	834.09	872.08	890.90	928.89	961.75	983.31	1010.35	1026.78
UnitedHealthcare	Alliance	HMO E	233.83	254.61	262.56	270.51	279.07	287.63	296.49	305.66	305.66	305.66	305.66	306.88	313.00	320.33	332.25	342.03	346.92	354.26	361.60	366.18	371.07	373.52	375.96	378.41	380.85	385.74	390.63	397.97	405.00	414.78	427.01	441.37	458.49	477.75	499.75	521.46	545.91	570.06	596.65	623.55	652.58	681.62	713.10	744.89	778.82	795.63	829.56	858.90	878.16	902.31	916.98
Western Health	Full	HMO A	246.14	268.02	276.38	284.75	293.76	302.77	312.10	321.75	321.75	321.75	321.75	323.04	329.47	337.19	349.74	360.04	365.18	372.91	380.63	385.45	390.60	393.18	395.75	398.32	400.90	406.05	411.19	418.92	426.32	436.61	449.48	464.60	482.62	502.89	526.06	548.90	574.64	600.06	628.05	656.37	686.93	717.50	750.64	784.10	819.81	837.51	873.23	904.11	924.38	949.80	965.25
Western Health	Full	HMO B	258.40	281.37	290.15	298.94	308.39	317.85	327.65	337.78	337.78	337.78	337.78	339.13	345.89	353.99	367.17	377.98	383.38	391.49	399.59	404.66	410.06	412.77	415.47	418.17	420.87	426.28	431.68	439.79	447.56	458.37	471.88	487.75	506.67	527.95	552.27	576.25	603.27	629.96	659.35	689.07	721.16	753.25	788.04	823.17	860.66	879.24	916.73	949.16	970.44	997.13	1013.34
Western Health	Full	HMO C	241.30	262.75	270.95	279.16	287.99	296.82	305.97	315.43	315.43	315.43	315.43	316.69	323.00	330.57	342.87	352.97	358.01	365.58	373.15	377.89	382.93	385.46	387.98	390.50	393.03	398.07	403.12	410.69	417.95	428.04	440.66	455.48	473.15	493.02	515.73	538.12	563.36	588.28	615.72	643.48	673.44	703.41	735.90	768.70	803.72	821.07	856.08	886.36	906.23	931.15	946.29

Health Care Service Plan rates will vary by county

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Continued

Gold		AGE -->	0-14	15	16	17	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	285.32	310.68	320.38	330.08	340.52	350.96	361.78	372.97	372.97	372.97	372.97	374.46	381.92	390.87	405.42	417.35	423.32	432.27	441.22	446.82	452.79	455.77	458.75	461.74	464.72	470.69	476.66	485.61	494.19	506.12	521.04	538.57	559.46	582.95	609.81	636.29	666.12	695.59	728.04	760.86	796.29	831.72	870.14	908.93	950.33	970.84	1012.24	1048.05	1071.54	1101.01	1118.91
Anthem Blue Cross	CaliforniaCare HMO	HMO B	335.91	365.77	377.19	388.60	400.90	413.19	425.93	439.10	439.10	439.10	439.10	440.86	449.64	460.18	477.30	491.35	498.38	508.92	519.46	526.04	533.07	536.58	540.09	543.61	547.12	554.14	561.17	571.71	581.81	595.86	613.42	634.06	658.65	686.31	717.93	749.10	784.23	818.92	857.12	895.76	937.48	979.19	1024.42	1070.09	1118.83	1142.98	1191.72	1233.87	1261.53	1296.22	1317.30
Anthem Blue Cross	Priority Select HMO	HMO C	271.64	295.78	305.01	314.25	324.19	334.13	344.43	355.08	355.08	355.08	355.08	356.50	363.60	372.12	385.97	397.33	403.02	411.54	420.06	425.39	431.07	433.91	436.75	439.59	442.43	448.11	453.79	462.31	470.48	481.84	496.05	512.74	532.62	554.99	580.56	605.77	634.17	662.22	693.12	724.36	758.10	791.83	828.40	865.33	904.74	924.27	963.69	997.77	1020.14	1048.20	1065.24
Anthem Blue Cross	Advantage PPO	PPO A	354.44	385.95	397.99	410.04	423.01	435.98	449.42	463.32	463.32	463.32	463.32	465.17	474.44	485.56	503.63	518.46	525.87	536.99	548.11	555.06	562.47	566.18	569.88	573.59	577.30	584.71	592.12	603.24	613.90	628.73	647.26	669.03	694.98	724.17	757.53	790.42	827.49	864.09	904.40	945.17	989.19	1033.20	1080.93	1129.11	1180.54	1206.02	1257.45	1301.93	1331.12	1367.72	1389.96
Anthem Blue Cross	Select PPO	PPO B	325.56	354.50	365.56	376.63	388.55	400.46	412.80	425.57	425.57	425.57	425.57	427.27	435.78	446.00	462.59	476.21	483.02	493.24	503.45	509.83	516.64	520.05	523.45	526.86	530.26	537.07	543.88	554.09	563.88	577.50	594.52	614.52	638.36	665.17	695.81	726.02	760.07	793.69	830.71	868.16	908.59	949.02	992.85	1037.11	1084.35	1107.76	1155.00	1195.85	1222.66	1256.28	1276.71
Anthem Blue Cross	Select PPO	PPO C	338.54	368.63	380.13	391.64	404.03	416.42	429.25	442.53	442.53	442.53	442.53	444.30	453.15	463.77	481.03	495.19	502.27	512.89	523.51	530.15	537.23	540.77	544.31	547.85	551.39	558.47	565.55	576.17	586.35	600.51	618.21	639.01	663.80	691.67	723.54	754.96	790.36	825.32	863.82	902.76	944.80	986.84	1032.42	1078.45	1127.57	1151.91	1201.03	1243.51	1271.39	1306.35	1327.59
Anthem Blue Cross	Select PPO	PPO D	316.67	344.82	355.58	366.35	377.94	389.53	401.53	413.95	413.95	413.95	413.95	415.61	423.88	433.82	449.96	463.21	469.83	479.77	489.70	495.91	502.54	505.85	509.16	512.47	515.78	522.40	529.03	538.96	548.48	561.73	578.29	597.74	620.93	647.00	676.81	706.20	739.31	772.02	808.03	844.46	883.78	923.11	965.75	1008.80	1054.74	1077.51	1123.46	1163.20	1189.28	1221.98	1241.85
Anthem Blue Cross	Prudent Buyer - Small Group	PPO E	350.65	381.81	393.73	405.65	418.48	431.32	444.61	458.36	458.36	458.36	458.36	460.19	469.36	480.36	498.24	512.90	520.24	531.24	542.24	549.12	556.45	560.12	563.78	567.45	571.12	578.45	585.78	596.78	607.33	621.99	640.33	661.87	687.54	716.42	749.42	781.96	818.63	854.84	894.72	935.05	978.60	1022.14	1069.35	1117.02	1167.90	1193.11	1243.99	1287.99	1316.87	1353.08	1375.08
Cigna + Oscar	LocalPlus	EPO C	309.55	337.07	347.59	358.11	369.44	380.77	392.50	404.64	404.64	404.64	404.64	406.26	414.35	424.07	439.85	452.79	459.27	468.98	478.69	484.76	491.24	494.47	497.71	500.95	504.18	510.66	517.13	526.84	536.15	549.10	565.29	584.30	606.96	632.46	661.59	690.32	722.69	754.66	789.86	825.47	863.91	902.35	944.03	986.11	1031.03	1053.28	1098.20	1137.05	1162.54	1194.50	1213.93
Cigna + Oscar	LocalPlus	EPO D	300.10	326.78	336.98	347.18	358.16	369.15	380.52	392.29	392.29	392.29	392.29	393.86	401.71	411.12	426.42	438.98	445.25	454.67	464.08	469.97	476.24	479.38	482.52	485.66	488.80	495.07	501.35	510.76	519.79	532.34	548.03	566.47	588.44	613.15	641.40	669.25	700.63	731.63	765.75	800.28	837.54	874.81	915.22	956.02	999.56	1021.14	1064.68	1102.34	1127.06	1158.05	1176.88
Cigna + Oscar	LocalPlus	EPO E	306.62	333.87	344.29	354.71	365.93	377.16	388.78	400.80	400.80	400.80	400.80	402.41	410.42	420.04	435.67	448.50	454.91	464.53	474.15	480.16	486.58	489.78	492.99	496.20	499.40	505.81	512.23	521.85	531.07	543.89	559.92	578.76	601.21	626.46	655.31	683.77	715.84	747.50	782.37	817.64	855.72	893.79	935.08	976.76	1021.25	1043.29	1087.78	1126.26	1151.51	1183.17	1202.41
Health Net	WholeCare	HMO A	273.71	298.04	307.34	316.64	326.66	336.68	347.06	357.79	357.79	357.79	357.79	359.22	366.38	374.96	388.92	400.37	406.09	414.68	423.26	428.63	434.36	437.22	440.08	442.94	445.80	451.53	457.25	465.84	474.07	485.52	499.83	516.65	536.68	559.22	584.98	610.39	639.01	667.28	698.40	729.89	763.88	797.87	834.72	871.93	911.65	931.32	971.04	1005.39	1027.93	1056.19	1073.37
Health Net	WholeCare	HMO B	268.26	292.10	301.22	310.34	320.15	329.97	340.14	350.66	350.66	350.66	350.66	352.07	359.08	367.49	381.17	392.39	398.00	406.42	414.83	420.09	425.70	428.51	431.31	434.12	436.93	442.54	448.15	456.56	464.63	475.85	489.88	506.36	525.99	548.09	573.33	598.23	626.28	653.99	684.49	715.35	748.66	781.98	818.10	854.56	893.49	912.77	951.70	985.36	1007.45	1035.16	1051.98
Health Net	WholeCare	HMO C	271.52	295.65	304.88	314.11	324.05	333.99	344.28	354.93	354.93	354.93	354.93	356.35	363.44	371.96	385.80	397.16	402.84	411.36	419.88	425.20	430.88	433.72	436.56	439.40	442.24	447.92	453.60	462.11	470.28	481.64	495.83	512.51	532.39	554.75	580.30	605.50	633.90	661.94	692.82	724.05	757.77	791.49	828.04	864.96	904.35	923.87	963.27	997.34	1019.70	1047.74	1064.79
Health Net	Salud HMO y Mas	HMO D	277.89	302.59	312.03	321.48	331.65	341.82	352.35	363.25	363.25	363.25	363.25	364.70	371.97	380.69	394.85	406.48	412.29	421.01	429.72	435.17	440.98	443.89	446.80	449.70	452.61	458.42	464.23	472.95	481.31	492.93	507.46	524.53	544.87	567.76	593.91	619.70	648.76	677.46	709.06	741.03	775.54	810.05	847.46	885.24	925.56	945.54	985.86	1020.73	1043.62	1072.31	1089.75
Health Net	Full	HMO E	295.75	322.04	332.09	342.15	352.97	363.79	375.01	386.60	386.60	386.60	386.60	388.15	395.88	405.16	420.24	432.61	438.80	448.07	457.35	463.15	469.34	472.43	475.52	478.62	481.71	487.90	494.08	503.36	512.25	524.62	540.09	558.26	579.91	604.26	632.10	659.55	690.48	721.02	754.65	788.67	825.40	862.13	901.95	942.16	985.07	1006.33	1049.24	1086.36	1110.72	1141.26	1159.80
Health Net	Full	HMO F	280.41	305.34	314.87	324.40	334.66	344.92	355.55	366.55	366.55	366.55	366.55	368.02	375.35	384.15	398.44	410.17	416.04	424.83	433.63	439.13	444.99	447.93	450.86	453.79	456.72	462.59	468.45	477.25	485.68	497.41	512.07	529.30	549.83	572.92	599.31	625.34	654.66	683.62	715.51	747.76	782.59	817.41	855.16	893.29	933.97	954.13	994.82	1030.01	1053.10	1082.06	1099.65
Health Net	Full	HMO G	303.74	330.74	341.06	351.38	362.50	373.62	385.13	397.04	397.04	397.04	397.04	398.63	406.57	416.10	431.59	444.29	450.65	460.18	469.70	475.66	482.01	485.19	488.37	491.54	494.72	501.07	507.42	516.95	526.08	538.79	554.67	573.33	595.57	620.58	649.17	677.36	709.12	740.49	775.03	809.97	847.69	885.41	926.31	967.60	1011.67	1033.51	1077.58	1115.70	1140.71	1172.08	1191.12
Kaiser Permanente	Full	HMO B	293.31	318.13	327.63	337.12	347.34	343.58	354.17	365.12	365.12	365.12	365.12	366.58	373.88	382.65	396.89	408.57	414.41	423.17	431.94	437.41	443.26	446.18	449.10	452.02	454.94	460.78	466.62	475.39	483.78	495.47	510.07	527.23	547.68	570.68	596.97	622.89	652.10	680.95	712.71	744.84	779.53	814.22	851.82	889.80	930.33	950.41	990.94	1025.99	1048.99	1077.83	1095.36
Kaiser Permanente	Full	HMO C	309.48	335.74	345.78	355.83	366.64	363.47	374.67	386.26	386.26	386.26	386.26	387.80	395.53	404.80	419.86	432.22	438.40	447.67	456.94	462.74	468.92	472.01	475.10	478.19	481.28	487.46	493.64	502.91	511.79	524.15	539.60	557.75	579.39	603.72	631.53	658.95	689.85	720.37	753.97	787.96	824.66	861.35	901.14	941.31	984.18	1005.43	1048.30	1085.38	1109.72	1140.23	1158.78
Kaiser Permanente	Full	HMO D	276.98	300.36	309.29	318.23	327.86	323.49	333.46	343.78	343.78	343.78	343.78	345.15	352.03	360.28	373.69	384.69	390.19	398.44	406.69	411.85	417.35	420.10	422.85	425.60	428.35	433.85	439.35	447.60	455.50	466.51	480.26	496.41	515.67	537.32	562.08	586.48	613.99	641.14	671.05	701.31	733.96	766.62	802.03	837.79	875.94	894.85	933.01	966.01	987.67	1014.83	1031.34
Kaiser Permanente	Full	HMO E	256.99	278.59	286.85	295.11	304.01	298.91	308.12	317.65	317.65	317.65	317.65	318.92	325.28	332.90	345.29	355.45	360.54	368.16	375.78	380.55	385.63	388.17	390.71	393.25	395.80	400.88	405.96	413.58	420.89	431.05	443.76	458.69	476.48	496.49	519.36	541.92	567.33	592.42	620.06	648.01	678.19	708.37	741.08	774.12	809.38	826.85	862.11	892.60	912.62	937.71	952.95
Sharp Health Plan	Performance	HMO A	261.56	284.81	293.70	302.59	312.16	321.74	331.65	341.91	341.91	341.91	341.91	343.28	350.12	358.32	371.66	382.60	388.07	396.27	404.48	409.61	415.08	417.81	420.55	423.28	426.02	431.49	436.96	445.17	453.03	463.97	477.65	493.72	512.87	534.41	559.02	583.30	610.65	637.66	667.41	697.50	729.98	762.46	797.68	833.23	871.19	889.99	927.94	960.77	982.31	1009.32	1025.73
Sharp Health Plan	Premier	HMO B	250.61	272.88	281.40	289.92	299.09	308.26	317.76	327.59	327.59	327.59	327.59	328.90	335.45	343.31	356.09	366.57	371.81	379.68	387.54	392.45	397.69	400.31	402.94	405.56	408.18	413.42	418.66	426.52	434.06	444.54	457.64	473.04	491.39	512.02	535.61	558.87	585.08	610.96	639.46	668.28	699.40	730.53	764.27	798.34	834.70	852.72	889.08	920.53	941.17	967.05	982.77
Sharp Health Plan	Performance	HMO D	280.56	305.50	315.04	324.57	334.84	345.11	355.75	366.75	366.75	366.75	366.75	368.22	375.55	384.35	398.66	410.39	416.26	425.06	433.87	439.37	445.23	448.17	451.10	454.04	456.97	462.84	468.71	477.51	485.94	497.68	512.35	529.59	550.13	573.23	599.64	625.68	655.02	683.99	715.90	748.17	783.01	817.85	855.63	893.77	934.48	954.65	995.36	1030.57	1053.67	1082.65	1100.25
UnitedHealthcare	SignatureValue	HMO A	286.97	312.47	322.23	331.98	342.48	352.99	363.87	375.12	375.12	375.12	375.12	376.62	384.12	393.13	407.76	419.76	425.76	434.76	443.77	449.39	455.40	458.40	461.40	464.40	467.40	473.40	479.40	488.41	497.03	509.04	524.04	541.67	562.68	586.31	613.32	639.95	669.96	699.60	732.23	765.24	800.88	836.52	875.15	914.17	955.81	976.44	1018.08	1054.09	1077.72	1107.35	1125.36
UnitedHealthcare	Alliance	HMO B	256.28	279.06	287.77	296.48	305.86	315.24	324.95	335.00	335.00	335.00	335.00	336.34	343.04	351.08	364.15	374.87	380.23	388.27	396.31	401.33	406.69	409.37	412.05	414.73	417.41	422.77	428.13	436.17	443.88	454.60	468.00	483.74	502.50	523.61	547.73	571.51	598.31	624.78	653.92	683.40	715.23	747.05	781.56	816.40	853.58	872.01	909.19	941.35	962.46	988.92	1005.00
UnitedHealthcare	SignatureValue	HMO F	331.11	360.55	371.80	383.05	395.17	407.29	419.85	432.83	432.83	432.83	432.83	434.56	443.22	453.61	470.49	484.34	491.26	501.65	512.04	518.53	525.46	528.92	532.38	535.84	539.31	546.23	553.16	563.54	573.50	587.35	604.66	625.01	649.25	676.51	707.68	738.41	773.03	807.23	844.88	882.97	924.09	965.21	1009.79	1054.81	1102.85	1126.66	1174.70	1216.25	1243.52	1277.71	1298.49
UnitedHealthcare	Alliance	HMO G	295.70	321.99	332.04	342.09	352.91	363.73	374.94	386.54	386.54	386.54	386.54	388.09	395.82	405.09	420.17	432.54	438.72	448.00	457.28	463.07	469.26	472.35	475.44	478.54	481.63	487.81	494.00	503.28	512.17	524.53	540.00	558.16	579.81	604.16	631.99	659.44	690.36	720.90	754.53	788.54	825.26	861.98	901.80	942.00	984.90	1006.16	1049.07	1086.18	1110.53	1141.07	1159.62
UnitedHealthcare	SignatureValue	HMO H	304.30	331.35	341.69	352.04	363.17	374.31	385.85	397.78	397.78	397.78	397.78	399.37	407.33	416.87	432.39	445.12	451.48	461.03	470.57	476.54	482.90	486.09	489.27	492.45	495.63	502.00	508.36	517.91	527.06	539.79	555.70	574.39	596.67	621.73	650.37	678.61	710.44	741.86	776.47	811.47	849.26	887.05	928.02	969.39	1013.54	1035.42	1079.57	1117.76	1142.82	1174.25	1193.34
UnitedHealthcare	Alliance	HMO J	271.76	295.91	305.15	314.39	324.33	334.28	344.58	355.24	355.24	355.24	355.24	356.66	363.77	372.29	386.15	397.51	403.20	411.72	420.25	425.58	431.26	434.10	436.95	439.79	442.63	448.31	454.00	462.52	470.69	482.06	496.27	512.97	532.86	555.24	580.82	606.04	634.46	662.52	693.43	724.69	758.44	792.19	828.77	865.72	905.15	924.69	964.12	998.22	1020.60	1048.67	1065.72
UnitedHealthcare	Alliance	HMO O	252.39	274.82	283.40	291.98	301.22	310.45	320.02	329.92	329.92	329.92	329.92	331.24	337.84	345.76	358.62	369.18	374.46	382.38	390.30	395.24	400.52	403.16	405.80	408.44	411.08	416.36	421.64	429.56	437.14	447.70	460.90	476.40	494.88	515.66	539.42	562.84	589.24	615.30	644.00	673.04	704.38	735.72	769.70	804.02	840.64	858.78	895.40	927.08	947.86	973.92	989.76
UnitedHealthcare	SignatureValue	HMO Q	282.61	307.73	317.33	326.94	337.28	347.62	358.34	369.42	369.42	369.42	369.42	370.90	378.29	387.15	401.56	413.38	419.29	428.16	437.02	442.57	448.48	451.43	454.39	457.34	460.30	466.21	472.12	480.98	489.48	501.30	516.08	533.44	554.13	577.40	604.00	630.23	659.78	688.97	721.11	753.62	788.71	823.81	861.86	900.28	941.28	961.60	1002.61	1038.07	1061.34	1090.53	1108.26
Western Health	Full	HMO A	285.27	310.63	320.32	330.02	340.46	350.90	361.72	372.90	372.90	372.90	372.90	374.39	381.85	390.80	405.35	417.28	423.25	432.19	441.14	446.74	452.70	455.69	458.67	461.65	464.64	470.60	476.57	485.52	494.10	506.03	520.95	538.47	559.35	582.85	609.70	636.17	666.01	695.46	727.91	760.72	796.15	831.57	869.98	908.77	950.16	970.67	1012.06	1047.86	1071.35	1100.81	1118.71
Western Health	Full	HMO B	297.99	324.47	334.60	344.73	355.64	366.54	377.84	389.52	389.52	389.52	389.52	391.08	398.87	408.22	423.41	435.88	442.11	451.46	460.81	466.65	472.88	476.00	479.11	482.23	485.35	491.58	497.81	507.16	516.12	528.58	544.16	562.47	584.29	608.83	636.87	664.53	695.69	726.46	760.35	794.63	831.63	868.64	908.76	949.27	992.51	1013.93	1057.17	1094.56	1119.10	1149.87	1168.57
Western Health	Full	HMO C	271.31	295.43	304.65	313.87	323.80	333.73	344.01	354.65	354.65	354.65	354.65	356.07	363.17	371.68	385.51	396.86	402.53	411.04	419.56	424.88	430.55	433.39	436.22	439.06	441.90	447.57	453.25	461.76	469.92	481.27	495.45	512.12	531.98	554.32	579.86	605.04	633.41	661.43	692.29	723.49	757.19	790.88	827.41	864.29	903.66	923.17	962.53	996.58	1018.92	1046.94	1063.96
Western Health	Full	HMO D	260.82	284.01	292.87	301.74	311.28	320.83	330.72	340.94	340.94	340.94	340.94	342.31	349.13	357.31	370.61	381.52	386.97	395.15	403.34	408.45	413.91	416.63	419.36	422.09	424.82	430.27	435.73	443.91	451.75	462.66	476.30	492.32	511.42	532.90	557.44	581.65	608.93	635.86	665.52	695.53	727.92	760.31	795.42	830.88	868.73	887.48	925.32	958.05	979.53	1006.47	1022.83

Platinum		AGE -->	0-14	15	16	17	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	326.09	355.07	366.16	377.24	389.18	401.11	413.47	426.26	426.26	426.26	426.26	427.97	436.49	446.72	463.34	476.98	483.81	494.04	504.27	510.66	517.48	520.89	524.30	527.71	531.12	537.94	544.76	554.99	564.79	578.43	595.49	615.52	639.39	666.24	696.94	727.20	761.30	794.97	832.06	869.57	910.07	950.56	994.46	1038.80	1086.11	1109.55	1156.87	1197.79	1224.64	1258.32	1278.78
Cigna + Oscar	LocalPlus	EPO C	366.70	399.29	411.75	424.22	437.64	451.06	464.96	479.34	479.34	479.34	479.34	481.26	490.84	502.35	521.04	536.38	544.05	555.56	567.06	574.25	581.92	585.75	589.59	593.42	597.26	604.93	612.60	624.10	635.13	650.46	669.64	692.17	719.01	749.21	783.72	817.75	856.10	893.97	935.67	977.85	1023.39	1068.93	1118.30	1168.15	1221.36	1247.72	1300.93	1346.95	1377.14	1415.01	1438.02
Cigna + Oscar	LocalPlus	EPO D	359.56	391.52	403.74	415.96	429.12	442.28	455.91	470.01	470.01	470.01	470.01	471.89	481.29	492.57	510.90	525.94	533.46	544.74	556.02	563.07	570.59	574.35	578.11	581.87	585.63	593.15	600.67	611.95	622.76	637.81	656.61	678.70	705.02	734.63	768.47	801.84	839.44	876.57	917.46	958.82	1003.47	1048.12	1096.54	1145.42	1197.59	1223.44	1275.61	1320.73	1350.34	1387.47	1410.03
Cigna + Oscar	LocalPlus	EPO E	348.97	379.99	391.85	403.71	416.48	429.26	442.49	456.17	456.17	456.17	456.17	458.00	467.12	478.07	495.86	510.45	517.75	528.70	539.65	546.49	553.79	557.44	561.09	564.74	568.39	575.69	582.99	593.93	604.43	619.02	637.27	658.71	684.26	712.99	745.84	778.23	814.72	850.76	890.44	930.59	973.92	1017.26	1064.25	1111.69	1162.32	1187.41	1238.05	1281.84	1310.58	1346.62	1368.51
Health Net	WholeCare	HMO C	276.46	301.03	310.43	319.83	329.95	340.06	350.54	361.39	361.39	361.39	361.39	362.83	370.06	378.73	392.83	404.39	410.17	418.85	427.52	432.94	438.72	441.61	444.50	447.40	450.29	456.07	461.85	470.52	478.84	490.40	504.86	521.84	542.08	564.85	590.87	616.52	645.44	673.99	705.43	737.23	771.56	805.89	843.11	880.70	920.81	940.69	980.80	1015.49	1038.26	1066.81	1084.17
Health Net	Salud HMO y Mas	HMO D	281.81	306.86	316.44	326.02	336.33	346.65	357.33	368.38	368.38	368.38	368.38	369.85	377.22	386.06	400.43	412.22	418.11	426.95	435.80	441.32	447.21	450.16	453.11	456.06	459.00	464.90	470.79	479.63	488.11	499.89	514.63	531.94	552.57	575.78	602.30	628.46	657.93	687.03	719.08	751.50	786.49	821.49	859.43	897.75	938.64	958.90	999.79	1035.15	1058.36	1087.46	1105.14
Health Net	Full	HMO E	307.28	334.59	345.04	355.48	366.73	377.98	389.62	401.67	401.67	401.67	401.67	403.28	411.31	420.95	436.62	449.47	455.90	465.54	475.18	481.21	487.63	490.85	494.06	497.27	500.49	506.91	513.34	522.98	532.22	545.07	561.14	580.02	602.51	627.82	656.74	685.26	717.39	749.12	784.07	819.42	857.57	895.73	937.11	978.88	1023.47	1045.56	1090.14	1128.71	1154.01	1185.74	1205.01
Health Net	WholeCare	HMO F	284.56	309.85	319.53	329.20	339.61	350.03	360.81	371.97	371.97	371.97	371.97	373.46	380.90	389.83	404.34	416.24	422.19	431.12	440.04	445.62	451.58	454.55	457.53	460.50	463.48	469.43	475.38	484.31	492.86	504.77	519.65	537.13	557.96	581.39	608.18	634.59	664.34	693.73	726.09	758.83	794.16	829.50	867.81	906.50	947.79	968.25	1009.54	1045.25	1068.68	1098.07	1115.91
Health Net	Salud HMO y Mas	HMO G	291.23	317.12	327.02	336.92	347.58	358.24	369.28	380.70	380.70	380.70	380.70	382.22	389.83	398.97	413.82	426.00	432.09	441.23	450.36	456.07	462.17	465.21	468.26	471.30	474.35	480.44	486.53	495.67	504.42	516.61	531.83	549.73	571.04	595.03	622.44	649.47	679.92	710.00	743.12	776.62	812.79	848.95	888.16	927.76	970.01	990.95	1033.21	1069.76	1093.74	1123.82	1142.10
Health Net	Full	HMO H	316.28	344.40	355.15	365.90	377.47	389.05	401.04	413.44	413.44	413.44	413.44	415.10	423.36	433.29	449.41	462.64	469.26	479.18	489.10	495.30	501.92	505.23	508.53	511.84	515.15	521.76	528.38	538.30	547.81	561.04	577.58	597.01	620.16	646.21	675.98	705.33	738.41	771.07	807.04	843.42	882.70	921.98	964.56	1007.56	1053.45	1076.19	1122.08	1161.77	1187.82	1220.48	1240.32
Kaiser Permanente	Full	HMO A	329.91	357.99	368.73	379.47	391.03	388.60	400.58	412.97	412.97	412.97	412.97	414.62	422.88	432.79	448.90	462.11	468.72	478.63	488.54	494.74	501.34	504.65	507.95	511.26	514.56	521.17	527.77	537.69	547.18	560.40	576.92	596.33	619.45	645.47	675.20	704.53	737.56	770.19	806.12	842.46	881.69	920.92	963.46	1006.41	1052.25	1074.96	1120.80	1160.44	1186.46	1219.09	1238.91
Kaiser Permanente	Full	HMO B	324.18	351.75	362.30	372.84	384.19	381.56	393.32	405.48	405.48	405.48	405.48	407.10	415.21	424.94	440.76	453.73	460.22	469.95	479.68	485.76	492.25	495.50	498.74	501.98	505.23	511.72	518.20	527.93	537.26	550.24	566.46	585.51	608.22	633.76	662.96	691.75	724.19	756.22	791.50	827.18	865.70	904.22	945.98	988.15	1033.16	1055.46	1100.47	1139.40	1164.94	1196.98	1216.44
Sharp Health Plan	Premier	HMO A	282.65	307.78	317.38	326.99	337.34	347.68	358.40	369.48	369.48	369.48	369.48	370.96	378.35	387.22	401.62	413.45	419.36	428.23	437.09	442.64	448.55	451.50	454.46	457.42	460.37	466.28	472.20	481.06	489.56	501.38	516.16	533.53	554.22	577.50	604.10	630.33	659.89	689.08	721.22	753.74	788.84	823.94	862.00	900.42	941.44	961.76	1002.77	1038.24	1061.52	1090.70	1108.44
Sharp Health Plan	Performance	HMO B	304.58	331.66	342.01	352.36	363.51	374.66	386.21	398.15	398.15	398.15	398.15	399.74	407.71	417.26	432.79	445.53	451.90	461.46	471.01	476.98	483.35	486.54	489.72	492.91	496.09	502.47	508.84	518.39	527.55	540.29	556.22	574.93	597.23	622.31	650.98	679.24	711.10	742.55	777.19	812.23	850.05	887.87	928.88	970.29	1014.49	1036.38	1080.58	1118.80	1143.88	1175.34	1194.45
Sharp Health Plan	Premier	HMO C	278.68	303.45	312.93	322.40	332.60	342.80	353.36	364.29	364.29	364.29	364.29	365.75	373.03	381.78	395.98	407.64	413.47	422.21	430.96	436.42	442.25	445.16	448.08	450.99	453.91	459.73	465.56	474.31	482.68	494.34	508.91	526.03	546.44	569.39	595.61	621.48	650.62	679.40	711.09	743.15	777.76	812.37	849.89	887.77	928.21	948.25	988.68	1023.65	1046.61	1075.38	1092.87
UnitedHealthcare	SignatureValue	HMO A	349.02	380.05	391.91	403.77	416.55	429.32	442.55	456.24	456.24	456.24	456.24	458.06	467.19	478.14	495.93	510.53	517.83	528.78	539.73	546.58	553.88	557.53	561.18	564.83	568.48	575.77	583.07	594.02	604.52	619.12	637.37	658.81	684.36	713.10	745.95	778.35	814.84	850.89	890.58	930.73	974.07	1017.42	1064.41	1111.86	1162.50	1187.59	1238.24	1282.03	1310.78	1346.82	1368.72
UnitedHealthcare	Alliance	HMO C	311.70	339.41	350.00	360.59	372.00	383.41	395.23	407.45	407.45	407.45	407.45	409.08	417.23	427.01	442.90	455.94	462.46	472.23	482.01	488.13	494.64	497.90	501.16	504.42	507.68	514.20	520.72	530.50	539.87	552.91	569.21	588.36	611.18	636.84	666.18	695.11	727.71	759.89	795.34	831.20	869.91	908.61	950.58	992.96	1038.18	1060.59	1105.82	1144.93	1170.60	1202.79	1222.35
UnitedHealthcare	SignatureValue	HMO E	377.95	411.54	424.39	437.23	451.07	464.90	479.23	494.05	494.05	494.05	494.05	496.03	505.91	517.76	537.03	552.84	560.75	572.60	584.46	591.87	599.78	603.73	607.68	611.63	615.59	623.49	631.40	643.25	654.62	670.43	690.19	713.41	741.08	772.20	807.77	842.85	882.37	921.40	964.39	1007.86	1054.80	1101.73	1152.62	1204.00	1258.84	1286.01	1340.85	1388.28	1419.41	1458.44	1482.15
UnitedHealthcare	Alliance	HMO G	337.53	367.53	379.00	390.47	402.82	415.18	427.97	441.21	441.21	441.21	441.21	442.97	451.80	462.39	479.60	493.71	500.77	511.36	521.95	528.57	535.63	539.16	542.69	546.22	549.75	556.81	563.87	574.46	584.60	598.72	616.37	637.11	661.82	689.61	721.38	752.70	788.00	822.86	861.24	900.07	941.98	983.90	1029.34	1075.23	1124.20	1148.47	1197.44	1239.80	1267.60	1302.45	1323.63
UnitedHealthcare	Alliance	HMO J	306.65	333.91	344.33	354.75	365.98	377.20	388.82	400.85	400.85	400.85	400.85	402.45	410.47	420.09	435.72	448.55	454.96	464.59	474.21	480.22	486.63	489.84	493.05	496.25	499.46	505.87	512.29	521.91	531.13	543.95	559.99	578.83	601.28	626.53	655.39	683.85	715.92	747.59	782.46	817.73	855.81	893.90	935.18	976.87	1021.37	1043.41	1087.91	1126.39	1151.64	1183.31	1202.55
UnitedHealthcare	SignatureValue	HMO L	343.37	373.89	385.56	397.23	409.80	422.37	435.38	448.85	448.85	448.85	448.85	450.65	459.62	470.39	487.90	502.26	509.44	520.22	530.99	537.72	544.90	548.49	552.09	555.68	559.27	566.45	573.63	584.40	594.73	609.09	627.04	648.14	673.28	701.55	733.87	765.74	801.65	837.11	876.16	915.65	958.29	1000.94	1047.17	1093.85	1143.67	1168.36	1218.18	1261.27	1289.55	1325.01	1346.55
Western Health	Full	HMO A	324.22	353.04	364.06	375.08	386.94	398.81	411.10	423.82	423.82	423.82	423.82	425.51	433.99	444.16	460.69	474.25	481.03	491.20	501.37	507.73	514.51	517.90	521.29	524.68	528.07	534.86	541.64	551.81	561.56	575.12	592.07	611.99	635.72	662.42	692.94	723.03	756.93	790.42	827.29	864.58	904.85	945.11	988.76	1032.84	1079.88	1103.19	1150.24	1190.92	1217.62	1251.10	1271.45
Western Health	Full	HMO B	331.85	361.35	372.63	383.91	396.05	408.20	420.78	433.79	433.79	433.79	433.79	435.53	444.21	454.62	471.54	485.42	492.36	502.77	513.18	519.69	526.63	530.10	533.57	537.04	540.51	547.45	554.39	564.80	574.78	588.66	606.01	626.40	650.69	678.02	709.25	740.05	774.76	809.03	846.77	884.94	926.15	967.36	1012.04	1057.16	1105.31	1129.17	1177.32	1218.96	1246.29	1280.56	1301.38
Western Health	Full	HMO C	320.56	349.06	359.95	370.85	382.58	394.31	406.46	419.03	419.03	419.03	419.03	420.71	429.09	439.15	455.49	468.90	475.60	485.66	495.72	502.00	508.71	512.06	515.41	518.76	522.12	528.82	535.53	545.58	555.22	568.63	585.39	605.09	628.55	654.95	685.12	714.87	748.39	781.50	817.95	854.83	894.64	934.45	977.61	1021.19	1067.70	1090.75	1137.26	1177.49	1203.88	1236.99	1257.10

Health Care Service Plan rates will vary by county

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USE EMPLOYER ZIP CODE FOR RATING AREA 13 04/01/22 - 06/01/22

Bronze		AGE -->	0-14	15	16	17	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	Prudent Buyer - Small Group	PPO A	274.16	298.53	307.85	317.17	327.20	337.24	347.63	358.38	358.38	358.38	358.38	359.81	366.98	375.58	389.56	401.03	406.76	415.36	423.96	429.34	435.07	437.94	440.81	443.67	446.54	452.28	458.01	466.61	474.85	486.32	500.66	517.50	537.57	560.15	585.95	611.40	640.07	668.38	699.56	731.10	765.14	799.19	836.10	873.37	913.15	932.86	972.64	1007.05	1029.63	1057.94	1075.14
Anthem Blue Cross	Select PPO	PPO B	259.80	282.90	291.72	300.55	310.06	319.57	329.42	339.61	339.61	339.61	339.61	340.97	347.76	355.91	369.16	380.02	385.46	393.61	401.76	406.85	412.29	415.00	417.72	420.44	423.15	428.59	434.02	442.17	449.98	460.85	474.44	490.40	509.42	530.81	555.26	579.37	606.54	633.37	662.92	692.80	725.07	757.33	792.31	827.63	865.33	884.00	921.70	954.30	975.70	1002.53	1018.83
Anthem Blue Cross	Prudent Buyer - Small Group	EPO A	276.95	301.57	310.98	320.40	330.53	340.67	351.17	362.03	362.03	362.03	362.03	363.48	370.72	379.41	393.53	405.11	410.90	419.59	428.28	433.71	439.50	442.40	445.30	448.19	451.09	456.88	462.67	471.36	479.69	491.27	505.76	522.77	543.05	565.85	591.92	617.62	646.59	675.19	706.68	738.54	772.93	807.33	844.62	882.27	922.45	942.36	982.55	1017.30	1040.11	1068.71	1086.09
Health Net	CommunityCare	HMO A	214.95	234.06	241.36	248.67	256.54	264.40	272.55	280.98	280.98	280.98	280.98	282.10	287.72	294.47	305.43	314.42	318.91	325.66	332.40	336.61	341.11	343.36	345.61	347.85	350.10	354.60	359.09	365.84	372.30	381.29	392.53	405.74	421.47	439.17	459.40	479.35	501.83	524.03	548.47	573.20	599.89	626.59	655.53	684.75	715.94	731.39	762.58	789.56	807.26	829.45	842.94
Kaiser Permanente	Full	HMO A	205.10	222.08	228.58	235.07	242.07	235.07	242.32	249.81	249.81	249.81	249.81	250.81	255.81	261.80	271.54	279.54	283.54	289.53	295.53	299.27	303.27	305.27	307.27	309.27	311.26	315.26	319.26	325.25	331.00	338.99	348.99	360.73	374.72	390.45	408.44	426.18	446.16	465.90	487.63	509.61	533.35	557.08	582.81	608.79	636.52	650.26	677.99	701.97	717.71	737.44	749.43
Kaiser Permanente	Full	HMO B	201.44	218.11	224.48	230.85	237.71	230.58	237.69	245.04	245.04	245.04	245.04	246.02	250.92	256.80	266.35	274.20	278.12	284.00	289.88	293.55	297.47	299.43	301.39	303.35	305.32	309.24	313.16	319.04	324.67	332.51	342.32	353.83	367.55	382.99	400.63	418.03	437.63	456.99	478.31	499.87	523.15	546.43	571.67	597.15	624.35	637.83	665.03	688.55	703.99	723.35	735.12
Kaiser Permanente	Full	HMO C	193.78	209.76	215.87	221.98	228.56	221.15	227.97	235.02	235.02	235.02	235.02	235.96	240.66	246.30	255.47	262.99	266.75	272.39	278.03	281.55	285.31	287.19	289.07	290.95	292.83	296.60	300.36	306.00	311.40	318.92	328.32	339.37	352.53	367.34	384.26	400.94	419.75	438.31	458.76	479.44	501.77	524.09	548.30	572.74	598.83	611.76	637.84	660.41	675.21	693.78	705.06
Sharp Health Plan	Premier	HMO A	181.79	197.95	204.12	210.30	216.96	223.61	230.50	237.63	237.63	237.63	237.63	238.58	243.33	249.04	258.30	265.91	269.71	275.41	281.12	284.68	288.48	290.38	292.28	294.19	296.09	299.89	303.69	309.39	314.86	322.46	331.97	343.14	356.45	371.42	388.53	405.40	424.41	443.18	463.85	484.77	507.34	529.91	554.39	579.10	605.48	618.55	644.93	667.74	682.71	701.48	712.89
Sharp Health Plan	Performance	HMO B	200.32	218.13	224.94	231.75	239.08	246.41	254.00	261.86	261.86	261.86	261.86	262.91	268.14	274.43	284.64	293.02	297.21	303.50	309.78	313.71	317.90	319.99	322.09	324.18	326.28	330.47	334.66	340.94	346.96	355.34	365.82	378.13	392.79	409.29	428.14	446.73	467.68	488.37	511.15	534.19	559.07	583.95	610.92	638.15	667.22	681.62	710.69	735.83	752.32	773.01	785.58
Western Health	Full	HMO B	223.32	243.17	250.76	258.35	266.53	274.70	283.17	291.93	291.93	291.93	291.93	293.09	298.93	305.94	317.32	326.67	331.34	338.34	345.35	349.73	354.40	356.73	359.07	361.40	363.74	368.41	373.08	380.09	386.80	396.14	407.82	421.54	437.89	456.28	477.30	498.03	521.38	544.44	569.84	595.53	623.26	651.00	681.06	711.42	743.83	759.88	792.29	820.31	838.70	861.77	875.78
Western Health	Full	HMO C	229.09	249.46	257.24	265.03	273.41	281.80	290.48	299.47	299.47	299.47	299.47	300.67	306.66	313.84	325.52	335.11	339.90	347.08	354.27	358.76	363.55	365.95	368.35	370.74	373.14	377.93	382.72	389.91	396.80	406.38	418.36	432.43	449.20	468.07	489.63	510.89	534.85	558.51	584.56	610.92	639.37	667.81	698.66	729.80	763.05	779.52	812.76	841.51	860.37	884.03	898.41

Silver		AGE -->	0-14	15	16	17	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	296.30	322.64	332.71	342.78	353.62	364.47	375.70	387.32	387.32	387.32	387.32	388.87	396.62	405.91	421.02	433.41	439.61	448.90	458.20	464.01	470.21	473.31	476.40	479.50	482.60	488.80	494.99	504.29	513.20	525.59	541.09	559.29	580.98	605.38	633.27	660.77	691.75	722.35	756.05	790.13	826.93	863.72	903.62	943.90	986.89	1008.19	1051.19	1088.37	1112.77	1143.37	1161.96
Anthem Blue Cross	CaliforniaCare HMO	HMO B	320.05	348.49	359.37	370.25	381.96	393.68	405.81	418.36	418.36	418.36	418.36	420.03	428.40	438.44	454.76	468.14	474.84	484.88	494.92	501.20	507.89	511.24	514.58	517.93	521.28	527.97	534.66	544.70	554.33	567.71	584.45	604.11	627.54	653.90	684.02	713.72	747.19	780.24	816.64	853.45	893.20	932.94	976.03	1019.54	1065.98	1088.99	1135.43	1175.59	1201.95	1235.00	1255.08
Anthem Blue Cross	Priority Select HMO	HMO C	269.06	292.97	302.12	311.26	321.11	330.96	341.16	351.71	351.71	351.71	351.71	353.12	360.15	368.59	382.31	393.56	399.19	407.63	416.07	421.35	426.98	429.79	432.60	435.42	438.23	443.86	449.49	457.93	466.02	477.27	491.34	507.87	527.57	549.72	575.05	600.02	628.15	655.94	686.54	717.49	750.90	784.31	820.54	857.12	896.16	915.50	954.54	988.31	1010.46	1038.25	1055.13
Anthem Blue Cross	Advantage PPO	PPO A	306.67	333.93	344.36	354.78	366.00	377.23	388.85	400.88	400.88	400.88	400.88	402.48	410.50	420.12	435.76	448.58	455.00	464.62	474.24	480.25	486.67	489.88	493.08	496.29	499.50	505.91	512.32	521.95	531.17	543.99	560.03	578.87	601.32	626.58	655.44	683.90	715.97	747.64	782.52	817.80	855.88	893.96	935.25	976.94	1021.44	1043.49	1087.99	1126.47	1151.73	1183.40	1202.64
Anthem Blue Cross	Select PPO	PPO B	287.51	313.07	322.84	332.61	343.13	353.66	364.56	375.83	375.83	375.83	375.83	377.33	384.85	393.87	408.53	420.55	426.57	435.59	444.61	450.24	456.26	459.26	462.27	465.28	468.28	474.30	480.31	489.33	497.97	510.00	525.03	542.70	563.75	587.42	614.48	641.17	671.23	700.92	733.62	766.69	802.40	838.10	876.81	915.90	957.61	978.29	1020.00	1056.08	1079.76	1109.45	1127.49
Anthem Blue Cross	Prudent Buyer - Small Group	PPO C	303.39	330.36	340.67	350.98	362.09	373.19	384.69	396.59	396.59	396.59	396.59	398.18	406.11	415.63	431.09	443.78	450.13	459.65	469.17	475.11	481.46	484.63	487.81	490.98	494.15	500.50	506.84	516.36	525.48	538.17	554.04	572.68	594.89	619.87	648.42	676.58	708.31	739.64	774.14	809.04	846.72	884.40	925.24	966.49	1010.51	1032.32	1076.35	1114.42	1139.40	1170.73	1189.77
Anthem Blue Cross	Prudent Buyer - Small Group	EPO A	296.36	322.70	332.78	342.85	353.70	364.54	375.78	387.40	387.40	387.40	387.40	388.95	396.70	406.00	421.10	433.50	439.70	449.00	458.29	464.11	470.30	473.40	476.50	479.60	482.70	488.90	495.10	504.39	513.31	525.70	541.20	559.41	581.10	605.51	633.40	660.90	691.90	722.50	756.20	790.30	827.10	863.90	903.80	944.09	987.10	1008.40	1051.40	1088.59	1113.00	1143.60	1162.20
Anthem Blue Cross	Prudent Buyer - Small Group	EPO B	296.48	322.84	332.91	342.99	353.84	364.69	375.93	387.56	387.56	387.56	387.56	389.11	396.86	406.16	421.28	433.68	439.88	449.18	458.48	464.30	470.50	473.60	476.70	479.80	482.90	489.10	495.30	504.60	513.52	525.92	541.42	559.64	581.34	605.76	633.66	661.18	692.18	722.80	756.52	790.62	827.44	864.26	904.18	944.48	987.50	1008.82	1051.84	1089.04	1113.46	1144.08	1162.68
Health Net	WholeCare	HMO A	435.11	473.79	488.58	503.37	519.29	535.22	551.71	568.77	568.77	568.77	568.77	571.05	582.42	596.08	618.26	636.46	645.56	659.21	672.86	681.39	690.49	695.04	699.59	704.14	708.69	717.79	726.89	740.54	753.63	771.83	794.58	821.31	853.16	888.99	929.95	970.33	1015.83	1060.76	1110.25	1160.30	1214.33	1268.37	1326.95	1386.10	1449.24	1480.52	1543.65	1598.26	1634.09	1679.02	1706.31
Health Net	CommunityCare	HMO C	235.35	256.27	264.27	272.27	280.89	289.50	298.42	307.65	307.65	307.65	307.65	308.88	315.04	322.42	334.42	344.26	349.18	356.57	363.95	368.57	373.49	375.95	378.41	380.87	383.33	388.26	393.18	400.56	407.64	417.48	429.79	444.25	461.48	480.86	503.01	524.85	549.47	573.77	600.54	627.61	656.84	686.06	717.75	749.75	783.90	800.82	834.97	864.50	883.88	908.19	922.95
Kaiser Permanente	Full	HMO A	234.19	253.77	261.25	268.73	276.79	270.86	279.21	287.85	287.85	287.85	287.85	289.00	294.75	301.66	312.89	322.10	326.70	333.61	340.52	344.84	349.44	351.75	354.05	356.35	358.66	363.26	367.87	374.78	381.40	390.61	402.12	415.65	431.77	449.90	470.63	491.06	514.09	536.83	561.87	587.21	614.55	641.90	671.54	701.48	733.43	749.26	781.21	808.85	826.98	849.72	863.55
Kaiser Permanente	Full	HMO B	238.33	258.27	265.90	273.52	281.73	275.95	284.46	293.25	293.25	293.25	293.25	294.43	300.29	307.33	318.77	328.15	332.84	339.88	346.92	351.32	356.01	358.36	360.70	363.05	365.40	370.09	374.78	381.82	388.56	397.95	409.68	423.46	439.88	458.36	479.47	500.29	523.75	546.92	572.43	598.24	626.10	653.96	684.16	714.66	747.21	763.34	795.89	824.05	842.52	865.69	879.75
Kaiser Permanente	Full	HMO C	236.57	256.36	263.92	271.49	279.63	273.79	282.23	290.96	290.96	290.96	290.96	292.12	297.94	304.92	316.27	325.58	330.24	337.22	344.20	348.57	353.22	355.55	357.88	360.21	362.53	367.19	371.84	378.83	385.52	394.83	406.47	420.14	436.44	454.77	475.72	496.37	519.65	542.64	567.95	593.55	621.19	648.83	678.80	709.06	741.36	757.36	789.66	817.59	835.92	858.91	872.88
Kaiser Permanente	Full	HMO D	221.56	240.01	247.06	254.11	261.71	255.32	263.19	271.33	271.33	271.33	271.33	272.41	277.84	284.35	294.93	303.62	307.96	314.47	320.98	325.05	329.39	331.56	333.73	335.90	338.07	342.42	346.76	353.27	359.51	368.19	379.04	391.80	406.99	424.08	443.62	462.88	484.59	506.03	529.63	553.51	579.28	605.06	633.01	661.22	691.34	706.27	736.38	762.43	779.52	800.96	813.99
Kaiser Permanente	Full	HMO E	231.06	250.35	257.73	265.11	273.05	267.01	275.24	283.75	283.75	283.75	283.75	284.89	290.56	297.37	308.44	317.52	322.06	328.87	335.68	339.93	344.47	346.74	349.01	351.28	353.55	358.09	362.63	369.44	375.97	385.05	396.40	409.74	425.63	443.50	463.93	484.08	506.78	529.20	553.88	578.85	605.81	632.76	661.99	691.50	723.00	738.60	770.10	797.34	815.22	837.63	851.25
Sharp Health Plan	Premier	HMO A	203.65	221.75	228.67	235.60	243.05	250.50	258.22	266.21	266.21	266.21	266.21	267.27	272.60	278.99	289.37	297.89	302.15	308.54	314.93	318.92	323.18	325.31	327.44	329.57	331.70	335.96	340.22	346.61	352.73	361.25	371.90	384.41	399.32	416.09	435.25	454.15	475.45	496.48	519.64	543.07	568.36	593.65	621.07	648.75	678.30	692.94	722.49	748.05	764.82	785.85	798.63
Sharp Health Plan	Performance	HMO B	216.16	235.37	242.72	250.07	257.98	265.89	274.08	282.56	282.56	282.56	282.56	283.69	289.34	296.12	307.14	316.18	320.71	327.49	334.27	338.51	343.03	345.29	347.55	349.81	352.07	356.59	361.11	367.89	374.39	383.43	394.74	408.02	423.84	441.64	461.99	482.05	504.65	526.97	551.56	576.42	603.27	630.11	659.21	688.60	719.96	735.50	766.87	793.99	811.79	834.12	847.68
Sharp Health Plan	Premier	HMO C	199.18	216.88	223.65	230.42	237.71	245.00	252.55	260.36	260.36	260.36	260.36	261.40	266.61	272.86	283.01	291.34	295.51	301.76	308.01	311.91	316.08	318.16	320.24	322.33	324.41	328.57	332.74	338.99	344.98	353.31	363.72	375.96	390.54	406.94	425.69	444.17	465.00	485.57	508.22	531.13	555.87	580.60	607.42	634.50	663.40	677.72	706.62	731.61	748.01	768.58	781.08
UnitedHealthcare	SignatureValue	HMO A	297.09	323.50	333.59	343.69	354.56	365.44	376.70	388.35	388.35	388.35	388.35	389.90	397.67	406.99	422.14	434.56	440.78	450.10	459.42	465.24	471.46	474.56	477.67	480.78	483.88	490.10	496.31	505.63	514.56	526.99	542.52	560.78	582.53	606.99	634.95	662.53	693.59	724.27	758.06	792.23	829.13	866.02	906.02	946.41	989.52	1010.88	1053.98	1091.26	1115.73	1146.41	1165.05
Western Health	Full	HMO A	246.14	268.02	276.38	284.75	293.76	302.77	312.10	321.75	321.75	321.75	321.75	323.04	329.47	337.19	349.74	360.04	365.18	372.91	380.63	385.45	390.60	393.18	395.75	398.32	400.90	406.05	411.19	418.92	426.32	436.61	449.48	464.60	482.62	502.89	526.06	548.90	574.64	600.06	628.05	656.37	686.93	717.50	750.64	784.10	819.81	837.51	873.23	904.11	924.38	949.80	965.25
Western Health	Full	HMO B	258.40	281.37	290.15	298.94	308.39	317.85	327.65	337.78	337.78	337.78	337.78	339.13	345.89	353.99	367.17	377.98	383.38	391.49	399.59	404.66	410.06	412.77	415.47	418.17	420.87	426.28	431.68	439.79	447.56	458.37	471.88	487.75	506.67	527.95	552.27	576.25	603.27	629.96	659.35	689.07	721.16	753.25	788.04	823.17	860.66	879.24	916.73	949.16	970.44	997.13	1013.34
Western Health	Full	HMO C	241.30	262.75	270.95	279.16	287.99	296.82	305.97	315.43	315.43	315.43	315.43	316.69	323.00	330.57	342.87	352.97	358.01	365.58	373.15	377.89	382.93	385.46	387.98	390.50	393.03	398.07	403.12	410.69	417.95	428.04	440.66	455.48	473.15	493.02	515.73	538.12	563.36	588.28	615.72	643.48	673.44	703.41	735.90	768.70	803.72	821.07	856.08	886.36	906.23	931.15	946.29

Gold		AGE -->	0-14	15	16	17	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	362.37	394.58	406.89	419.21	432.47	445.73	459.47	473.68	473.68	473.68	473.68	475.57	485.05	496.42	514.89	530.05	537.63	549.00	560.36	567.47	575.05	578.84	582.63	586.42	590.21	597.78	605.36	616.73	627.63	642.78	661.73	683.99	710.52	740.36	774.47	808.10	845.99	883.41	924.62	966.31	1011.31	1056.31	1105.10	1154.36	1206.94	1232.99	1285.57	1331.04	1360.88	1398.30	1421.04
Anthem Blue Cross	CaliforniaCare HMO	HMO B	391.44	426.23	439.53	452.84	467.16	481.49	496.33	511.68	511.68	511.68	511.68	513.73	523.96	536.24	556.20	572.57	580.76	593.04	605.32	612.99	621.18	625.27	629.37	633.46	637.55	645.74	653.93	666.21	677.98	694.35	714.82	738.87	767.52	799.76	836.60	872.93	913.86	954.28	998.80	1043.83	1092.44	1141.05	1193.75	1246.96	1303.76	1331.90	1388.70	1437.82	1470.06	1510.48	1535.04
Anthem Blue Cross	Priority Select HMO	HMO C	329.02	358.26	369.45	380.63	392.67	404.71	417.19	430.09	430.09	430.09	430.09	431.81	440.41	450.73	467.51	481.27	488.15	498.47	508.80	515.25	522.13	525.57	529.01	532.45	535.89	542.77	549.66	559.98	569.87	583.63	600.84	621.05	645.14	672.23	703.20	733.73	768.14	802.12	839.54	877.38	918.24	959.10	1003.40	1048.13	1095.87	1119.52	1167.26	1208.55	1235.65	1269.63	1290.27
Anthem Blue Cross	Advantage PPO	PPO A	361.99	394.17	406.47	418.77	432.02	445.27	458.99	473.19	473.19	473.19	473.19	475.08	484.55	495.90	514.36	529.50	537.07	548.43	559.78	566.88	574.45	578.24	582.02	585.81	589.59	597.17	604.74	616.09	626.98	642.12	661.05	683.29	709.79	739.60	773.67	807.26	845.12	882.50	923.67	965.31	1010.26	1055.21	1103.95	1153.16	1205.69	1231.71	1284.24	1329.66	1359.47	1396.86	1419.57
Anthem Blue Cross	Select PPO	PPO B	326.33	355.33	366.42	377.51	389.46	401.40	413.77	426.57	426.57	426.57	426.57	428.28	436.81	447.05	463.68	477.33	484.16	494.39	504.63	511.03	517.86	521.27	524.68	528.09	531.51	538.33	545.16	555.39	565.21	578.86	595.92	615.97	639.86	666.73	697.44	727.73	761.85	795.55	832.66	870.20	910.73	951.25	995.19	1039.55	1086.90	1110.36	1157.71	1198.66	1225.54	1259.23	1279.71
Anthem Blue Cross	Select PPO	PPO C	339.33	369.49	381.03	392.56	404.98	417.40	430.26	443.57	443.57	443.57	443.57	445.34	454.22	464.86	482.16	496.35	503.45	514.10	524.74	531.40	538.49	542.04	545.59	549.14	552.69	559.79	566.88	577.53	587.73	601.92	619.67	640.52	665.36	693.30	725.24	756.73	792.22	827.26	865.85	904.88	947.02	989.16	1034.85	1080.98	1130.22	1154.61	1203.85	1246.43	1274.38	1309.42	1330.71
Anthem Blue Cross	Select PPO	PPO D	317.41	345.63	356.42	367.20	378.82	390.44	402.47	414.92	414.92	414.92	414.92	416.58	424.88	434.84	451.02	464.30	470.93	480.89	490.85	497.07	503.71	507.03	510.35	513.67	516.99	523.63	530.27	540.23	549.77	563.05	579.64	599.14	622.38	648.52	678.39	707.85	741.05	773.83	809.92	846.44	885.85	925.27	968.01	1011.16	1057.22	1080.04	1126.09	1165.93	1192.07	1224.84	1244.76
Anthem Blue Cross	Prudent Buyer - Small Group	PPO E	358.09	389.92	402.09	414.26	427.37	440.47	454.05	468.09	468.09	468.09	468.09	469.96	479.32	490.56	508.81	523.79	531.28	542.52	553.75	560.77	568.26	572.01	575.75	579.50	583.24	590.73	598.22	609.45	620.22	635.20	653.92	675.92	702.14	731.62	765.33	798.56	836.01	872.99	913.71	954.90	999.37	1043.84	1092.05	1140.74	1192.69	1218.44	1270.40	1315.33	1344.82	1381.80	1404.27
Health Net	WholeCare	HMO A	499.18	543.55	560.51	577.48	595.75	614.02	632.94	652.52	652.52	652.52	652.52	655.13	668.18	683.84	709.29	730.17	740.61	756.27	771.93	781.72	792.16	797.38	802.60	807.82	813.04	823.48	833.92	849.58	864.59	885.47	911.57	942.24	978.78	1019.89	1066.87	1113.20	1165.40	1216.95	1273.72	1331.14	1393.13	1455.12	1522.33	1590.19	1662.62	1698.51	1770.94	1833.58	1874.69	1926.24	1957.56
Health Net	WholeCare	HMO B	489.23	532.72	549.35	565.98	583.88	601.79	620.34	639.52	639.52	639.52	639.52	642.08	654.87	670.22	695.16	715.63	725.86	741.21	756.55	766.15	776.38	781.50	786.61	791.73	796.84	807.08	817.31	832.66	847.37	867.83	893.41	923.47	959.28	999.57	1045.62	1091.03	1142.19	1192.71	1248.35	1304.63	1365.38	1426.13	1492.01	1558.52	1629.50	1664.68	1735.66	1797.06	1837.35	1887.87	1918.56
Health Net	WholeCare	HMO C	495.18	539.20	556.03	572.86	590.98	609.11	627.88	647.30	647.30	647.30	647.30	649.89	662.83	678.37	703.61	724.33	734.68	750.22	765.75	775.46	785.82	791.00	796.18	801.36	806.53	816.89	827.25	842.78	857.67	878.38	904.28	934.70	970.95	1011.73	1058.33	1104.29	1156.08	1207.21	1263.53	1320.49	1381.98	1443.48	1510.15	1577.47	1649.32	1684.92	1756.77	1818.91	1859.69	1910.83	1941.90
Health Net	Salud HMO y Mas	HMO D	277.89	302.59	312.03	321.48	331.65	341.82	352.35	363.25	363.25	363.25	363.25	364.70	371.97	380.69	394.85	406.48	412.29	421.01	429.72	435.17	440.98	443.89	446.80	449.70	452.61	458.42	464.23	472.95	481.31	492.93	507.46	524.53	544.87	567.76	593.91	619.70	648.76	677.46	709.06	741.03	775.54	810.05	847.46	885.24	925.56	945.54	985.86	1020.73	1043.62	1072.31	1089.75
Health Net	Full	HMO E	539.38	587.32	605.66	623.99	643.73	663.47	683.92	705.07	705.07	705.07	705.07	707.89	721.99	738.92	766.41	788.98	800.26	817.18	834.10	844.68	855.96	861.60	867.24	872.88	878.52	889.80	901.08	918.00	934.22	956.78	984.99	1018.12	1057.61	1102.03	1152.79	1202.85	1259.26	1314.96	1376.30	1438.35	1505.33	1572.31	1644.93	1718.26	1796.52	1835.30	1913.56	1981.25	2025.67	2081.37	2115.21
Health Net	Full	HMO F	511.40	556.86	574.24	591.62	610.34	629.06	648.44	668.50	668.50	668.50	668.50	671.17	684.54	700.59	726.66	748.05	758.75	774.79	790.84	800.86	811.56	816.91	822.25	827.60	832.95	843.65	854.34	870.39	885.76	907.15	933.89	965.31	1002.75	1044.87	1093.00	1140.46	1193.94	1246.75	1304.91	1363.74	1427.25	1490.75	1559.61	1629.13	1703.34	1740.10	1814.31	1878.48	1920.60	1973.41	2005.50
Health Net	Full	HMO G	553.95	603.19	622.01	640.84	661.11	681.39	702.39	724.11	724.11	724.11	724.11	727.01	741.49	758.87	787.11	810.28	821.87	839.25	856.62	867.49	879.07	884.87	890.66	896.45	902.24	913.83	925.42	942.79	959.45	982.62	1011.58	1045.62	1086.17	1131.79	1183.92	1235.34	1293.26	1350.47	1413.47	1477.19	1545.98	1614.77	1689.35	1764.66	1845.04	1884.86	1965.24	2034.76	2080.37	2137.58	2172.33
Kaiser Permanente	Full	HMO B	279.34	302.93	311.95	320.96	330.68	326.40	336.46	346.86	346.86	346.86	346.86	348.25	355.19	363.51	377.04	388.14	393.69	402.02	410.34	415.54	421.09	423.87	426.64	429.42	432.19	437.74	443.29	451.62	459.59	470.69	484.57	500.87	520.30	542.15	567.12	591.75	619.50	646.90	677.08	707.60	740.55	773.51	809.23	845.31	883.81	902.89	941.39	974.69	996.54	1023.94	1040.58
Kaiser Permanente	Full	HMO C	294.70	319.65	329.19	338.74	349.01	345.29	355.94	366.94	366.94	366.94	366.94	368.41	375.75	384.56	398.87	410.61	416.48	425.29	434.09	439.60	445.47	448.41	451.34	454.28	457.21	463.08	468.95	477.76	486.20	497.94	512.62	529.87	550.42	573.53	599.95	626.01	655.36	684.35	716.27	748.57	783.43	818.29	856.08	894.24	934.97	955.16	995.89	1031.11	1054.23	1083.22	1100.82
Kaiser Permanente	Full	HMO D	263.83	286.04	294.53	303.02	312.17	307.32	316.79	326.59	326.59	326.59	326.59	327.89	334.43	342.26	355.00	365.45	370.68	378.52	386.35	391.25	396.48	399.09	401.70	404.32	406.93	412.15	417.38	425.22	432.73	443.18	456.24	471.59	489.88	510.46	533.97	557.16	583.29	609.09	637.50	666.24	697.27	728.29	761.93	795.90	832.15	850.11	886.36	917.71	938.29	964.09	979.77
Kaiser Permanente	Full	HMO E	244.84	265.36	273.21	281.06	289.51	283.97	292.72	301.77	301.77	301.77	301.77	302.98	309.01	316.26	328.02	337.68	342.51	349.75	356.99	361.52	366.35	368.76	371.18	373.59	376.01	380.83	385.66	392.90	399.85	409.50	421.57	435.76	452.66	471.67	493.39	514.82	538.96	562.80	589.06	615.61	644.28	672.95	704.03	735.41	768.91	785.51	819.00	847.97	866.99	890.83	905.31
Sharp Health Plan	Performance	HMO A	261.56	284.81	293.70	302.59	312.16	321.74	331.65	341.91	341.91	341.91	341.91	343.28	350.12	358.32	371.66	382.60	388.07	396.27	404.48	409.61	415.08	417.81	420.55	423.28	426.02	431.49	436.96	445.17	453.03	463.97	477.65	493.72	512.87	534.41	559.02	583.30	610.65	637.66	667.41	697.50	729.98	762.46	797.68	833.23	871.19	889.99	927.94	960.77	982.31	1009.32	1025.73
Sharp Health Plan	Premier	HMO B	250.61	272.88	281.40	289.92	299.09	308.26	317.76	327.59	327.59	327.59	327.59	328.90	335.45	343.31	356.09	366.57	371.81	379.68	387.54	392.45	397.69	400.31	402.94	405.56	408.18	413.42	418.66	426.52	434.06	444.54	457.64	473.04	491.39	512.02	535.61	558.87	585.08	610.96	639.46	668.28	699.40	730.53	764.27	798.34	834.70	852.72	889.08	920.53	941.17	967.05	982.77
Sharp Health Plan	Performance	HMO D	280.56	305.50	315.04	324.57	334.84	345.11	355.75	366.75	366.75	366.75	366.75	368.22	375.55	384.35	398.66	410.39	416.26	425.06	433.87	439.37	445.23	448.17	451.10	454.04	456.97	462.84	468.71	477.51	485.94	497.68	512.35	529.59	550.13	573.23	599.64	625.68	655.02	683.99	715.90	748.17	783.01	817.85	855.63	893.77	934.48	954.65	995.36	1030.57	1053.67	1082.65	1100.25
UnitedHealthcare	SignatureValue	HMO A	325.61	354.55	365.62	376.68	388.60	400.52	412.86	425.63	425.63	425.63	425.63	427.33	435.85	446.06	462.66	476.28	483.09	493.31	503.52	509.90	516.71	520.12	523.52	526.93	530.33	537.15	543.96	554.17	563.96	577.58	594.61	614.61	638.45	665.26	695.91	726.12	760.18	793.80	830.83	868.29	908.72	949.15	992.99	1037.26	1084.51	1107.91	1155.16	1196.02	1222.83	1256.46	1276.89
UnitedHealthcare	SignatureValue	HMO F	375.71	409.10	421.87	434.64	448.39	462.14	476.39	491.12	491.12	491.12	491.12	493.08	502.91	514.69	533.85	549.56	557.42	569.21	580.99	588.36	596.22	600.15	604.08	608.01	611.94	619.79	627.65	639.44	650.73	666.45	686.09	709.18	736.68	767.62	802.98	837.85	877.14	915.94	958.67	1001.88	1048.54	1095.20	1145.78	1196.86	1251.37	1278.39	1332.90	1380.05	1410.99	1449.79	1473.36
UnitedHealthcare	SignatureValue	HMO H	345.28	375.97	387.70	399.44	412.07	424.71	437.80	451.34	451.34	451.34	451.34	453.15	462.17	473.00	490.61	505.05	512.27	523.10	533.94	540.71	547.93	551.54	555.15	558.76	562.37	569.59	576.81	587.64	598.03	612.47	630.52	651.73	677.01	705.44	737.94	769.99	806.09	841.75	881.02	920.73	963.61	1006.49	1052.98	1099.92	1150.01	1174.84	1224.94	1268.27	1296.70	1332.36	1354.02
UnitedHealthcare	SignatureValue	HMO Q	320.67	349.17	360.07	370.97	382.70	394.44	406.59	419.17	419.17	419.17	419.17	420.85	429.23	439.29	455.64	469.05	475.76	485.82	495.88	502.17	508.87	512.23	515.58	518.93	522.29	528.99	535.70	545.76	555.40	568.81	585.58	605.28	628.76	655.16	685.34	715.10	748.64	781.75	818.22	855.11	894.93	934.75	977.92	1021.52	1068.05	1091.10	1137.63	1177.87	1204.28	1237.39	1257.51
Western Health	Full	HMO A	285.27	310.63	320.32	330.02	340.46	350.90	361.72	372.90	372.90	372.90	372.90	374.39	381.85	390.80	405.35	417.28	423.25	432.19	441.14	446.74	452.70	455.69	458.67	461.65	464.64	470.60	476.57	485.52	494.10	506.03	520.95	538.47	559.35	582.85	609.70	636.17	666.01	695.46	727.91	760.72	796.15	831.57	869.98	908.77	950.16	970.67	1012.06	1047.86	1071.35	1100.81	1118.71
Western Health	Full	HMO B	297.99	324.47	334.60	344.73	355.64	366.54	377.84	389.52	389.52	389.52	389.52	391.08	398.87	408.22	423.41	435.88	442.11	451.46	460.81	466.65	472.88	476.00	479.11	482.23	485.35	491.58	497.81	507.16	516.12	528.58	544.16	562.47	584.29	608.83	636.87	664.53	695.69	726.46	760.35	794.63	831.63	868.64	908.76	949.27	992.51	1013.93	1057.17	1094.56	1119.10	1149.87	1168.57
Western Health	Full	HMO C	271.31	295.43	304.65	313.87	323.80	333.73	344.01	354.65	354.65	354.65	354.65	356.07	363.17	371.68	385.51	396.86	402.53	411.04	419.56	424.88	430.55	433.39	436.22	439.06	441.90	447.57	453.25	461.76	469.92	481.27	495.45	512.12	531.98	554.32	579.86	605.04	633.41	661.43	692.29	723.49	757.19	790.88	827.41	864.29	903.66	923.17	962.53	996.58	1018.92	1046.94	1063.96
Western Health	Full	HMO D	260.82	284.01	292.87	301.74	311.28	320.83	330.72	340.94	340.94	340.94	340.94	342.31	349.13	357.31	370.61	381.52	386.97	395.15	403.34	408.45	413.91	416.63	419.36	422.09	424.82	430.27	435.73	443.91	451.75	462.66	476.30	492.32	511.42	532.90	557.44	581.65	608.93	635.86	665.52	695.53	727.92	760.31	795.42	830.88	868.73	887.48	925.32	958.05	979.53	1006.47	1022.83

Health Care Service Plan rates will vary by county

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Continued

USE EMPLOYER ZIP CODE FOR RATING

AREA 13 - Continued

04/01/22 - 06/01/22

Platinum		AGE -->	0-14	15	16	17	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	414.13	450.94	465.01	479.09	494.24	509.40	525.10	541.34	541.34	541.34	541.34	543.51	554.33	567.32	588.44	605.76	614.42	627.41	640.41	648.53	657.19	661.52	665.85	670.18	674.51	683.17	691.83	704.82	717.28	734.60	756.25	781.69	812.01	846.11	885.09	923.53	966.83	1009.60	1056.70	1104.33	1155.76	1207.19	1262.95	1319.25	1379.33	1409.11	1469.20	1521.17	1555.27	1598.04	1624.02
Health Net	WholeCare	HMO C	504.20	549.01	566.15	583.29	601.74	620.19	639.31	659.08	659.08	659.08	659.08	661.72	674.90	690.72	716.42	737.51	748.06	763.87	779.69	789.58	800.12	805.40	810.67	815.94	821.21	831.76	842.30	858.12	873.28	894.37	920.73	951.71	988.62	1030.14	1077.59	1124.39	1177.12	1229.18	1286.52	1344.52	1407.13	1469.75	1537.63	1606.18	1679.33	1715.58	1788.74	1852.01	1893.54	1945.60	1977.24
Health Net	Salud HMO y Mas	HMO D	281.81	306.86	316.44	326.02	336.33	346.65	357.33	368.38	368.38	368.38	368.38	369.85	377.22	386.06	400.43	412.22	418.11	426.95	435.80	441.32	447.21	450.16	453.11	456.06	459.00	464.90	470.79	479.63	488.11	499.89	514.63	531.94	552.57	575.78	602.30	628.46	657.93	687.03	719.08	751.50	786.49	821.49	859.43	897.75	938.64	958.90	999.79	1035.15	1058.36	1087.46	1105.14
Health Net	Full	HMO E	560.40	610.22	629.27	648.31	668.82	689.33	710.58	732.56	732.56	732.56	732.56	735.49	750.14	767.72	796.29	819.73	831.45	849.03	866.61	877.60	889.32	895.18	901.04	906.90	912.76	924.48	936.21	953.79	970.64	994.08	1023.38	1057.81	1098.83	1144.98	1197.73	1249.74	1308.34	1366.22	1429.95	1494.41	1564.01	1633.60	1709.05	1785.24	1866.55	1906.84	1988.16	2058.48	2104.63	2162.50	2197.68
Health Net	WholeCare	HMO F	518.97	565.10	582.74	600.37	619.37	638.36	658.04	678.39	678.39	678.39	678.39	681.10	694.67	710.95	737.41	759.12	769.97	786.25	802.53	812.71	823.56	828.99	834.42	839.84	845.27	856.13	866.98	883.26	898.86	920.57	947.71	979.59	1017.58	1060.32	1109.16	1157.33	1211.60	1265.19	1324.21	1383.91	1448.36	1512.81	1582.68	1653.23	1728.53	1765.84	1841.15	1906.27	1949.01	2002.60	2035.17
Health Net	Salud HMO y Mas	HMO G	291.23	317.12	327.02	336.92	347.58	358.24	369.28	380.70	380.70	380.70	380.70	382.22	389.83	398.97	413.82	426.00	432.09	441.23	450.36	456.07	462.17	465.21	468.26	471.30	474.35	480.44	486.53	495.67	504.42	516.61	531.83	549.73	571.04	595.03	622.44	649.47	679.92	710.00	743.12	776.62	812.79	848.95	888.16	927.76	970.01	990.95	1033.21	1069.76	1093.74	1123.82	1142.10
Health Net	Full	HMO H	576.82	628.10	647.70	667.30	688.42	709.53	731.40	754.02	754.02	754.02	754.02	757.03	772.11	790.21	819.62	843.74	855.81	873.91	892.00	903.31	915.38	921.41	927.44	933.47	939.51	951.57	963.63	981.73	999.07	1023.20	1053.36	1088.80	1131.03	1178.53	1232.82	1286.35	1346.67	1406.24	1471.84	1538.19	1609.83	1681.46	1759.12	1837.54	1921.24	1962.71	2046.40	2118.79	2166.29	2225.86	2262.06
Kaiser Permanente	Full	HMO A	314.12	340.79	350.99	361.19	372.18	369.17	380.55	392.32	392.32	392.32	392.32	393.89	401.74	411.15	426.45	439.01	445.28	454.70	464.12	470.00	476.28	479.42	482.55	485.69	488.83	495.11	501.39	510.80	519.83	532.38	548.07	566.51	588.48	613.20	641.44	669.30	700.69	731.68	765.81	800.33	837.61	874.88	915.28	956.09	999.63	1021.21	1064.76	1102.42	1127.14	1158.13	1176.96
Kaiser Permanente	Full	HMO B	308.67	334.87	344.88	354.90	365.68	362.48	373.65	385.21	385.21	385.21	385.21	386.75	394.45	403.70	418.72	431.05	437.21	446.45	455.70	461.48	467.64	470.72	473.80	476.88	479.97	486.13	492.29	501.54	510.40	522.72	538.13	556.24	577.81	602.08	629.81	657.16	687.98	718.41	751.92	785.82	822.41	859.01	898.69	938.75	981.50	1002.69	1045.45	1082.43	1106.70	1137.13	1155.63
Sharp Health Plan	Premier	HMO A	282.65	307.78	317.38	326.99	337.34	347.68	358.40	369.48	369.48	369.48	369.48	370.96	378.35	387.22	401.62	413.45	419.36	428.23	437.09	442.64	448.55	451.50	454.46	457.42	460.37	466.28	472.20	481.06	489.56	501.38	516.16	533.53	554.22	577.50	604.10	630.33	659.89	689.08	721.22	753.74	788.84	823.94	862.00	900.42	941.44	961.76	1002.77	1038.24	1061.52	1090.70	1108.44
Sharp Health Plan	Performance	HMO B	304.58	331.66	342.01	352.36	363.51	374.66	386.21	398.15	398.15	398.15	398.15	399.74	407.71	417.26	432.79	445.53	451.90	461.46	471.01	476.98	483.35	486.54	489.72	492.91	496.09	502.47	508.84	518.39	527.55	540.29	556.22	574.93	597.23	622.31	650.98	679.24	711.10	742.55	777.19	812.23	850.05	887.87	928.88	970.29	1014.49	1036.38	1080.58	1118.80	1143.88	1175.34	1194.45
Sharp Health Plan	Premier	HMO C	278.68	303.45	312.93	322.40	332.60	342.80	353.36	364.29	364.29	364.29	364.29	365.75	373.03	381.78	395.98	407.64	413.47	422.21	430.96	436.42	442.25	445.16	448.08	450.99	453.91	459.73	465.56	474.31	482.68	494.34	508.91	526.03	546.44	569.39	595.61	621.48	650.62	679.40	711.09	743.15	777.76	812.37	849.89	887.77	928.21	948.25	988.68	1023.65	1046.61	1075.38	1092.87
UnitedHealthcare	SignatureValue	HMO A	396.03	431.23	444.69	458.15	472.64	487.14	502.15	517.68	517.68	517.68	517.68	519.75	530.10	542.53	562.72	579.28	587.57	599.99	612.42	620.18	628.46	632.60	636.75	640.89	645.03	653.31	661.60	674.02	685.93	702.49	723.20	747.53	776.52	809.13	846.41	883.16	924.58	965.47	1010.51	1056.07	1105.25	1154.43	1207.75	1261.59	1319.05	1347.52	1404.98	1454.68	1487.29	1528.19	1553.04
UnitedHealthcare	SignatureValue	HMO E	428.84	466.96	481.54	496.11	511.81	527.51	543.76	560.58	560.58	560.58	560.58	562.82	574.03	587.49	609.35	627.29	636.26	649.71	663.17	671.57	680.54	685.03	689.51	694.00	698.48	707.45	716.42	729.88	742.77	760.71	783.13	809.48	840.87	876.19	916.55	956.35	1001.20	1045.48	1094.25	1143.58	1196.84	1250.09	1307.83	1366.13	1428.36	1459.19	1521.41	1575.23	1610.55	1654.83	1681.74
UnitedHealthcare	SignatureValue	HMO L	389.61	424.25	437.49	450.73	464.99	479.25	494.02	509.30	509.30	509.30	509.30	511.34	521.52	533.75	553.61	569.91	578.06	590.28	602.50	610.14	618.29	622.36	626.44	630.51	634.59	642.74	650.89	663.11	674.82	691.12	711.49	735.43	763.95	796.04	832.71	868.87	909.61	949.84	994.15	1038.97	1087.36	1135.74	1188.20	1241.16	1297.70	1325.71	1382.24	1431.13	1463.22	1503.45	1527.90
Western Health	Full	HMO A	324.22	353.04	364.06	375.08	386.94	398.81	411.10	423.82	423.82	423.82	423.82	425.51	433.99	444.16	460.69	474.25	481.03	491.20	501.37	507.73	514.51	517.90	521.29	524.68	528.07	534.86	541.64	551.81	561.56	575.12	592.07	611.99	635.72	662.42	692.94	723.03	756.93	790.42	827.29	864.58	904.85	945.11	988.76	1032.84	1079.88	1103.19	1150.24	1190.92	1217.62	1251.10	1271.45
Western Health	Full	HMO B	331.85	361.35	372.63	383.91	396.05	408.20	420.78	433.79	433.79	433.79	433.79	435.53	444.21	454.62	471.54	485.42	492.36	502.77	513.18	519.69	526.63	530.10	533.57	537.04	540.51	547.45	554.39	564.80	574.78	588.66	606.01	626.40	650.69	678.02	709.25	740.05	774.76	809.03	846.77	884.94	926.15	967.36	1012.04	1057.16	1105.31	1129.17	1177.32	1218.96	1246.29	1280.56	1301.38
Western Health	Full	HMO C	320.56	349.06	359.95	370.85	382.58	394.31	406.46	419.03	419.03	419.03	419.03	420.71	429.09	439.15	455.49	468.90	475.60	485.66	495.72	502.00	508.71	512.06	515.41	518.76	522.12	528.82	535.53	545.58	555.22	568.63	585.39	605.09	628.55	654.95	685.12	714.87	748.39	781.50	817.95	854.83	894.64	934.45	977.61	1021.19	1067.70	1090.75	1137.26	1177.49	1203.88	1236.99	1257.10

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USE EMPLOYER ZIP CODE FOR RATING

AREA 14

04/01/22 - 06/01/22

Bronze		AGE -->	0-14	15	16	17	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	Prudent Buyer - Small Group	PPO A	218.97	238.44	245.88	253.32	261.34	269.35	277.65	286.24	286.24	286.24	286.24	287.38	293.11	299.98	311.14	320.30	324.88	331.75	338.62	342.92	347.50	349.79	352.08	354.37	356.66	361.23	365.81	372.68	379.27	388.43	399.88	413.33	429.36	447.39	468.00	488.33	511.22	533.84	558.74	583.93	611.12	638.32	667.80	697.57	729.34	745.08	776.86	804.33	822.37	844.98	858.72
Anthem Blue Cross	Select PPO	PPO B	214.22	233.26	240.55	247.83	255.67	263.51	271.63	280.03	280.03	280.03	280.03	281.15	286.75	293.47	304.39	313.35	317.83	324.55	331.28	335.48	339.96	342.20	344.44	346.68	348.92	353.40	357.88	364.60	371.04	380.00	391.20	404.36	420.05	437.69	457.85	477.73	500.13	522.26	546.62	571.26	597.86	624.47	653.31	682.43	713.52	728.92	760.00	786.88	804.53	826.65	840.09
Anthem Blue Cross	Prudent Buyer - Small Group	EPO A	221.19	240.85	248.37	255.89	263.98	272.08	280.47	289.14	289.14	289.14	289.14	290.30	296.08	303.02	314.30	323.55	328.17	335.11	342.05	346.39	351.02	353.33	355.64	357.96	360.27	364.89	369.52	376.46	383.11	392.36	403.93	417.52	433.71	451.93	472.74	493.27	516.40	539.25	564.40	589.85	617.31	644.78	674.56	704.63	736.73	752.63	784.73	812.48	830.70	853.54	867.42
Cigna + Oscar	LocalPlus	EPO C	214.37	233.43	240.71	248.00	255.85	263.69	271.82	280.23	280.23	280.23	280.23	281.35	286.95	293.68	304.61	313.57	318.06	324.78	331.51	335.71	340.19	342.44	344.68	346.92	349.16	353.65	358.13	364.85	371.30	380.27	391.48	404.65	420.34	437.99	458.17	478.07	500.48	522.62	547.00	571.66	598.28	624.90	653.77	682.91	714.02	729.43	760.53	787.44	805.09	827.23	840.68
Cigna + Oscar	LocalPlus	EPO D	207.24	225.66	232.71	239.75	247.34	254.92	262.78	270.91	270.91	270.91	270.91	271.99	277.41	283.91	294.48	303.14	307.48	313.98	320.48	324.55	328.88	331.05	333.21	335.38	337.55	341.88	346.22	352.72	358.95	367.62	378.46	391.19	406.36	423.43	442.93	462.17	483.84	505.24	528.81	552.65	578.38	604.12	632.02	660.20	690.27	705.17	735.24	761.25	778.31	799.72	812.72
Health Net	CommunityCare	HMO A	214.95	234.06	241.36	248.67	256.54	264.40	272.55	280.98	280.98	280.98	280.98	282.10	287.72	294.47	305.43	314.42	318.91	325.66	332.40	336.61	341.11	343.36	345.61	347.85	350.10	354.60	359.09	365.84	372.30	381.29	392.53	405.74	421.47	439.17	459.40	479.35	501.83	524.03	548.47	573.20	599.89	626.59	655.53	684.75	715.94	731.39	762.58	789.56	807.26	829.45	842.94
Kaiser Permanente	Full	HMO A	205.10	222.08	228.58	235.07	242.07	235.07	242.32	249.81	249.81	249.81	249.81	250.81	255.81	261.80	271.54	279.54	283.54	289.53	295.53	299.27	303.27	305.27	307.27	309.27	311.26	315.26	319.26	325.25	331.00	338.99	348.99	360.73	374.72	390.45	408.44	426.18	446.16	465.90	487.63	509.61	533.35	557.08	582.81	608.79	636.52	650.26	677.99	701.97	717.71	737.44	749.43
Kaiser Permanente	Full	HMO B	201.44	218.11	224.48	230.85	237.71	230.58	237.69	245.04	245.04	245.04	245.04	246.02	250.92	256.80	266.35	274.20	278.12	284.00	289.88	293.55	297.47	299.43	301.39	303.35	305.32	309.24	313.16	319.04	324.67	332.51	342.32	353.83	367.55	382.99	400.63	418.03	437.63	456.99	478.31	499.87	523.15	546.43	571.67	597.15	624.35	637.83	665.03	688.55	703.99	723.35	735.12
Kaiser Permanente	Full	HMO C	193.78	209.76	215.87	221.98	228.56	221.15	227.97	235.02	235.02	235.02	235.02	235.96	240.66	246.30	255.47	262.99	266.75	272.39	278.03	281.55	285.31	287.19	289.07	290.95	292.83	296.60	300.36	306.00	311.40	318.92	328.32	339.37	352.53	367.34	384.26	400.94	419.75	438.31	458.76	479.44	501.77	524.09	548.30	572.74	598.83	611.76	637.84	660.41	675.21	693.78	705.06
Sharp Health Plan	Premier	HMO A	181.79	197.95	204.12	210.30	216.96	223.61	230.50	237.63	237.63	237.63	237.63	238.58	243.33	249.04	258.30	265.91	269.71	275.41	281.12	284.68	288.48	290.38	292.28	294.19	296.09	299.89	303.69	309.39	314.86	322.46	331.97	343.14	356.45	371.42	388.53	405.40	424.41	443.18	463.85	484.77	507.34	529.91	554.39	579.10	605.48	618.55	644.93	667.74	682.71	701.48	712.89
Sharp Health Plan	Performance	HMO B	200.32	218.13	224.94	231.75	239.08	246.41	254.00	261.86	261.86	261.86	261.86	262.91	268.14	274.43	284.64	293.02	297.21	303.50	309.78	313.71	317.90	319.99	322.09	324.18	326.28	330.47	334.66	340.94	346.96	355.34	365.82	378.13	392.79	409.29	428.14	446.73	467.68	488.37	511.15	534.19	559.07	583.95	610.92	638.15	667.22	681.62	710.69	735.83	752.32	773.01	785.58
Western Health	Full	HMO B	223.32	243.17	250.76	258.35	266.53	274.70	283.17	291.93	291.93	291.93	291.93	293.09	298.93	305.94	317.32	326.67	331.34	338.34	345.35	349.73	354.40	356.73	359.07	361.40	363.74	368.41	373.08	380.09	386.80	396.14	407.82	421.54	437.89	456.28	477.30	498.03	521.38	544.44	569.84	595.53	623.26	651.00	681.06	711.42	743.83	759.88	792.29	820.31	838.70	861.77	875.78
Western Health	Full	HMO C	229.09	249.46	257.24	265.03	273.41	281.80	290.48	299.47	299.47	299.47	299.47	300.67	306.66	313.84	325.52	335.11	339.90	347.08	354.27	358.76	363.55	365.95	368.35	370.74	373.14	377.93	382.72	389.91	396.80	406.38	418.36	432.43	449.20	468.07	489.63	510.89	534.85	558.51	584.56	610.92	639.37	667.81	698.66	729.80	763.05	779.52	812.76	841.51	860.37	884.03	898.41

Silver		AGE -->	0-14	15	16	17	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	217.62	236.96	244.36	251.76	259.72	267.69	275.94	284.47	284.47	284.47	284.47	285.61	291.30	298.12	309.22	318.32	322.87	329.70	336.53	340.80	345.35	347.62	349.90	352.17	354.45	359.00	363.55	370.38	376.92	386.03	397.40	410.77	426.71	444.63	465.11	485.31	508.06	530.54	555.29	580.32	607.34	634.37	663.67	693.25	724.83	740.48	772.05	799.36	817.28	839.76	853.41
Anthem Blue Cross	CaliforniaCare HMO	HMO B	243.71	265.37	273.65	281.93	290.85	299.77	309.01	318.57	318.57	318.57	318.57	319.84	326.22	333.86	346.29	356.48	361.58	369.22	376.87	381.65	386.74	389.29	391.84	394.39	396.94	402.04	407.13	414.78	422.11	432.30	445.04	460.02	477.86	497.92	520.86	543.48	568.97	594.13	621.85	649.88	680.15	710.41	743.22	776.36	811.72	829.24	864.60	895.18	915.25	940.42	955.71
Anthem Blue Cross	Priority Select HMO	HMO C	240.65	262.04	270.22	278.39	287.20	296.01	305.13	314.57	314.57	314.57	314.57	315.83	322.12	329.67	341.94	352.00	357.04	364.59	372.14	376.85	381.89	384.40	386.92	389.44	391.95	396.99	402.02	409.57	416.81	426.87	439.45	454.24	471.86	491.67	514.32	536.66	561.82	586.67	614.04	641.72	671.61	701.49	733.89	766.61	801.52	818.83	853.74	883.94	903.76	928.61	943.71
Anthem Blue Cross	Advantage PPO	PPO A	244.93	266.70	275.03	283.35	292.32	301.28	310.56	320.17	320.17	320.17	320.17	321.45	327.85	335.54	348.02	358.27	363.39	371.08	378.76	383.56	388.69	391.25	393.81	396.37	398.93	404.05	409.18	416.86	424.23	434.47	447.28	462.33	480.26	500.43	523.48	546.21	571.82	597.12	624.97	653.15	683.56	713.98	746.96	780.25	815.79	833.40	868.94	899.68	919.85	945.14	960.51
Anthem Blue Cross	Select PPO	PPO B	237.07	258.15	266.20	274.26	282.94	291.62	300.60	309.90	309.90	309.90	309.90	311.14	317.34	324.78	336.86	346.78	351.74	359.17	366.61	371.26	376.22	378.70	381.18	383.66	386.14	391.09	396.05	403.49	410.62	420.53	432.93	447.50	464.85	484.37	506.69	528.69	553.48	577.96	604.92	632.20	661.64	691.08	723.00	755.23	789.63	806.67	841.07	870.82	890.34	914.82	929.70
Anthem Blue Cross	Prudent Buyer - Small Group	PPO C	242.33	263.87	272.11	280.34	289.21	298.08	307.27	316.77	316.77	316.77	316.77	318.04	324.37	331.97	344.33	354.47	359.53	367.14	374.74	379.49	384.56	387.09	389.63	392.16	394.70	399.76	404.83	412.43	419.72	429.86	442.53	457.42	475.16	495.11	517.92	540.41	565.75	590.78	618.34	646.21	676.30	706.40	739.02	771.97	807.13	824.55	859.71	890.12	910.08	935.11	950.31
Anthem Blue Cross	Prudent Buyer - Small Group	EPO A	236.71	257.76	265.80	273.85	282.51	291.17	300.15	309.43	309.43	309.43	309.43	310.67	316.86	324.28	336.35	346.25	351.20	358.63	366.06	370.70	375.65	378.12	380.60	383.07	385.55	390.50	395.45	402.88	409.99	419.90	432.27	446.82	464.15	483.64	505.92	527.89	552.64	577.09	604.01	631.24	660.63	690.03	721.90	754.08	788.43	805.45	839.79	869.50	888.99	913.44	928.29
Anthem Blue Cross	Prudent Buyer - Small Group	EPO B	236.81	257.86	265.91	273.96	282.63	291.30	300.27	309.56	309.56	309.56	309.56	310.80	316.99	324.42	336.49	346.40	351.35	358.78	366.21	370.85	375.81	378.28	380.76	383.24	385.71	390.66	395.62	403.05	410.17	420.07	432.46	447.00	464.34	483.84	506.13	528.11	552.87	577.33	604.26	631.50	660.91	690.32	722.20	754.40	788.76	805.78	840.15	869.86	889.37	913.82	928.68
Cigna + Oscar	LocalPlus	EPO C	274.93	299.37	308.71	318.06	328.12	338.18	348.61	359.39	359.39	359.39	359.39	360.83	368.01	376.64	390.65	402.15	407.91	416.53	425.16	430.55	436.30	439.17	442.05	444.92	447.80	453.55	459.30	467.92	476.19	487.69	502.06	518.96	539.08	561.72	587.60	613.12	641.87	670.26	701.52	733.15	767.29	801.43	838.45	875.83	915.72	935.49	975.38	1009.88	1032.52	1060.91	1078.16
Cigna + Oscar	LocalPlus	EPO D	269.21	293.14	302.29	311.44	321.29	331.15	341.35	351.91	351.91	351.91	351.91	353.32	360.35	368.80	382.53	393.79	399.42	407.86	416.31	421.59	427.22	430.03	432.85	435.66	438.48	444.11	449.74	458.19	466.28	477.54	491.62	508.16	527.86	550.03	575.37	600.36	628.51	656.31	686.93	717.89	751.33	784.76	821.00	857.60	896.66	916.02	955.08	988.86	1011.03	1038.84	1055.73
Cigna + Oscar	LocalPlus	EPO E	262.31	285.63	294.55	303.46	313.06	322.66	332.61	342.90	342.90	342.90	342.90	344.27	351.12	359.35	372.73	383.70	389.19	397.42	405.64	410.79	416.27	419.02	421.76	424.50	427.25	432.73	438.22	446.45	454.34	465.31	479.02	495.14	514.34	535.94	560.63	584.98	612.41	639.50	669.33	699.51	732.08	764.66	799.97	835.64	873.70	892.56	930.62	963.54	985.14	1012.23	1028.69
Health Net	WholeCare	HMO A	281.39	306.41	315.97	325.53	335.83	346.13	356.80	367.83	367.83	367.83	367.83	369.31	376.66	385.49	399.84	411.61	417.49	426.32	435.15	440.67	446.55	449.49	452.44	455.38	458.32	464.21	470.09	478.92	487.38	499.15	513.86	531.15	551.75	574.93	601.41	627.53	656.95	686.01	718.01	750.38	785.33	820.27	858.16	896.41	937.24	957.47	998.30	1033.61	1056.79	1085.85	1103.49
Health Net	CommunityCare	HMO C	235.35	256.27	264.27	272.27	280.89	289.50	298.42	307.65	307.65	307.65	307.65	308.88	315.04	322.42	334.42	344.26	349.18	356.57	363.95	368.57	373.49	375.95	378.41	380.87	383.33	388.26	393.18	400.56	407.64	417.48	429.79	444.25	461.48	480.86	503.01	524.85	549.47	573.77	600.54	627.61	656.84	686.06	717.75	749.75	783.90	800.82	834.97	864.50	883.88	908.19	922.95
Kaiser Permanente	Full	HMO A	234.19	253.77	261.25	268.73	276.79	270.86	279.21	287.85	287.85	287.85	287.85	289.00	294.75	301.66	312.89	322.10	326.70	333.61	340.52	344.84	349.44	351.75	354.05	356.35	358.66	363.26	367.87	374.78	381.40	390.61	402.12	415.65	431.77	449.90	470.63	491.06	514.09	536.83	561.87	587.21	614.55	641.90	671.54	701.48	733.43	749.26	781.21	808.85	826.98	849.72	863.55
Kaiser Permanente	Full	HMO B	238.33	258.27	265.90	273.52	281.73	275.95	284.46	293.25	293.25	293.25	293.25	294.43	300.29	307.33	318.77	328.15	332.84	339.88	346.92	351.32	356.01	358.36	360.70	363.05	365.40	370.09	374.78	381.82	388.56	397.95	409.68	423.46	439.88	458.36	479.47	500.29	523.75	546.92	572.43	598.24	626.10	653.96	684.16	714.66	747.21	763.34	795.89	824.05	842.52	865.69	879.75
Kaiser Permanente	Full	HMO C	236.57	256.36	263.92	271.49	279.63	273.79	282.23	290.96	290.96	290.96	290.96	292.12	297.94	304.92	316.27	325.58	330.24	337.22	344.20	348.57	353.22	355.55	357.88	360.21	362.53	367.19	371.84	378.83	385.52	394.83	406.47	420.14	436.44	454.77	475.72	496.37	519.65	542.64	567.95	593.55	621.19	648.83	678.80	709.06	741.36	757.36	789.66	817.59	835.92	858.91	872.88
Kaiser Permanente	Full	HMO D	221.56	240.01	247.06	254.11	261.71	255.32	263.19	271.33	271.33	271.33	271.33	272.41	277.84	284.35	294.93	303.62	307.96	314.47	320.98	325.05	329.39	331.56	333.73	335.90	338.07	342.42	346.76	353.27	359.51	368.19	379.04	391.80	406.99	424.08	443.62	462.88	484.59	506.03	529.63	553.51	579.28	605.06	633.01	661.22	691.34	706.27	736.38	762.43	779.52	800.96	813.99
Kaiser Permanente	Full	HMO E	231.06	250.35	257.73	265.11	273.05	267.01	275.24	283.75	283.75	283.75	283.75	284.89	290.56	297.37	308.44	317.52	322.06	328.87	335.68	339.93	344.47	346.74	349.01	351.28	353.55	358.09	362.63	369.44	375.97	385.05	396.40	409.74	425.63	443.50	463.93	484.08	506.78	529.20	553.88	578.85	605.81	632.76	661.99	691.50	723.00	738.60	770.10	797.34	815.22	837.63	851.25
Sharp Health Plan	Premier	HMO A	203.65	221.75	228.67	235.60	243.05	250.50	258.22	266.21	266.21	266.21	266.21	267.27	272.60	278.99	289.37	297.89	302.15	308.54	314.93	318.92	323.18	325.31	327.44	329.57	331.70	335.96	340.22	346.61	352.73	361.25	371.90	384.41	399.32	416.09	435.25	454.15	475.45	496.48	519.64	543.07	568.36	593.65	621.07	648.75	678.30	692.94	722.49	748.05	764.82	785.85	798.63
Sharp Health Plan	Performance	HMO B	216.16	235.37	242.72	250.07	257.98	265.89	274.08	282.56	282.56	282.56	282.56	283.69	289.34	296.12	307.14	316.18	320.71	327.49	334.27	338.51	343.03	345.29	347.55	349.81	352.07	356.59	361.11	367.89	374.39	383.43	394.74	408.02	423.84	441.64	461.99	482.05	504.65	526.97	551.56	576.42	603.27	630.11	659.21	688.60	719.96	735.50	766.87	793.99	811.79	834.12	847.68
Sharp Health Plan	Premier	HMO C	199.18	216.88	223.65	230.42	237.71	245.00	252.55	260.36	260.36	260.36	260.36	261.40	266.61	272.86	283.01	291.34	295.51	301.76	308.01	311.91	316.08	318.16	320.24	322.33	324.41	328.57	332.74	338.99	344.98	353.31	363.72	375.96	390.54	406.94	425.69	444.17	465.00	485.57	508.22	531.13	555.87	580.60	607.42	634.50	663.40	677.72	706.62	731.61	748.01	768.58	781.08
UnitedHealthcare	SignatureValue	HMO A	286.81	312.31	322.06	331.80	342.30	352.80	363.67	374.92	374.92	374.92	374.92	376.42	383.92	392.92	407.54	419.54	425.53	434.53	443.53	449.15	455.15	458.15	461.15	464.15	467.15	473.15	479.15	488.15	496.77	508.77	523.76	541.38	562.38	586.00	612.99	639.61	669.61	699.23	731.84	764.84	800.45	836.07	874.69	913.68	955.30	975.92	1017.53	1053.53	1077.15	1106.76	1124.76
UnitedHealthcare	Alliance	HMO E	263.96	287.43	296.40	305.37	315.03	324.69	334.70	345.05	345.05	345.05	345.05	346.43	353.33	361.61	375.07	386.11	391.63	399.91	408.19	413.37	418.89	421.65	424.41	427.17	429.93	435.45	440.97	449.26	457.19	468.23	482.03	498.25	517.58	539.31	564.16	588.66	616.26	643.52	673.54	703.90	736.68	769.46	805.00	840.89	879.19	898.17	936.47	969.59	991.33	1018.59	1035.15
Western Health	Full	HMO A	246.14	268.02	276.38	284.75	293.76	302.77	312.10	321.75	321.75	321.75	321.75	323.04	329.47	337.19	349.74	360.04	365.18	372.91	380.63	385.45	390.60	393.18	395.75	398.32	400.90	406.05	411.19	418.92	426.32	436.61	449.48	464.60	482.62	502.89	526.06	548.90	574.64	600.06	628.05	656.37	686.93	717.50	750.64	784.10	819.81	837.51	873.23	904.31	924.38	949.80	965.25
Western Health	Full	HMO B	258.40	281.37	290.15	298.94	308.39	317.85	327.65	337.78	337.78	337.78	337.78	339.13	345.89	353.99	367.17	377.98	383.38	391.49	399.59	404.66	410.06	412.77	415.47	418.17	420.87	426.28	431.68	439.79	447.56	458.37	471.88	487.75	506.67	527.95	552.27	576.25	603.27	629.96	659.35	689.07	721.16	753.25	788.04	823.17	860.66	879.24	916.73	949.16	970.44	997.13	1013.34
Western Health	Full	HMO C	241.30	262.75	270.95	279.16	287.99	296.82	305.97	315.43	315.43	315.43	315.43	316.69	323.00	330.57	342.87	352.97	358.01	365.58	373.15	377.89	382.93	385.46	387.98	390.50	393.03	398.07	403.12	410.69	417.95	428.04	440.66	455.48	473.15	493.02	515.73	538.12	563.36	588.28	615.72	643.48	673.44	703.41	735.90	768.70	803.72	821.07	856.08	886.36	906.23	931.15	946.29

Health Care Service Plan rates will vary by county

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Gold		AGE -->	0-14	15	16	17	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	266.12	289.78	298.82	307.86	317.61	327.35	337.43	347.87	347.87	347.87	347.87	349.26	356.22	364.57	378.13	389.27	394.83	403.18	411.53	416.75	422.31	425.10	427.88	430.66	433.45	439.01	444.58	452.93	460.93	472.06	485.97	502.32	521.81	543.72	568.77	593.47	621.30	648.78	679.04	709.65	742.70	775.75	811.58	847.76	886.37	905.51	944.12	977.51	999.43	1026.91	1043.61
Anthem Blue Cross	CaliforniaCare HMO	HMO B	298.05	324.55	334.67	344.80	355.71	366.62	377.92	389.61	389.61	389.61	389.61	391.17	398.96	408.31	423.51	435.97	442.21	451.56	460.91	466.75	472.99	476.10	479.22	482.34	485.45	491.69	497.92	507.27	516.23	528.70	544.29	562.60	584.42	608.96	637.01	664.67	695.84	726.62	760.52	794.80	831.82	868.83	908.96	949.48	992.73	1014.15	1057.40	1094.80	1119.35	1150.13	1168.83
Anthem Blue Cross	Priority Select HMO	HMO C	294.28	320.44	330.44	340.44	351.21	361.98	373.14	384.68	384.68	384.68	384.68	386.22	393.91	403.14	418.15	430.46	436.61	445.84	455.08	460.85	467.00	470.08	473.16	476.23	479.31	485.47	491.62	500.85	509.70	522.01	537.40	555.48	577.02	601.25	628.95	656.26	687.04	717.43	750.90	784.75	821.29	857.84	897.46	937.47	980.16	1001.32	1044.02	1080.95	1105.19	1135.58	1154.04
Anthem Blue Cross	Advantage PPO	PPO A	289.12	314.82	324.65	334.48	345.06	355.64	366.60	377.94	377.94	377.94	377.94	379.45	387.01	396.08	410.82	422.91	428.96	438.03	447.10	452.77	458.82	461.84	464.87	467.89	470.91	476.96	483.01	492.08	500.77	512.86	527.98	545.75	566.91	590.72	617.93	644.77	675.00	704.86	737.74	771.00	806.90	842.81	881.73	921.04	962.99	983.78	1025.73	1062.01	1085.82	1115.68	1133.82
Anthem Blue Cross	Select PPO	PPO B	269.08	293.00	302.14	311.29	321.14	330.99	341.19	351.74	351.74	351.74	351.74	353.15	360.18	368.62	382.34	393.60	399.22	407.67	416.11	421.38	427.01	429.83	432.64	435.45	438.27	443.90	449.52	457.97	466.06	477.31	491.38	507.91	527.61	549.77	575.09	600.07	628.21	656.00	686.60	717.55	750.96	784.38	820.61	857.19	896.23	915.58	954.62	988.39	1010.55	1038.34	1055.22
Anthem Blue Cross	Select PPO	PPO C	279.81	304.68	314.19	323.70	333.94	344.18	354.79	365.76	365.76	365.76	365.76	367.22	374.54	383.32	397.58	409.29	415.14	423.92	432.69	438.18	444.03	446.96	449.88	452.81	455.74	461.59	467.44	476.22	484.63	496.34	510.97	528.16	548.64	571.68	598.02	623.99	653.25	682.14	713.96	746.15	780.90	815.64	853.32	891.36	931.96	952.07	992.67	1027.79	1050.83	1079.72	1097.28
Anthem Blue Cross	Select PPO	PPO D	261.73	284.99	293.89	302.79	312.36	321.94	331.87	342.13	342.13	342.13	342.13	343.50	350.34	358.55	371.90	382.84	388.32	396.53	404.74	409.87	415.35	418.08	420.82	423.56	426.29	431.77	437.24	445.45	453.32	464.27	477.96	494.04	513.20	534.75	559.38	583.67	611.04	638.07	667.84	697.95	730.45	762.95	798.19	833.77	871.75	890.56	928.54	961.39	982.94	1009.97	1026.39
Anthem Blue Cross	Prudent Buyer - Small Group	PPO E	286.03	311.46	321.18	330.90	341.37	351.84	362.68	373.90	373.90	373.90	373.90	375.40	382.87	391.85	406.43	418.39	424.38	433.35	442.32	447.93	453.91	456.91	459.90	462.89	465.88	471.86	477.84	486.82	495.42	507.38	522.34	539.91	560.85	584.41	611.33	637.87	667.79	697.32	729.85	762.76	798.28	833.80	872.31	911.19	952.70	973.26	1014.76	1050.66	1074.21	1103.75	1121.70
Cigna + Oscar	LocalPlus	EPO C	304.13	331.16	341.50	351.83	362.96	374.10	385.63	397.55	397.55	397.55	397.55	399.14	407.09	416.63	432.14	444.86	451.22	460.76	470.30	476.27	482.63	485.81	488.99	492.17	495.35	501.71	508.07	517.61	526.76	539.48	555.38	574.07	596.33	621.37	650.00	678.22	710.03	741.43	776.02	811.01	848.77	886.54	927.49	968.83	1012.96	1034.83	1078.96	1117.12	1142.17	1173.57	1192.66
Cigna + Oscar	LocalPlus	EPO D	294.85	321.05	331.07	341.10	351.89	362.68	373.86	385.42	385.42	385.42	385.42	386.96	394.67	403.92	418.95	431.28	437.45	446.70	455.95	461.73	467.90	470.98	474.06	477.15	480.23	486.40	492.56	501.81	510.68	523.01	538.43	556.54	578.13	602.41	630.16	657.52	688.36	718.81	752.34	786.25	822.87	859.48	899.18	939.26	982.05	1003.24	1046.03	1083.03	1107.31	1137.76	1156.26
Cigna + Oscar	LocalPlus	EPO E	301.24	328.02	338.26	348.50	359.52	370.55	381.97	393.78	393.78	393.78	393.78	395.36	403.23	412.68	428.04	440.64	446.94	456.39	465.84	471.75	478.05	481.20	484.35	487.50	490.65	496.95	503.25	512.70	521.76	534.36	550.11	568.62	590.67	615.48	643.83	671.79	703.29	734.40	768.66	803.31	840.72	878.13	918.69	959.64	1003.35	1025.01	1068.72	1106.52	1131.33	1162.44	1181.34
Health Net	WholeCare	HMO A	322.83	351.52	362.49	373.46	385.28	397.10	409.33	421.99	421.99	421.99	421.99	423.68	432.12	442.25	458.71	472.21	478.96	489.09	499.22	505.55	512.30	515.68	519.05	522.43	525.80	532.56	539.31	549.44	559.14	572.65	589.52	609.36	632.99	659.58	689.96	719.92	753.68	787.02	823.73	860.87	900.96	941.05	984.51	1028.40	1075.24	1098.45	1145.29	1185.80	1212.39	1245.72	1265.97
Health Net	WholeCare	HMO B	316.40	344.52	355.27	366.03	377.61	389.19	401.18	413.59	413.59	413.59	413.59	415.24	423.51	433.44	449.57	462.81	469.42	479.35	489.28	495.48	502.10	505.40	508.71	512.02	515.33	521.95	528.57	538.49	548.00	561.24	577.78	597.22	620.38	646.44	676.22	705.58	738.67	771.34	807.32	843.72	883.01	922.30	964.90	1007.91	1053.82	1076.57	1122.48	1162.18	1188.24	1220.91	1240.77
Health Net	WholeCare	HMO C	320.24	348.71	359.59	370.48	382.20	393.92	406.06	418.62	418.62	418.62	418.62	420.29	428.66	438.71	455.04	468.43	475.13	485.18	495.22	501.50	508.20	511.55	514.90	518.25	521.60	528.30	534.99	545.04	554.67	568.06	584.81	604.48	627.93	654.30	684.44	714.16	747.65	780.72	817.14	853.98	893.75	933.52	976.63	1020.17	1066.64	1089.66	1136.13	1176.31	1202.69	1235.76	1255.86
Health Net	Salud HMO y Mas	HMO D	277.89	302.59	312.03	321.48	331.65	341.82	352.35	363.25	363.25	363.25	363.25	364.70	371.97	380.69	394.85	406.48	412.29	421.01	429.72	435.17	440.98	443.89	446.80	449.70	452.61	458.42	464.23	472.95	481.31	492.93	507.46	524.53	544.87	567.76	593.91	619.70	648.76	677.46	709.06	741.03	775.54	810.05	847.46	885.24	925.56	945.54	985.86	1020.73	1043.62	1072.31	1089.75
Health Net	Full	HMO E	348.82	379.83	391.69	403.54	416.31	429.08	442.30	455.98	455.98	455.98	455.98	457.80	466.92	477.87	495.65	510.24	517.54	528.48	539.42	546.26	553.56	557.21	560.86	564.50	568.15	575.45	582.74	593.69	604.17	618.77	637.00	658.44	683.97	712.70	745.53	777.90	814.38	850.40	890.07	930.20	973.52	1016.84	1063.80	1111.22	1161.84	1186.92	1237.53	1281.30	1310.03	1346.05	1367.94
Health Net	Full	HMO F	330.73	360.13	371.37	382.61	394.72	406.82	419.36	432.33	432.33	432.33	432.33	434.06	442.70	453.08	469.94	483.78	490.69	501.07	511.44	517.93	524.85	528.31	531.76	535.22	538.68	545.60	552.52	562.89	572.84	586.67	603.96	624.28	648.49	675.73	706.86	737.55	772.14	806.29	843.91	881.95	923.02	964.09	1008.62	1053.58	1101.57	1125.35	1173.34	1214.84	1242.08	1276.23	1296.99
Health Net	Full	HMO G	358.24	390.09	402.26	414.44	427.55	440.66	454.25	468.29	468.29	468.29	468.29	470.17	479.53	490.77	509.04	524.02	531.51	542.75	553.99	561.02	568.51	572.26	576.00	579.75	583.49	590.99	598.48	609.72	620.49	635.47	654.21	676.22	702.44	731.94	765.66	798.91	836.37	873.37	914.11	955.32	999.81	1044.30	1092.53	1141.23	1193.21	1218.97	1270.95	1315.91	1345.41	1382.40	1404.87
Kaiser Permanente	Full	HMO B	279.34	302.93	311.95	320.96	330.68	326.40	336.46	346.86	346.86	346.86	346.86	348.25	355.19	363.51	377.04	388.14	393.69	402.02	410.34	415.54	421.09	423.87	426.64	429.42	432.19	437.74	443.29	451.62	459.59	470.69	484.57	500.87	520.30	542.15	567.12	591.75	619.50	646.90	677.08	707.60	740.55	773.51	809.23	845.31	883.81	902.89	941.39	974.69	996.54	1023.94	1040.58
Kaiser Permanente	Full	HMO C	294.70	319.65	329.19	338.74	349.01	345.29	355.94	366.94	366.94	366.94	366.94	368.41	375.75	384.56	398.87	410.61	416.48	425.29	434.09	439.60	445.47	448.41	451.34	454.28	457.21	463.08	468.95	477.76	486.20	497.94	512.62	529.87	550.42	573.53	599.95	626.01	655.36	684.35	716.27	748.57	783.43	818.29	856.08	894.24	934.97	955.16	995.89	1031.11	1054.23	1083.22	1100.82
Kaiser Permanente	Full	HMO D	263.83	286.04	294.53	303.02	312.17	307.32	316.79	326.59	326.59	326.59	326.59	327.89	334.43	342.26	355.00	365.45	370.68	378.52	386.35	391.25	396.48	399.09	401.70	404.32	406.93	412.15	417.38	425.22	432.73	443.18	456.24	471.59	489.88	510.46	533.97	557.16	583.29	609.09	637.50	666.24	697.27	728.29	761.93	795.90	832.15	850.11	886.36	917.71	938.29	964.09	979.77
Kaiser Permanente	Full	HMO E	244.84	265.36	273.21	281.06	289.51	283.97	292.72	301.77	301.77	301.77	301.77	302.98	309.01	316.26	328.02	337.68	342.51	349.75	356.99	361.52	366.35	368.76	371.18	373.59	376.01	380.83	385.66	392.90	399.85	409.50	421.57	435.76	452.66	471.67	493.39	514.82	538.96	562.80	589.06	615.61	644.28	672.95	704.03	735.41	768.91	785.51	819.00	847.97	866.99	890.83	905.31
Sharp Health Plan	Performance	HMO A	261.56	284.81	293.70	302.59	312.16	321.74	331.65	341.91	341.91	341.91	341.91	343.28	350.12	358.32	371.66	382.60	388.07	396.27	404.48	409.61	415.08	417.81	420.55	423.28	426.02	431.49	436.96	445.17	453.03	463.97	477.65	493.72	512.87	534.41	559.02	583.30	610.65	637.66	667.41	697.50	729.98	762.46	797.68	833.23	871.19	889.99	927.94	960.77	982.31	1009.32	1025.73
Sharp Health Plan	Premier	HMO B	250.61	272.88	281.40	289.92	299.09	308.26	317.76	327.59	327.59	327.59	327.59	328.90	335.45	343.31	356.09	366.57	371.81	379.68	387.54	392.45	397.69	400.31	402.94	405.56	408.18	413.42	418.66	426.52	434.06	444.54	457.64	473.04	491.39	512.02	535.61	558.87	585.08	610.96	639.46	668.28	699.40	730.53	764.27	798.34	834.70	852.72	889.08	920.53	941.17	967.05	982.77
Sharp Health Plan	Performance	HMO D	280.56	305.50	315.04	324.57	334.84	345.11	355.75	366.75	366.75	366.75	366.75	368.22	375.55	384.35	398.66	410.39	416.26	425.06	433.87	439.37	445.23	448.17	451.10	454.04	456.97	462.84	468.71	477.51	485.94	497.68	512.35	529.59	550.13	573.23	599.64	625.68	655.02	683.99	715.90	748.17	783.01	817.85	855.63	893.77	934.48	954.65	995.36	1030.57	1053.67	1082.65	1100.25
UnitedHealthcare	SignatureValue	HMO A	314.35	342.30	352.98	363.66	375.17	386.68	398.59	410.92	410.92	410.92	410.92	412.56	420.78	430.64	446.67	459.82	466.39	476.26	486.12	492.28	498.86	502.14	505.43	508.72	512.01	518.58	525.16	535.02	544.47	557.62	574.06	593.37	616.38	642.27	671.85	701.03	733.90	766.37	802.12	838.28	877.31	916.35	958.68	1001.41	1047.02	1069.62	1115.24	1154.69	1180.57	1213.04	1232.76
UnitedHealthcare	Alliance	HMO B	289.31	315.02	324.86	334.69	345.28	355.87	366.83	378.18	378.18	378.18	378.18	379.69	387.26	396.33	411.08	423.18	429.23	438.31	447.39	453.06	459.11	462.14	465.16	468.19	471.21	477.26	483.31	492.39	501.09	513.19	528.32	546.09	567.27	591.10	618.32	645.18	675.43	705.31	738.21	771.49	807.41	843.34	882.29	921.62	963.60	984.40	1026.38	1062.69	1086.51	1116.39	1134.54
UnitedHealthcare	SignatureValue	HMO F	362.72	394.96	407.29	419.61	432.89	446.17	459.92	474.14	474.14	474.14	474.14	476.04	485.52	496.90	515.39	530.56	538.15	549.53	560.91	568.02	575.61	579.40	583.19	586.99	590.78	598.36	605.95	617.33	628.24	643.41	662.37	684.66	711.21	741.08	775.22	808.88	846.81	884.27	925.52	967.25	1012.29	1057.33	1106.17	1155.48	1208.11	1234.19	1286.82	1332.33	1362.20	1399.66	1422.42
UnitedHealthcare	Alliance	HMO G	333.82	363.49	374.83	386.18	398.40	410.61	423.27	436.36	436.36	436.36	436.36	438.11	446.83	457.31	474.32	488.29	495.27	505.74	516.21	522.76	529.74	533.23	536.72	540.21	543.70	550.69	557.67	568.14	578.18	592.14	609.59	630.10	654.54	682.03	713.45	744.43	779.34	813.81	851.77	890.17	931.63	973.08	1018.03	1063.41	1111.85	1135.85	1184.28	1226.17	1253.66	1288.13	1309.08
UnitedHealthcare	SignatureValue	HMO H	333.34	362.97	374.30	385.63	397.83	410.03	422.67	435.74	435.74	435.74	435.74	437.48	446.20	456.66	473.65	487.59	494.56	505.02	515.48	522.02	528.99	532.47	535.96	539.45	542.93	549.90	556.88	567.33	577.36	591.30	608.73	629.21	653.61	681.06	712.43	743.37	778.23	812.66	850.56	888.91	930.30	971.70	1016.58	1061.90	1110.27	1134.23	1182.60	1224.43	1251.88	1286.30	1307.22
UnitedHealthcare	Alliance	HMO J	306.79	334.06	344.48	354.91	366.14	377.37	389.00	401.03	401.03	401.03	401.03	402.63	410.65	420.28	435.92	448.75	455.17	464.79	474.42	480.43	486.85	490.06	493.27	496.48	499.68	506.10	512.52	522.14	531.36	544.20	560.24	579.09	601.55	626.81	655.68	684.16	716.24	747.92	782.81	818.10	856.20	894.30	935.60	977.31	1021.82	1043.88	1088.40	1126.89	1152.16	1183.84	1203.09
UnitedHealthcare	Alliance	HMO O	284.92	310.24	319.93	329.61	340.04	350.47	361.27	372.44	372.44	372.44	372.44	373.93	381.38	390.32	404.84	416.76	422.72	431.66	440.60	446.18	452.14	455.12	458.10	461.08	464.06	470.02	475.98	484.92	493.48	505.40	520.30	537.80	558.66	582.12	608.94	635.38	665.18	694.60	727.00	759.78	795.16	830.54	868.90	907.64	948.98	969.46	1010.80	1046.56	1070.02	1099.44	1117.32
UnitedHealthcare	SignatureValue	HMO Q	309.58	337.10	347.62	358.14	369.47	380.80	392.54	404.68	404.68	404.68	404.68	406.30	414.39	424.10	439.89	452.84	459.31	469.02	478.74	484.81	491.28	494.52	497.76	500.99	504.23	510.71	517.18	526.89	536.20	549.15	565.34	584.36	607.02	632.51	661.65	690.38	722.76	754.73	789.94	825.55	863.99	902.44	944.12	986.21	1031.12	1053.38	1098.30	1137.15	1162.65	1194.62	1214.04
Western Health	Full	HMO A	285.27	310.63	320.32	330.02	340.46	350.90	361.72	372.90	372.90	372.90	372.90	374.39	381.85	390.80	405.35	417.28	423.25	432.19	441.14	446.74	452.70	455.69	458.67	461.65	464.64	470.60	476.57	485.52	494.10	506.03	520.95	538.47	559.35	582.85	609.70	636.17	666.01	695.46	727.91	760.72	796.15	831.57	869.98	908.77	950.16	970.67	1012.06	1047.86	1071.35	1100.81	1118.71
Western Health	Full	HMO B	297.99	324.47	334.60	344.73	355.64	366.54	377.84	389.52	389.52	389.52	389.52	391.08	398.87	408.22	423.41	435.88	442.11	451.46	460.81	466.65	472.88	476.00	479.11	482.23	485.35	491.58	497.81	507.16	516.12	528.58	544.16	562.47	584.29	608.83	636.87	664.53	695.69	726.46	760.35	794.63	831.63	868.64	908.76	949.27	992.51	1013.93	1057.17	1094.56	1119.10	1149.87	1168.57
Western Health	Full	HMO C	271.31	295.43	304.65	313.87	323.80	333.73	344.01	354.65	354.65	354.65	354.65	356.07	363.17	371.68	385.51	396.86	402.53	411.04	419.56	424.88	430.55	433.39	436.22	439.06	441.90	447.57	453.25	461.76	469.92	481.27	495.45	512.12	531.98	554.32	579.86	605.04	633.41	661.43	692.29	723.49	757.19	790.88	827.41	864.29	903.66	923.17	962.53	996.58	1018.92	1046.94	1063.96
Western Health	Full	HMO D	260.82	284.01	292.87	301.74	311.28	320.83	330.72	340.94	340.94	340.94	340.94	342.31	349.13	357.31	370.61	381.52	386.97	395.15	403.34	408.45	413.91	416.63	419.36	422.09	424.82	430.27	435.73	443.91	451.75	462.66	476.30	492.32	511.42	532.90	557.44	581.65	608.93	635.86	665.52	695.53	727.92	760.31	795.42	830.88	868.73	887.48	925.32	958.05	979.53	1006.47	1022.83

Platinum		AGE -->	0-14	15	16	17	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	304.13	331.17	341.50	351.84	362.97	374.10	385.63	397.56	397.56	397.56	397.56	399.15	407.10	416.64	432.15	444.87	451.23	460.77	470.31	476.28	482.64	485.82	489.00	492.18	495.36	501.72	508.08	517.62	526.77	539.49	555.39	574.08	596.34	621.39	650.01	678.24	710.04	741.45	776.04	811.02	848.79	886.56	927.51	968.85	1012.98	1034.85	1078.98	1117.14	1142.19	1173.60	1192.68
Cigna + Oscar	LocalPlus	EPO C	360.27	392.29	404.54	416.78	429.97	443.16	456.81	470.94	470.94	470.94	470.94	472.82	482.24	493.55	511.91	526.98	534.52	545.82	557.12	564.19	571.72	575.49	579.26	583.02	586.79	594.33	601.86	613.17	624.00	639.07	657.90	680.04	706.41	736.08	769.99	803.43	841.10	878.30	919.28	960.72	1005.46	1050.20	1098.71	1147.68	1199.96	1225.86	1278.13	1323.34	1353.01	1390.22	1412.82
Cigna + Oscar	LocalPlus	EPO D	353.26	384.66	396.67	408.67	421.60	434.53	447.92	461.78	461.78	461.78	461.78	463.62	472.86	483.94	501.95	516.73	524.11	535.20	546.28	553.21	560.60	564.29	567.98	571.68	575.37	582.76	590.15	601.23	611.85	626.63	645.10	666.80	692.66	721.75	755.00	787.79	824.73	861.21	901.39	942.02	985.89	1029.76	1077.32	1125.35	1176.60	1202.00	1253.26	1297.59	1326.68	1363.16	1385.33
Cigna + Oscar	LocalPlus	EPO E	342.86	373.33	384.98	396.64	409.19	421.73	434.73	448.18	448.18	448.18	448.18	449.97	458.93	469.69	487.17	501.51	508.68	519.44	530.19	536.92	544.09	547.67	551.26	554.84	558.43	565.60	572.77	583.53	593.83	608.18	626.10	647.17	672.27	700.50	732.77	764.59	800.44	835.85	874.84	914.28	956.86	999.44	1045.60	1092.21	1141.96	1166.61	1216.35	1259.38	1287.61	1323.02	1344.53
Health Net	WholeCare	HMO C	326.07	355.05	366.14	377.22	389.15	401.09	413.45	426.24	426.24	426.24	426.24	427.94	436.47	446.70	463.32	476.96	483.78	494.01	504.24	510.63	517.45	520.86	524.27	527.68	531.09	537.91	544.73	554.96	564.76	578.40	595.45	615.49	639.35	666.21	696.90	727.16	761.26	794.93	832.01	869.52	910.01	950.51	994.41	1038.74	1086.05	1109.49	1156.81	1197.72	1224.58	1258.25	1278.72
Health Net	Salud HMO y Mas	HMO D	281.81	306.86	316.44	326.02	336.33	346.65	357.33	368.38	368.38	368.38	368.38	369.85	377.22	386.06	400.43	412.22	418.11	426.95	435.80	441.32	447.21	450.16	453.11	456.06	459.00	464.90	470.79	479.63	488.11	499.89	514.63	531.94	552.57	575.78	602.30	628.46	657.93	687.03	719.08	751.50	786.49	821.49	859.43	897.75	938.64	958.90	999.79	1035.15	1058.36	1087.46	1105.14
Health Net	Full	HMO E	362.42	394.64	406.95	419.27	432.54	445.80	459.54	473.75	473.75	473.75	473.75	475.65	485.12	496.49	514.97	530.13	537.71	549.08	560.45	567.56	575.14	578.93	582.72	586.51	590.30	597.88	605.46	616.83	627.72	642.88	661.83	684.10	710.63	740.48	774.59	808.22	846.13	883.55	924.77	966.46	1011.47	1056.47	1105.27	1154.54	1207.13	1233.18	1285.77	1331.25	1361.10	1398.52	1421.25
Health Net	WholeCare	HMO F	335.62	365.46	376.86	388.27	400.55	412.84	425.56	438.72	438.72	438.72	438.72	440.48	449.25	459.78	476.89	490.93	497.95	508.48	519.01	525.59	532.61	536.12	539.63	543.14	546.65	553.67	560.69	571.22	581.31	595.35	612.90	633.52	658.09	685.73	717.31	748.46	783.56	818.22	856.39	895.00	936.67	978.35	1023.54	1069.17	1117.87	1142.00	1190.70	1232.81	1260.45	1295.11	1316.16
Health Net	Salud HMO y Mas	HMO G	291.23	317.12	327.02	336.92	347.58	358.24	369.28	380.70	380.70	380.70	380.70	382.22	389.83	398.97	413.82	426.00	432.09	441.23	450.36	456.07	462.17	465.21	468.26	471.30	474.35	480.44	486.53	495.67	504.42	516.61	531.83	549.73	571.04	595.03	622.44	649.47	679.92	710.00	743.12	776.62	812.79	848.95	888.16	927.76	970.01	990.95	1033.21	1069.76	1093.74	1123.82	1142.10
Health Net	Full	HMO H	373.04	406.20	418.88	431.56	445.21	458.86	473.00	487.63	487.63	487.63	487.63	489.58	499.34	511.04	530.06	545.66	553.46	565.17	576.87	584.19	591.99	595.89	599.79	603.69	607.59	615.39	623.20	634.90	646.11	661.72	681.22	704.14	731.45	762.17	797.28	831.90	870.91	909.44	951.86	994.77	1041.10	1087.42	1137.65	1188.36	1242.49	1269.31	1323.44	1370.25	1400.97	1439.49	1462.89
Kaiser Permanente	Full	HMO A	314.12	340.79	350.99	361.19	372.18	369.17	380.55	392.32	392.32	392.32	392.32	393.89	401.74	411.15	426.45	439.01	445.28	454.70	464.12	470.00	476.28	479.42	482.55	485.69	488.83	495.11	501.39	510.80	519.83	532.38	548.07	566.51	588.48	613.20	641.44	669.30	700.69	731.68	765.81	800.33	837.61	874.88	915.28	956.09	999.63	1021.21	1064.76	1102.42	1127.14	1158.13	1176.96
Kaiser Permanente	Full	HMO B	308.67	334.87	344.88	354.90	365.68	362.48	373.65	385.21	385.21	385.21	385.21	386.75	394.45	403.70	418.72	431.05	437.21	446.45	455.70	461.48	467.64	470.72	473.80	476.88	479.97	486.13	492.29	501.54	510.40	522.72	538.13	556.24	577.81	602.08	629.81	657.16	687.98	718.41	751.92	785.82	822.41	859.01	898.69	938.75	981.50	1002.69	1045.45	1082.43	1106.70	1137.13	1155.63
Sharp Health Plan	Premier	HMO A	282.65	307.78	317.38	326.99	337.34	347.68	358.40	369.48	369.48	369.48	369.48	370.96	378.35	387.22	401.62	413.45	419.36	428.23	437.09	442.64	448.55	451.50	454.46	457.42	460.37	466.28	472.20	481.06	489.56	501.38	516.16	533.53	554.22	577.50	604.10	630.33	659.89	689.08	721.22	753.74	788.84	823.94	862.00	900.42	941.44	961.76	1002.77	1038.24	1061.52	1090.70	1108.44
Sharp Health Plan	Performance	HMO B	304.58	331.66	342.01	352.36	363.51	374.66	386.21	398.15	398.15	398.15	398.15	399.74	407.71	417.26	432.79	445.53	451.90	461.46	471.01	476.98	483.35	486.54	489.72	492.91	496.09	502.47	508.84	518.39	527.55	540.29	556.22	574.93	597.23	622.31	650.98	679.24	711.10	742.55	777.19	812.23	850.05	887.87	928.88	970.29	1014.49	1036.38	1080.58	1118.80	1143.88	1175.34	1194.45
Sharp Health Plan	Premier	HMO C	278.68	303.45	312.93	322.40	332.60	342.80	353.36	364.29	364.29	364.29	364.29	365.75	373.03	381.78	395.98	407.64	413.47	422.21	430.96	436.42	442.25	445.16	448.08	450.99	453.91	459.73	465.56	474.31	482.68	494.34	508.91	526.03	546.44	569.39	595.61	621.48	650.62	679.40	711.09	743.15	777.76	812.37	849.89	887.77	928.21	948.25	988.68	1023.65	1046.61	1075.38	1092.87
UnitedHealthcare	SignatureValue	HMO A	382.33	416.32	429.31	442.31	456.30	470.29	484.79	499.78	499.78	499.78	499.78	501.78	511.77	523.77	543.26	559.25	567.25	579.25	591.24	598.74	606.73	610.73	614.73	618.73	622.73	630.72	638.72	650.71	662.21	678.20	698.19	721.68	749.67	781.16	817.14	852.62	892.61	932.09	975.57	1019.55	1067.03	1114.51	1165.99	1217.96	1273.44	1300.93	1356.40	1404.38	1435.87	1475.35	1499.34
UnitedHealthcare	Alliance	HMO C	351.88	383.16	395.11	407.07	419.95	432.83	446.17	459.97	459.97	459.97	459.97	461.81	471.01	482.05	499.99	514.71	522.07	533.11	544.14	551.04	558.40	562.08	565.76	569.44	573.12	580.48	587.84	598.88	609.46	624.18	642.58	664.20	689.96	718.93	752.05	784.71	821.51	857.84	897.86	938.34	982.04	1025.73	1073.11	1120.95	1172.00	1197.30	1248.36	1292.52	1321.49	1357.83	1379.91
UnitedHealthcare	SignatureValue	HMO E	414.02	450.82	464.89	478.96	494.12	509.27	524.96	541.20	541.20	541.20	541.20	543.36	554.19	567.18	588.28	605.60	614.26	627.25	640.24	648.36	657.02	661.35	665.68	670.01	674.34	682.99	691.65	704.64	717.09	734.41	756.06	781.49	811.80	845.90	884.86	923.29	966.58	1009.34	1056.42	1104.05	1155.46	1206.88	1262.62	1318.90	1378.98	1408.74	1468.82	1520.77	1554.87	1597.62	1623.60
UnitedHealthcare	Alliance	HMO G	381.03	414.90	427.85	440.80	454.75	468.69	483.14	498.08	498.08	498.08	498.08	500.07	510.03	521.99	541.41	557.35	565.32	577.27	589.23	596.70	604.67	608.65	612.64	616.62	620.61	628.58	636.55	648.50	659.96	675.89	695.82	719.23	747.12	778.50	814.36	849.72	889.57	928.92	972.25	1016.08	1063.40	1110.72	1162.02	1213.82	1269.11	1296.50	1351.79	1399.60	1430.98	1470.33	1494.24
UnitedHealthcare	Alliance	HMO J	346.18	376.95	388.71	400.48	413.15	425.82	438.94	452.52	452.52	452.52	452.52	454.33	463.38	474.24	491.89	506.37	513.61	524.47	535.33	542.12	549.36	552.98	556.60	560.22	563.84	571.08	578.32	589.18	599.59	614.07	632.17	653.44	678.78	707.29	739.87	772.00	808.20	843.95	883.32	923.14	966.13	1009.12	1055.73	1102.79	1153.02	1177.91	1228.14	1271.58	1300.09	1335.84	1357.56
UnitedHealthcare	SignatureValue	HMO L	376.14	409.58	422.36	435.15	448.91	462.68	476.94	491.69	491.69	491.69	491.69	493.66	503.49	515.29	534.47	550.20	558.07	569.87	581.67	589.04	596.91	600.85	604.78	608.71	612.65	620.51	628.38	640.18	651.49	667.22	686.89	710.00	737.54	768.51	803.91	838.82	878.16	917.00	959.78	1003.05	1049.76	1096.47	1147.11	1198.25	1252.83	1279.87	1334.45	1381.65	1412.63	1451.47	1475.07
Western Health	Full	HMO A	324.22	353.04	364.06	375.08	386.94	398.81	411.10	423.82	423.82	423.82	423.82	425.51	433.99	444.16	460.69	474.25	481.03	491.20	501.37	507.73	514.51	517.90	521.29	524.68	528.07	534.86	541.64	551.81	561.56	575.12	592.07	611.99	635.72	662.42	692.94	723.03	756.93	790.42	827.29	864.58	904.85	945.11	988.76	1032.84	1079.88	1103.19	1150.24	1190.92	1217.62	1251.10	1271.45
Western Health	Full	HMO B	331.85	361.35	372.63	383.91	396.05	408.20	420.78	433.79	433.79	433.79	433.79	435.53	444.21	454.62	471.54	485.42	492.36	502.77	513.18	519.69	526.63	530.10	533.57	537.04	540.51	547.45	554.39	564.80	574.78	588.66	606.01	626.40	650.69	678.02	709.25	740.05	774.76	809.03	846.77	884.94	926.15	967.36	1012.04	1057.16	1105.31	1129.17	1177.32	1218.96	1246.29	1280.56	1301.38
Western Health	Full	HMO C	320.56	349.06	359.95	370.85	382.58	394.31	406.46	419.03	419.03	419.03	419.03	420.71	429.09	439.15	455.49	468.90	475.60	485.66	495.72	502.00	508.71	512.06	515.41	518.76	522.12	528.82	535.53	545.58	555.22	568.63	585.39	605.09	628.55	654.95	685.12	714.87	748.39	781.50	817.95	854.83	894.64	934.45	977.61	1021.19	1067.70	1090.75	1137.26	1177.49	1203.88	1236.99	1257.10

Health Care Service Plan rates will vary by county

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USE EMPLOYER ZIP CODE FOR RATING

AREA 15

04/01/22 - 06/01/22

Bronze		AGE -->	0-14	15	16	17	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	Prudent Buyer - Small Group	PPO A	247.83	269.86	278.28	286.70	295.78	304.85	314.24	323.96	323.96	323.96	323.96	325.26	331.74	339.51	352.14	362.51	367.69	375.47	383.24	388.10	393.29	395.88	398.47	401.06	403.65	408.84	414.02	421.80	429.25	439.61	452.57	467.80	485.94	506.35	529.67	552.68	578.59	604.19	632.37	660.88	691.65	722.43	755.80	789.49	825.45	843.27	879.23	910.33	930.74	956.33	971.88
Anthem Blue Cross	Select PPO	PPO B	243.90	265.59	273.87	282.16	291.09	300.02	309.27	318.83	318.83	318.83	318.83	320.11	326.48	334.13	346.57	356.77	361.87	369.52	377.18	381.96	387.06	389.61	392.16	394.71	397.26	402.36	407.46	415.12	422.45	432.65	445.41	460.39	478.25	498.33	521.29	543.92	569.43	594.62	622.36	650.41	680.70	710.99	743.83	776.99	812.38	829.91	865.30	895.91	916.00	941.19	956.49
Anthem Blue Cross	Prudent Buyer - Small Group	EPO A	250.36	272.62	281.12	289.63	298.80	307.96	317.45	327.27	327.27	327.27	327.27	328.58	335.12	342.98	355.74	366.22	371.45	379.31	387.16	392.07	397.31	399.92	402.54	405.16	407.78	413.01	418.25	426.11	433.63	444.11	457.20	472.58	490.91	511.52	535.09	558.32	584.50	610.36	638.83	667.63	698.72	729.81	763.52	797.56	833.88	851.88	888.21	919.63	940.25	966.10	981.81
Cigna + Oscar	LocalPlus	EPO C	192.81	209.95	216.50	223.06	230.11	237.17	244.48	252.04	252.04	252.04	252.04	253.05	258.09	264.14	273.97	282.04	286.07	292.12	298.17	301.95	305.98	308.00	310.01	312.03	314.04	318.08	322.11	328.16	333.96	342.02	352.10	363.95	378.06	393.94	412.09	429.98	450.15	470.06	491.99	514.17	538.11	562.05	588.01	614.23	642.20	656.07	684.04	708.24	724.12	744.03	756.13
Cigna + Oscar	LocalPlus	EPO D	186.40	202.97	209.30	215.64	222.46	229.28	236.35	243.66	243.66	243.66	243.66	244.63	249.51	255.36	264.86	272.66	276.55	282.40	288.25	291.90	295.80	297.75	299.70	301.65	303.60	307.50	311.40	317.25	322.85	330.65	340.39	351.84	365.49	380.84	398.38	415.68	435.18	454.43	475.62	497.07	520.21	543.36	568.46	593.80	620.85	634.25	661.29	684.68	700.03	719.28	730.98
Health Net	CommunityCare	HMO A	189.49	206.33	212.77	219.21	226.15	233.08	240.27	247.70	247.70	247.70	247.70	248.69	253.64	259.59	269.25	277.17	281.14	287.08	293.02	296.74	300.70	302.68	304.67	306.65	308.63	312.59	316.56	322.50	328.20	336.12	346.03	357.67	371.54	387.15	404.98	422.57	442.39	461.95	483.50	505.30	528.83	552.36	577.88	603.64	631.13	644.75	672.25	696.03	711.63	731.20	743.10
Kaiser Permanente	Full	HMO A	199.53	216.02	222.33	228.63	235.42	228.23	235.26	242.53	242.53	242.53	242.53	243.51	248.36	254.18	263.64	271.40	275.28	281.10	286.92	290.56	294.44	296.38	298.32	300.26	302.20	306.08	309.96	315.78	321.36	329.12	338.82	350.22	363.80	379.08	396.54	413.76	433.17	452.33	473.43	494.77	517.81	540.85	565.83	591.06	617.98	631.32	658.24	681.52	696.80	715.96	727.59
Kaiser Permanente	Full	HMO B	195.98	212.16	218.35	224.53	231.19	223.86	230.76	237.90	237.90	237.90	237.90	238.85	243.61	249.32	258.60	266.21	270.02	275.73	281.43	285.00	288.81	290.71	292.62	294.52	296.42	300.23	304.04	309.74	315.22	322.83	332.35	343.53	356.85	371.84	388.97	405.86	424.89	443.68	464.38	485.31	507.91	530.52	555.02	579.76	606.17	619.25	645.66	668.50	683.48	702.28	713.70
Kaiser Permanente	Full	HMO C	188.54	204.06	209.99	215.92	222.31	214.71	221.33	228.17	228.17	228.17	228.17	229.09	233.65	239.13	248.03	255.33	258.98	264.45	269.93	273.35	277.00	278.83	280.65	282.48	284.31	287.96	291.61	297.08	302.33	309.63	318.76	329.48	342.26	356.64	373.07	389.27	407.52	425.55	445.40	465.48	487.15	508.83	532.33	556.06	581.39	593.94	619.27	641.17	655.55	673.57	684.51
Sharp Health Plan	Premier	HMO A	181.79	197.95	204.12	210.30	216.96	223.61	230.50	237.63	237.63	237.63	237.63	238.58	243.33	249.04	258.30	265.91	269.71	275.41	281.12	284.68	288.48	290.38	292.28	294.19	296.09	299.89	303.69	309.39	314.86	322.46	331.97	343.14	356.45	371.42	388.53	405.40	424.41	443.18	463.85	484.77	507.34	529.91	554.39	579.10	605.48	618.55	644.93	667.74	682.71	701.48	712.89
Sharp Health Plan	Performance	HMO B	200.32	218.13	224.94	231.75	239.08	246.41	254.00	261.86	261.86	261.86	261.86	262.91	268.14	274.43	284.64	293.02	297.21	303.50	309.78	313.71	317.90	319.99	322.09	324.18	326.28	330.47	334.66	340.94	346.96	355.34	365.82	378.13	392.79	409.29	428.14	446.73	467.68	488.37	511.15	534.19	559.07	583.95	610.92	638.15	667.22	681.62	710.69	735.83	752.32	773.01	785.58
Western Health	Full	HMO B	223.32	243.17	250.76	258.35	266.53	274.70	283.17	291.93	291.93	291.93	291.93	293.09	298.93	305.94	317.32	326.67	331.34	338.34	345.35	349.73	354.40	356.73	359.07	361.40	363.74	368.41	373.08	380.09	386.80	396.14	407.82	421.54	437.89	456.28	477.30	498.03	521.38	544.44	569.84	595.53	623.26	651.00	681.06	711.42	743.83	759.88	792.29	820.31	838.70	861.77	875.78
Western Health	Full	HMO C	229.09	249.46	257.24	265.03	273.41	281.80	290.48	299.47	299.47	299.47	299.47	300.67	306.66	313.84	325.52	335.11	339.90	347.08	354.27	358.76	363.55	365.95	368.35	370.74	373.14	377.93	382.72	389.91	396.80	406.38	418.36	432.43	449.20	468.07	489.63	510.89	534.85	558.51	584.56	610.92	639.37	667.81	698.66	729.80	763.05	779.52	812.76	841.51	860.37	884.03	898.41

Silver		AGE -->	0-14	15	16	17	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	206.53	224.89	231.90	238.92	246.48	254.04	261.87	269.97	269.97	269.97	269.97	271.05	276.45	282.93	293.46	302.10	306.42	312.90	319.37	323.42	327.74	329.90	332.06	334.22	336.38	340.70	345.02	351.50	357.71	366.35	377.15	389.84	404.96	421.96	441.40	460.57	482.17	503.49	526.98	550.74	576.39	602.03	629.84	657.92	687.88	702.73	732.70	758.62	775.62	796.95	809.91
Anthem Blue Cross	CaliforniaCare HMO	HMO B	230.83	251.35	259.19	267.04	275.49	283.94	292.69	301.74	301.74	301.74	301.74	302.95	308.98	316.22	327.99	337.65	342.47	349.72	356.96	361.48	366.31	368.73	371.14	373.55	375.97	380.80	385.62	392.87	399.81	409.46	421.53	435.71	452.61	471.62	493.34	514.77	538.91	562.75	589.00	615.55	644.21	672.88	703.96	735.34	768.83	785.43	818.92	847.89	866.90	890.74	905.22
Anthem Blue Cross	Priority Select HMO	HMO C	185.96	202.49	208.81	215.13	221.93	228.74	235.79	243.08	243.08	243.08	243.08	244.05	248.91	254.75	264.23	272.01	275.90	281.73	287.56	291.21	295.10	297.04	298.99	300.93	302.88	306.77	310.66	316.49	322.08	329.86	339.58	351.01	364.62	379.93	397.44	414.69	434.14	453.34	474.49	495.88	518.98	542.07	567.11	592.39	619.37	632.74	659.72	683.05	698.37	717.57	729.24
Anthem Blue Cross	Advantage PPO	PPO A	277.21	301.85	311.28	320.70	330.84	340.99	351.50	362.37	362.37	362.37	362.37	363.82	371.07	379.76	393.90	405.49	411.29	419.99	428.68	434.12	439.92	442.82	445.72	448.61	451.51	457.31	463.11	471.81	480.14	491.74	506.23	523.26	543.56	566.38	592.47	618.20	647.19	675.82	707.35	739.23	773.66	808.09	845.41	883.10	923.32	943.25	983.47	1018.26	1041.09	1069.72	1087.11
Anthem Blue Cross	Select PPO	PPO B	269.92	293.92	303.09	312.26	322.14	332.02	342.25	352.84	352.84	352.84	352.84	354.25	361.31	369.78	383.54	394.83	400.47	408.94	417.41	422.70	428.35	431.17	433.99	436.82	439.64	445.28	450.93	459.40	467.51	478.80	492.92	509.50	529.26	551.49	576.89	601.95	630.17	658.05	688.74	719.79	753.31	786.83	823.18	859.87	899.04	918.44	957.61	991.48	1013.71	1041.58	1058.52
Anthem Blue Cross	Prudent Buyer - Small Group	PPO C	274.25	298.63	307.95	317.27	327.31	337.35	347.75	358.50	358.50	358.50	358.50	359.93	367.10	375.71	389.69	401.16	406.90	415.50	424.11	429.48	435.22	438.09	440.96	443.82	446.69	452.43	458.16	466.77	475.01	486.48	500.82	517.67	537.75	560.34	586.15	611.60	640.28	668.60	699.79	731.34	765.40	799.46	836.38	873.66	913.46	933.18	972.97	1007.39	1029.97	1058.29	1075.50
Anthem Blue Cross	Prudent Buyer - Small Group	EPO A	267.91	291.72	300.83	309.94	319.74	329.55	339.70	350.21	350.21	350.21	350.21	351.61	358.62	367.02	380.68	391.88	397.49	405.89	414.30	419.55	425.15	427.96	430.76	433.56	436.36	441.97	447.57	455.97	464.03	475.23	489.24	505.70	525.32	547.38	572.59	597.66	625.69	653.37	683.84	714.67	747.95	781.24	817.32	853.75	892.64	911.91	950.80	984.43	1006.50	1034.17	1050.99
Anthem Blue Cross	Prudent Buyer - Small Group	EPO B	268.00	291.82	300.93	310.04	319.85	329.66	339.82	350.33	350.33	350.33	350.33	351.73	358.74	367.15	380.81	392.02	397.62	406.03	414.44	419.70	425.30	428.10	430.91	433.71	436.51	442.12	447.72	456.13	464.19	475.40	489.41	505.88	525.50	547.57	572.79	597.66	625.69	653.37	683.84	714.67	747.95	781.24	817.32	853.75	892.64	911.91	950.80	984.43	1006.50	1034.17	1050.99
Cigna + Oscar	LocalPlus	EPO C	247.28	269.26	277.67	286.07	295.12	304.17	313.55	323.24	323.24	323.24	323.24	324.54	331.00	338.76	351.36	361.71	366.88	374.64	382.40	387.24	392.42	395.00	397.59	400.17	402.76	407.93	413.10	420.86	428.30	438.64	451.57	466.76	484.86	505.23	528.50	551.45	577.31	602.85	630.97	659.41	690.12	720.83	754.12	787.74	823.62	841.40	877.28	908.31	928.68	954.21	969.73
Cigna + Oscar	LocalPlus	EPO D	242.13	263.66	271.89	280.12	288.98	297.84	307.02	316.52	316.52	316.52	316.52	317.78	324.11	331.71	344.05	354.18	359.25	366.84	374.44	379.19	384.25	386.78	389.31	391.85	394.38	399.44	404.51	412.10	419.38	429.51	442.17	457.05	474.77	494.71	517.50	539.98	565.30	590.30	617.84	645.69	675.76	705.83	738.43	771.35	806.48	823.89	859.02	889.41	909.35	934.35	949.55
Cigna + Oscar	LocalPlus	EPO E	235.93	256.90	264.92	272.94	281.58	290.21	299.16	308.41	308.41	308.41	308.41	309.64	315.81	323.21	335.24	345.11	350.04	357.45	364.85	369.47	374.41	376.88	379.34	381.81	384.28	389.21	394.15	401.55	408.64	418.51	430.85	445.34	462.61	482.04	504.25	526.14	550.82	575.18	602.01	629.15	658.45	687.75	719.52	751.59	785.82	802.79	837.02	866.63	886.06	910.42	925.23
Health Net	WholeCare	HMO A	212.97	231.90	239.14	246.38	254.17	261.97	270.04	278.39	278.39	278.39	278.39	279.51	285.07	291.75	302.61	311.52	315.98	322.66	329.34	333.51	337.97	340.20	342.42	344.65	346.88	351.33	355.79	362.47	368.87	377.78	388.91	402.00	417.59	435.13	455.17	474.94	497.21	519.20	543.42	567.92	594.37	620.81	649.49	678.44	709.34	724.65	755.56	782.28	799.82	821.81	835.17
Health Net	CommunityCare	HMO C	207.47	225.92	232.97	240.02	247.61	255.21	263.07	271.21	271.21	271.21	271.21	272.29	277.72	284.23	294.80	303.48	307.82	314.33	320.84	324.91	329.25	331.42	333.59	335.76	337.92	342.26	346.60	353.11	359.35	368.03	378.88	391.62	406.81	423.90	443.42	462.68	484.38	505.80	529.40	553.26	579.03	604.79	632.73	660.93	691.04	705.95	736.06	762.09	779.18	800.61	813.63
Kaiser Permanente	Full	HMO A	227.78	246.78	254.05	261.31	269.14	262.97	271.08	279.46	279.46	279.46	279.46	280.58	286.17	292.88	303.78	312.72	317.19	323.90	330.60	334.80	339.27	341.50	343.74	345.97	348.21	352.68	357.15	363.86	370.29	379.23	390.41	403.54	419.19	436.80	456.92	476.76	499.12	521.20	545.51	570.10	596.65	623.20	651.98	681.05	712.07	727.44	758.46	785.29	802.89	824.97	838.38
Kaiser Permanente	Full	HMO B	231.80	251.16	258.56	265.96	273.93	267.92	276.17	284.71	284.71	284.71	284.71	285.85	291.55	298.38	309.48	318.59	323.15	329.98	336.82	341.09	345.64	347.92	350.20	352.47	354.75	359.31	363.86	370.70	377.24	386.36	397.74	411.13	427.07	445.01	465.51	485.72	508.50	530.99	555.76	580.81	607.86	634.91	664.24	693.85	725.45	741.11	772.71	800.04	817.98	840.47	854.13
Kaiser Permanente	Full	HMO C	230.09	249.30	256.64	263.99	271.90	265.82	274.01	282.48	282.48	282.48	282.48	283.61	289.26	296.04	307.06	316.10	320.62	327.40	334.18	338.41	342.93	345.19	347.45	349.71	351.97	356.49	361.01	367.79	374.29	383.33	394.63	407.91	423.72	441.52	461.86	481.92	504.51	526.83	551.41	576.27	603.10	629.94	659.03	688.41	719.77	735.30	766.66	793.78	811.57	833.89	847.44
Kaiser Permanente	Full	HMO D	215.51	233.42	240.27	247.12	254.50	247.88	255.52	263.42	263.42	263.42	263.42	264.48	269.75	276.07	286.34	294.77	298.99	305.31	311.63	315.58	319.80	321.90	324.01	326.12	328.23	332.44	336.66	342.98	349.04	357.47	368.00	380.39	395.14	411.73	430.70	449.40	470.48	491.29	514.20	537.39	562.41	587.44	614.57	641.97	671.21	685.69	714.93	740.22	756.82	777.63	790.26
Kaiser Permanente	Full	HMO E	224.74	243.47	250.63	257.80	265.51	259.23	267.22	275.49	275.49	275.49	275.49	276.59	282.10	288.71	299.45	308.27	312.68	319.29	325.90	330.03	334.44	336.64	338.85	341.05	343.26	347.66	352.07	358.68	365.02	373.84	384.85	397.80	413.23	430.59	450.42	469.98	492.02	513.78	537.75	561.99	588.16	614.33	642.71	671.36	701.94	717.09	747.67	774.12	791.47	813.24	826.47
Sharp Health Plan	Premier	HMO A	203.65	221.75	228.67	235.60	243.05	250.50	258.22	266.21	266.21	266.21	266.21	267.27	272.60	278.99	289.37	297.89	302.15	308.54	314.93	318.92	323.18	325.31	327.44	329.57	331.70	335.96	340.22	346.61	352.73	361.25	371.90	384.41	399.32	416.09	435.25	454.15	475.45	496.48	519.64	543.07	568.36	593.65	621.07	648.75	678.30	692.94	722.49	748.05	764.82	785.85	798.63
Sharp Health Plan	Performance	HMO B	216.16	235.37	242.72	250.07	257.98	265.89	274.08	282.56	282.56	282.56	282.56	283.69	289.34	296.12	307.14	316.18	320.71	327.49	334.27	338.51	343.03	345.29	347.55	349.81	352.07	356.59	361.11	367.89	374.39	383.43	394.74	408.02	423.84	441.64	461.99	482.05	504.65	526.97	551.56	576.42	603.27	630.11	659.21	688.60	719.96	735.50	766.87	793.99	811.79	834.12	847.68
Sharp Health Plan	Premier	HMO C	199.18	216.88	223.65	230.42	237.71	245.00	252.55	260.36	260.36	260.36	260.36	261.40	266.61	272.86	283.01	291.34	295.51	301.76	308.01	311.91	316.08	318.16	320.24	322.33	324.41	328.57	332.74	338.99	344.98	353.31	363.72	375.96	390.54	406.94	425.69	444.17	465.00	485.57	508.22	531.13	555.87	580.60	607.42	634.50	663.40	677.72	706.62	731.61	748.01	768.58	781.08
UnitedHealthcare	SignatureValue	HMO A	237.55	258.66	266.74	274.81	283.50	292.20	301.20	310.52	310.52	310.52	310.52	311.76	317.97	325.42	337.54	347.47	352.44	359.89	367.35	372.00	376.97	379.46	381.94	384.42	386.91	391.88	396.84	404.30	411.44	421.38	433.80	448.39	465.78	485.34	507.70	529.75	554.59	579.12	606.14	633.46	662.96	692.46	724.44	756.74	791.20	808.28	842.75	872.56	892.12	916.66	931.56
UnitedHealthcare	Alliance	HMO E	218.60	238.03	245.46	252.89	260.89	268.89	277.18	285.75	285.75	285.75	285.75	286.89	292.61	299.47	310.61	319.75	324.33	331.18	338.04	342.33	346.90	349.19	351.47	353.76	356.04	360.62	365.19	372.05	378.62	387.76	399.19	412.62	428.63	446.63	467.20	487.49	510.35	532.92	557.78	582.93	610.08	637.22	666.65	696.37	728.09	743.81	775.53	802.96	820.96	843.53	857.25
UnitedHealthcare	Harmony	HMO F	199.57	217.30	224.09	230.87	238.17	245.48	253.04	260.87	260.87	260.87	260.87	261.91	267.13	273.39	283.57	291.91	296.09	302.35	308.61	312.52	316.70	318.78	320.87	322.96	325.04	329.22	333.39	339.65	345.65	354.00	364.44	376.70	391.31	407.74	426.52	445.04	465.91	486.52	509.22	532.17	556.96	581.74	608.61	635.74	664.70	679.04	708.00	733.04	749.48	770.09	782.61
UnitedHealthcare	Harmony	HMO G	176.75	192.46	198.47	204.48	210.95	217.42	224.12	231.05	231.05	231.05	231.05	231.97	236.60	242.14	251.15	258.54	262.24	267.79	273.33	276.80	280.49	282.34	284.19	286.04	287.89	291.59	295.28	300.83	306.14	313.53	322.78	333.64	346.58	361.13	377.77	394.17	412.66	430.91	451.01	471.34	493.29	515.24	539.04	563.07	588.72	601.42	627.07	649.25	663.81	682.06	693.15
Western Health	Full	HMO A	246.14	268.02	276.38	284.75	293.76	302.77	312.10	321.75	321.75	321.75	321.75	323.04	329.47	337.19	349.74	360.04	365.18	372.91	380.63	385.45	390.60	393.18	395.75	398.32	400.90	406.05	411.19	418.92	426.32	436.61	449.48	464.60	482.62	502.89	526.06	548.90	574.64	600.06	628.05	656.37	686.93	717.50	750.64	784.10	819.81	837.51	873.23	904.11	924.38	949.80	965.25
Western Health	Full	HMO B	258.40	281.37	290.15	298.94	308.39	317.85	327.65	337.78	337.78	337.78	337.78	339.13	345.89	353.99	367.17	377.98	383.38	391.49	399.59	404.66	410.06	412.77	415.47	418.17	420.87	426.28	431.68	439.79	447.56	458.37	471.88	487.75	506.67	527.95	552.27	576.25	603.27	629.96	659.35	689.07	721.16	753.25	788.04	823.17	860.66	879.24	916.73	949.16	970.44	997.13	1013.34
Western Health	Full	HMO C	241.30	262.75	270.95	279.16	287.99	296.82	305.97	315.43	315.43	315.43	315.43	316.69	323.00	330.57	342.87	352.97	358.01	365.58	373.15	377.89	382.93	385.46	387.98	390.50	393.03	398.07	403.12	410.69	417.95	428.04	440.66	455.48	473.15	493.02	515.73	538.12	563.36	588.28	615.72	643.48	673.44	703.41	735.90	768.70	803.72	821.07	856.08	886.36	906.23	931.15	946.29

Health Care Service Plan rates will vary by county

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Continued

Gold

CARRIER	NETWORK	PLAN	0-14	15	16	17	18	19	20	21	22	23	24	25
Anthem Blue Cross	Select HMO	HMO A	252.54	274.99	283.57	292.16	301.40	310.64	320.22	330.12	330.12	330.12	330.12	331.44
Anthem Blue Cross	CaliforniaCare HMO	HMO B	282.27	307.36	316.95	326.55	336.88	347.21	357.91	368.98	368.98	368.98	368.98	370.46
Anthem Blue Cross	Priority Select HMO	HMO C	227.40	247.61	255.34	263.07	271.39	279.71	288.33	297.25	297.25	297.25	297.25	298.44
Anthem Blue Cross	Advantage PPO	PPO A	327.21	356.29	367.41	378.53	390.51	402.48	414.89	427.72	427.72	427.72	427.72	429.43
Anthem Blue Cross	Select PPO	PPO B	306.37	333.60	344.01	354.42	365.64	376.85	388.47	400.48	400.48	400.48	400.48	402.08
Anthem Blue Cross	Select PPO	PPO C	318.58	346.89	357.72	368.55	380.21	391.87	403.95	416.44	416.44	416.44	416.44	418.11
Anthem Blue Cross	Select PPO	PPO D	298.00	324.49	334.61	344.74	355.65	366.56	377.85	389.54	389.54	389.54	389.54	391.10
Anthem Blue Cross	Prudent Buyer - Small Group	PPO E	323.72	352.49	363.49	374.50	386.35	398.19	410.47	423.16	423.16	423.16	423.16	424.85
Cigna + Oscar	LocalPlus	EPO C	273.54	297.85	307.15	316.45	326.46	336.47	346.84	357.57	357.57	357.57	357.57	359.00
Cigna + Oscar	LocalPlus	EPO D	265.19	288.76	297.78	306.79	316.50	326.20	336.26	346.66	346.66	346.66	346.66	348.04
Cigna + Oscar	LocalPlus	EPO E	270.95	295.03	304.24	313.45	323.36	333.28	343.55	354.18	354.18	354.18	354.18	355.59
Health Net	WholeCare	HMO A	244.33	266.05	274.35	282.65	291.60	300.54	309.80	319.38	319.38	319.38	319.38	320.66
Health Net	WholeCare	HMO B	239.46	260.75	268.88	277.02	285.79	294.55	303.63	313.02	313.02	313.02	313.02	314.27
Health Net	WholeCare	HMO C	242.37	263.92	272.15	280.39	289.26	298.13	307.32	316.83	316.83	316.83	316.83	318.09
Health Net	Salud HMO y Mas	HMO D	221.39	241.07	248.60	256.12	264.23	272.33	280.72	289.40	289.40	289.40	289.40	290.56
Health Net	Full	HMO E	275.60	300.10	309.46	318.83	328.92	339.01	349.45	360.26	360.26	360.26	360.26	361.70
Health Net	Full	HMO F	261.30	284.53	293.41	302.29	311.86	321.42	331.33	341.57	341.57	341.57	341.57	342.94
Health Net	Full	HMO G	283.04	308.20	317.82	327.44	337.80	348.16	358.89	369.99	369.99	369.99	369.99	371.47
Kaiser Permanente	Full	HMO B	271.61	294.51	303.27	312.02	321.45	316.89	326.66	336.76	336.76	336.76	336.76	338.11
Kaiser Permanente	Full	HMO C	286.53	310.75	320.01	329.28	339.25	335.24	345.57	356.26	356.26	356.26	356.26	357.68
Kaiser Permanente	Full	HMO D	256.55	278.11	286.36	294.60	303.48	298.37	307.56	317.08	317.08	317.08	317.08	318.34
Kaiser Permanente	Full	HMO E	238.12	258.04	265.66	273.28	281.48	275.69	284.19	292.98	292.98	292.98	292.98	294.15
Sharp Health Plan	Performance	HMO A	261.56	284.81	293.70	302.59	312.16	321.74	331.65	341.91	341.91	341.91	341.91	343.28
Sharp Health Plan	Premier	HMO B	250.61	272.88	281.40	289.92	299.09	308.26	317.76	327.59	327.59	327.59	327.59	328.90
Sharp Health Plan	Performance	HMO D	280.56	305.50	315.04	324.57	334.84	345.11	355.75	366.75	366.75	366.75	366.75	368.22
UnitedHealthcare	SignatureValue	HMO A	260.35	283.49	292.34	301.19	310.72	320.25	330.12	340.33	340.33	340.33	340.33	341.69
UnitedHealthcare	Alliance	HMO B	239.58	260.88	269.02	277.16	285.93	294.70	303.78	313.18	313.18	313.18	313.18	314.43
UnitedHealthcare	SignatureValue	HMO F	300.41	327.11	337.32	347.53	358.53	369.52	380.91	392.69	392.69	392.69	392.69	394.26
UnitedHealthcare	Alliance	HMO G	276.44	301.01	310.41	319.80	329.92	340.04	350.52	361.36	361.36	361.36	361.36	362.81
UnitedHealthcare	SignatureValue	HMO H	276.08	300.62	310.00	319.39	329.49	339.60	350.06	360.89	360.89	360.89	360.89	362.33
UnitedHealthcare	Alliance	HMO J	254.06	276.64	285.27	293.91	303.21	312.51	322.14	332.10	332.10	332.10	332.10	333.43
UnitedHealthcare	Harmony	HMO L	218.73	238.17	245.61	253.04	261.04	269.05	277.34	285.92	285.92	285.92	285.92	287.06
UnitedHealthcare	Harmony	HMO M	252.38	274.82	283.39	291.97	301.21	310.45	320.01	329.91	329.91	329.91	329.91	331.23
UnitedHealthcare	Harmony	HMO N	231.94	252.56	260.44	268.32	276.81	285.30	294.09	303.19	303.19	303.19	303.19	304.40
UnitedHealthcare	Alliance	HMO O	235.95	256.92	264.94	272.96	281.60	290.23	299.18	308.43	308.43	308.43	308.43	309.66
UnitedHealthcare	Harmony	HMO P	215.41	234.56	241.88	249.20	257.08	264.97	273.13	281.58	281.58	281.58	281.58	282.71
UnitedHealthcare	SignatureValue	HMO Q	256.40	279.19	287.90	296.62	306.00	315.39	325.11	335.16	335.16	335.16	335.16	336.50
Western Health	Full	HMO A	285.27	310.63	320.32	330.02	340.46	350.90	361.72	372.90	372.90	372.90	372.90	374.39
Western Health	Full	HMO B	297.99	324.47	334.60	344.73	355.64	366.54	377.84	389.52	389.52	389.52	389.52	391.08
Western Health	Full	HMO C	271.31	295.43	304.65	313.87	323.80	333.73	344.01	354.65	354.65	354.65	354.65	356.07
Western Health	Full	HMO D	260.82	284.01	292.87	301.74	311.28	320.83	330.72	340.94	340.94	340.94	340.94	342.31

CARRIER	NETWORK	PLAN	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43
Anthem Blue Cross	Select HMO	HMO A	338.04	345.97	358.84	369.40	374.69	382.61	390.53	395.48	400.77	403.41	406.05	408.69	411.33	416.61	421.89	429.82	437.41	447.97
Anthem Blue Cross	CaliforniaCare HMO	HMO B	377.84	386.69	401.08	412.89	418.79	427.65	436.50	442.04	447.94	450.89	453.85	456.80	459.75	465.65	471.56	480.41	488.90	500.71
Anthem Blue Cross	Priority Select HMO	HMO C	304.38	311.52	323.11	332.62	337.38	344.51	351.65	356.11	360.86	363.24	365.62	368.00	370.37	375.13	379.89	387.02	393.86	403.37
Anthem Blue Cross	Advantage PPO	PPO A	437.99	448.25	464.93	478.62	485.46	495.73	505.99	512.41	519.25	522.67	526.10	529.52	532.94	539.78	546.63	556.89	566.73	580.42
Anthem Blue Cross	Select PPO	PPO B	410.09	419.70	435.32	448.14	454.54	464.16	473.77	479.78	486.18	489.39	492.59	495.79	499.00	505.41	511.81	521.42	530.64	543.45
Anthem Blue Cross	Select PPO	PPO C	426.43	436.43	452.67	466.00	472.66	482.65	492.65	498.90	505.56	508.89	512.22	515.55	518.88	525.55	532.21	542.20	551.78	565.11
Anthem Blue Cross	Select PPO	PPO D	398.89	408.24	423.43	435.90	442.13	451.48	460.83	466.67	472.90	476.02	479.13	482.25	485.37	491.60	497.83	507.18	516.14	528.61
Anthem Blue Cross	Prudent Buyer - Small Group	PPO E	433.32	443.47	459.97	473.52	480.29	490.44	500.60	506.95	513.72	517.10	520.49	523.87	527.26	534.03	540.80	550.95	560.69	574.23
Cigna + Oscar	LocalPlus	EPO C	366.15	374.73	388.68	400.12	405.84	414.42	423.00	428.37	434.09	436.95	439.81	442.67	445.53	451.25	456.97	465.55	473.78	485.22
Cigna + Oscar	LocalPlus	EPO D	354.97	363.29	376.81	387.91	393.45	401.77	410.09	415.29	420.84	423.61	426.39	429.16	431.93	437.48	443.03	451.35	459.32	470.41
Cigna + Oscar	LocalPlus	EPO E	362.68	371.18	384.99	396.32	401.99	410.49	418.99	424.30	429.97	432.80	435.64	438.47	441.30	446.97	452.64	461.14	469.28	480.62
Health Net	WholeCare	HMO A	327.05	334.71	347.17	357.39	362.50	370.16	377.83	382.62	387.73	390.28	392.84	395.39	397.95	403.06	408.17	415.84	423.18	433.40
Health Net	WholeCare	HMO B	320.53	328.05	340.25	350.27	355.28	362.79	370.30	375.00	380.01	382.51	385.02	387.52	390.02	395.03	400.04	407.55	414.75	424.77
Health Net	WholeCare	HMO C	324.43	332.03	344.39	354.53	359.60	367.20	374.81	379.56	384.63	387.16	389.70	392.23	394.77	399.84	404.90	412.51	419.80	429.93
Health Net	Salud HMO y Mas	HMO D	296.35	303.29	314.58	323.84	328.47	335.42	342.36	346.71	351.34	353.65	355.97	358.28	360.60	365.23	369.86	376.80	383.46	392.72
Health Net	Full	HMO E	368.91	377.55	391.60	403.13	408.90	417.54	426.19	431.59	437.36	440.24	443.12	446.00	448.89	454.65	460.41	469.06	477.35	488.88
Health Net	Full	HMO F	349.77	357.97	371.29	382.22	387.69	395.89	404.08	409.21	414.67	417.40	420.14	422.87	425.60	431.07	436.53	444.73	452.59	463.52
Health Net	Full	HMO G	378.87	387.75	402.18	414.02	419.94	428.82	437.70	443.25	449.17	452.13	455.09	458.05	461.01	466.93	472.85	481.73	490.24	502.08
Kaiser Permanente	Full	HMO B	344.84	352.93	366.06	376.84	382.22	390.31	398.39	403.44	408.83	411.52	414.22	416.91	419.60	424.99	430.38	438.46	446.21	456.98
Kaiser Permanente	Full	HMO C	364.81	373.36	387.25	398.65	404.35	412.90	421.45	426.80	432.50	435.35	438.20	441.05	443.90	449.60	455.30	463.85	472.04	483.44
Kaiser Permanente	Full	HMO D	324.69	332.30	344.66	354.81	359.88	367.49	375.10	379.86	384.93	387.47	390.00	392.54	395.08	400.15	405.22	412.83	420.13	430.27
Kaiser Permanente	Full	HMO E	300.01	307.04	318.47	327.85	332.53	339.56	346.60	350.99	355.68	358.02	360.37	362.71	365.05	369.74	374.43	381.46	388.20	397.57
Sharp Health Plan	Performance	HMO A	350.12	358.32	371.66	382.60	388.07	396.27	404.48	409.61	415.08	417.81	420.55	423.28	426.02	431.49	436.96	445.17	453.03	463.97
Sharp Health Plan	Premier	HMO B	335.45	343.31	356.09	366.57	371.81	379.68	387.54	392.45	397.69	400.31	402.94	405.56	408.18	413.42	418.66	426.52	434.06	444.54
Sharp Health Plan	Performance	HMO D	375.55	384.35	398.66	410.39	416.26	425.06	433.87	439.37	445.23	448.17	451.10	454.04	456.97	462.84	468.71	477.51	485.94	497.68
UnitedHealthcare	SignatureValue	HMO A	348.50	356.67	369.94	380.83	386.27	394.44	402.61	407.72	413.16	415.88	418.61	421.33	424.05	429.50	434.94	443.11	450.94	461.83
UnitedHealthcare	Alliance	HMO B	320.70	328.21	340.43	350.45	355.46	362.98	370.49	375.19	380.20	382.71	385.21	387.72	390.22	395.23	400.24	407.76	414.96	424.99
UnitedHealthcare	SignatureValue	HMO F	402.11	411.54	426.85	439.42	445.70	455.13	464.55	470.44	476.73	479.87	483.01	486.15	489.29	495.57	501.86	511.28	520.31	532.88
UnitedHealthcare	Alliance	HMO G	370.03	378.71	392.80	404.36	410.14	418.82	427.49	432.91	438.69	441.58	444.47	447.36	450.25	456.04	461.82	470.49	478.80	490.37
UnitedHealthcare	SignatureValue	HMO H	369.55	378.21	392.29	403.84	409.61	418.27	426.93	432.35	438.12	441.01	443.89	446.78	449.67	455.44	461.22	469.88	478.18	489.73
UnitedHealthcare	Alliance	HMO J	340.07	348.04	360.99	371.62	376.93	384.90	392.87	397.86	403.17	405.83	408.48	411.14	413.80	419.11	424.42	432.39	440.03	450.66
UnitedHealthcare	Harmony	HMO L	292.78	299.64	310.80	319.94	324.52	331.38	338.24	342.53	347.11	349.39	351.68	353.97	356.26	360.83	365.41	372.27	378.84	387.99
UnitedHealthcare	Harmony	HMO M	337.83	345.75	358.61	369.17	374.45	382.37	390.28	395.23	400.51	403.15	405.79	408.43	411.07	416.35	421.62	429.54	437.13	447.69
UnitedHealthcare	Harmony	HMO N	310.47	317.74	329.57	339.27	344.12	351.40	358.67	363.22	368.07	370.50	372.92	375.35	377.77	382.63	387.48	394.75	401.73	411.43
UnitedHealthcare	Alliance	HMO O	315.83	323.23	335.26	345.13	350.07	357.47	364.87	369.50	374.43	376.90	379.37	381.84	384.30	389.24	394.17	401.58	408.67	418.54
UnitedHealthcare	Harmony	HMO P	288.34	295.10	306.08	315.09	319.59	326.35	333.11	337.33	341.84	344.09	346.34	348.60	350.85	355.35	359.86	366.62	373.09	382.10
UnitedHealthcare	SignatureValue	HMO Q	343.20	351.25	364.32	375.04	380.41	388.45	396.49	401.52	406.88	409.57	412.25	414.93	417.61	422.97	428.33	436.38	444.09	454.81
Western Health	Full	HMO A	381.85	390.80	405.35	417.28	423.25	432.19	441.14	446.74	452.70	455.69	458.67	461.65	464.64	470.60	476.57	485.52	494.10	506.03
Western Health	Full	HMO B	398.87	408.22	423.41	435.88	442.11	451.46	460.81	466.65	472.88	476.00	479.11	482.23	485.35	491.58	497.81	507.16	516.12	528.58
Western Health	Full	HMO C	363.17	371.68	385.51	396.86	402.53	411.04	419.56	424.88	430.55	433.39	436.22	439.06	441.90	447.57	453.25	461.76	469.92	481.27
Western Health	Full	HMO D	349.13	357.31	370.61	381.52	386.97	395.15	403.34	408.45	413.91	416.63	419.36	422.09	424.82	430.27	435.73	443.91	451.75	462.66

CARRIER	NETWORK	PLAN	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	461.18	476.69	495.18	515.98	539.75	563.18	589.59	615.67	644.39	673.44	704.81	736.17	770.17	804.50	841.15	859.30	895.95	927.64	948.43	974.51	990.36
Anthem Blue Cross	CaliforniaCare HMO	HMO B	515.47	532.81	553.47	576.72	603.28	629.48	659.00	688.15	720.25	752.72	787.77	822.83	860.83	899.20	940.16	960.45	1001.41	1036.83	1060.08	1089.23	1106.94
Anthem Blue Cross	Priority Select HMO	HMO C	415.26	429.23	445.88	464.60	486.00	507.11	530.89	554.37	580.23	606.39	634.63	662.87	693.48	724.40	757.39	773.74	806.74	835.27	854.00	877.48	891.75
Anthem Blue Cross	Advantage PPO	PPO A	597.52	617.63	641.58	668.53	699.32	729.69	763.91	797.70	834.91	872.55	913.18	953.82	997.87	1042.35	1089.83	1113.36	1160.83	1201.89	1228.84	1262.63	1283.16
Anthem Blue Cross	Select PPO	PPO B	559.47	578.29	600.72	625.95	654.78	683.22	715.26	746.90	781.74	816.98	855.02	893.07	934.32	975.97	1020.42	1042.45	1086.90	1125.35	1150.58	1182.22	1201.44
Anthem Blue Cross	Select PPO	PPO C	581.77	601.34	624.66	650.90	680.88	710.45	743.76	776.66	812.89	849.54	889.10	928.66	971.55	1014.86	1061.09	1083.99	1130.22	1170.20	1196.43	1229.33	1249.32
Anthem Blue Cross	Select PPO	PPO D	544.19	562.50	584.31	608.85	636.90	664.56	695.72	726.49	760.38	794.66	831.67	868.67	908.80	949.31	992.55	1013.97	1057.21	1094.61	1119.15	1149.92	1168.62
Anthem Blue Cross	Prudent Buyer - Small Group	PPO E	591.15	611.04	634.74	661.40	691.87	721.91	755.76	789.19	826.01	863.25	903.45	943.65	987.23	1031.24	1078.21	1101.49	1148.46	1189.08	1215.74	1249.17	1269.48
Cigna + Oscar	LocalPlus	EPO C	499.52	516.33	536.35	558.88	584.62	610.01	638.62	666.87	697.97	729.44	763.41	797.38	834.21	871.39	911.08	930.75	970.44	1004.77	1027.29	1055.54	1072.71
Cigna + Oscar	LocalPlus	EPO D	484.28	500.57	519.98	541.82	566.78	591.39	619.13	646.51	676.67	707.18	740.11	773.04	808.75	844.80	883.28	902.34	940.82	974.10	995.94	1023.33	1039.97
Cigna + Oscar	LocalPlus	EPO E	494.78	511.43	531.26	553.58	579.08	604.23	632.56	660.54	691.35	722.52	756.17	789.81	826.29	863.13	902.44	921.92	961.24	995.24	1017.55	1045.53	1062.53
Health Net	WholeCare	HMO A	446.18	461.19	479.07	499.19	522.19	544.87	570.42	595.65	623.43	651.54	681.88	712.22	745.12	778.33	813.79	831.35	866.80	897.46	917.58	942.82	958.14
Health Net	WholeCare	HMO B	437.29	452.00	469.53	489.25	511.79	534.01	559.05	583.78	611.02	638.56	668.30	698.04	730.28	762.83	797.58	814.79	849.54	879.59	899.31	924.04	939.06
Health Net	WholeCare	HMO C	442.61	457.50	475.24	495.20	518.01	540.51	565.85	590.88	618.45	646.33	676.42	706.52	739.16	772.11	807.27	824.70	859.87	890.28	910.24	935.27	950.49
Health Net	Salud HMO y Mas	HMO D	404.30	417.90	434.11	452.34	473.17	493.72	516.87	539.74	564.92	590.38	617.88	645.37	675.18	705.28	737.40	753.32	785.44	813.22	831.46	854.32	868.20
Health Net	Full	HMO E	503.29	520.22	540.39	563.09	589.03	614.61	643.43	671.89	703.23	734.93	769.16	803.38	840.49	877.96	917.95	937.76	977.75	1012.34	1035.03	1063.49	1080.78
Health Net	Full	HMO F	477.18	493.23	512.36	533.88	558.48	582.73	610.05	637.04	666.75	696.81	729.26	761.71	796.89	832.42	870.33	889.12	927.03	959.83	981.34	1008.33	1024.71
Health Net	Full	HMO G	516.88	534.27	554.99	578.30	604.93	631.20	660.80	690.03	722.22	754.78	789.93	825.08	863.19	901.67	942.74	963.09	1004.15	1039.67	1062.98	1092.21	1109.97
Kaiser Permanente	Full	HMO B	470.46	486.28	505.14	526.36	550.60	574.51	601.46	628.06	657.36	686.99	718.98	750.98	785.66	820.69	858.07	876.59	913.97	946.30	967.51	994.12	1010.28
Kaiser Permanente	Full	HMO C	497.69	514.43	534.38	556.83	582.48	607.77	636.27	664.42	695.41	726.76	760.61	794.45	831.15	868.20	907.74	927.34	966.88	1001.08	1023.52	1051.67	1068.78
Kaiser Permanente	Full	HMO D	442.96	457.86	475.61	495.59	518.42	540.93	566.30	591.35	618.93	646.84	676.96	707.08	739.74	772.71	807.91	825.35	860.54	890.98	910.96	936.01	951.24
Kaiser Permanente	Full	HMO E	409.29	423.06	439.47	457.93	479.02	499.83	523.26	546.41	571.90	597.68	625.51	653.35	683.52	713.99	746.51	762.63	795.15	823.28	841.73	864.88	878.94
Sharp Health Plan	Performance	HMO A	477.65	493.72	512.87	534.41	559.02	583.30	610.65	637.66	667.41	697.50	729.98	762.46	797.68	833.23	871.19	889.99	927.94	960.77	982.31	1009.32	1025.73
Sharp Health Plan	Premier	HMO B	457.64	473.04	491.39	512.02	535.61	558.87	585.08	610.96	639.46	668.28	699.40	730.53	764.27	798.34	834.70	852.72	889.08	920.53	941.17	967.05	982.77
Sharp Health Plan	Performance	HMO D	512.35	529.59	550.13	573.23	599.64	625.68	655.02	683.99	715.90	748.17	783.01	817.85	855.63	893.77	934.48	954.65	995.36	1030.57	1053.67	1082.65	1100.25
UnitedHealthcare	SignatureValue	HMO A	475.44	491.44	510.50	531.94	556.44	580.60	607.83	634.72	664.32	694.27	726.60	758.94	793.99	829.38	867.16	885.88	923.66	956.33	977.77	1004.65	1020.99
UnitedHealthcare	Alliance	HMO B	437.51	452.23	469.77	489.50	512.05	534.29	559.34	584.08	611.33	638.89	668.64	698.39	730.65	763.22	797.98	815.21	849.97	880.04	899.77	924.51	939.54
UnitedHealthcare	SignatureValue	HMO F	548.59	567.04	589.04	613.77	642.05	669.93	701.34	732.37	766.53	801.09	838.39	875.70	916.15	956.99	1000.57	1022.17	1065.76	1103.46	1128.20	1159.22	1178.07
UnitedHealthcare	Alliance	HMO G	504.82	521.80	542.04	564.81	590.82	616.48	645.39	673.94	705.37	737.17	771.50	805.83	843.05	880.63	920.75	940.62	980.73	1015.42	1038.19	1066.73	1084.08
UnitedHealthcare	SignatureValue	HMO H	504.16	521.13	541.34	564.07	590.06	615.68	644.55	673.06	704.46	736.22	770.50	804.78	841.96	879.49	919.55	939.40	979.46	1014.10	1036.84	1065.35	1082.67
UnitedHealthcare	Alliance	HMO J	463.94	479.55	498.15	519.07	542.98	566.56	593.13	619.37	648.26	677.48	709.03	740.58	774.79	809.33	846.19	864.46	901.32	933.20	954.12	980.36	996.30
UnitedHealthcare	Harmony	HMO L	399.43	412.87	428.88	446.89	467.48	487.78	510.65	533.24	558.12	583.28	610.44	637.60	667.05	696.79	728.52	744.25	775.99	803.44	821.45	844.04	857.76
UnitedHealthcare	Harmony	HMO M	460.88	476.39	494.87	515.65	539.40	562.83	589.22	615.28	643.98	673.02	704.36	735.70	769.68	803.99	840.61	858.76	895.38	927.05	947.83	973.89	989.73
UnitedHealthcare	Harmony	HMO N	423.56	437.81	454.79	473.89	495.72	517.24	541.50	565.45	591.83	618.51	647.31	676.11	707.34	738.87	772.53	789.20	822.86	851.96	871.06	895.02	909.57
UnitedHealthcare	Alliance	HMO O	430.88	445.37	462.65	482.08	504.28	526.18	550.86	575.22	602.06	629.20	658.50	687.80	719.57	751.64	785.88	802.84	837.08	866.69	886.12	910.49	925.29
UnitedHealthcare	Harmony	HMO P	393.37	406.60	422.37	440.11	460.38	480.38	502.90	525.15	549.64	574.42	601.17	627.92	656.93	686.21	717.47	732.95	764.21	791.24	808.98	831.22	844.74
UnitedHealthcare	SignatureValue	HMO Q	468.22	483.97	502.74	523.86	547.99	571.78	598.60	625.07	654.23	683.73	715.57	747.41	781.93	816.78	853.99	872.42	909.62	941.80	962.91	989.39	1005.48
Western Health	Full	HMO A	520.95	538.47	559.35	582.85	609.70	636.17	666.01	695.46	727.91	760.72	796.15	831.57	869.98	908.77	950.16	970.67	1012.06	1047.86	1071.35	1100.81	1118.71
Western Health	Full	HMO B	544.16	562.47	584.29	608.83	636.87	664.53	695.69	726.46	760.35	794.63	831.63	868.64	908.76	949.27	992.51	1013.93	1057.17	1094.56	1119.10	1149.87	1168.57
Western Health	Full	HMO C	495.45	512.12	531.98	554.32	579.86	605.04	633.41	661.43	692.29	723.49	757.19	790.88	827.41	864.29	903.66	923.17	962.53	996.58	1018.92	1046.94	1063.96
Western Health	Full	HMO D	476.30	492.32	511.42	532.90	557.44	581.65	608.93	635.86	665.52	695.53	727.92	760.31	795.42	830.88	868.73	887.48	925.32	958.05	979.53	1006.47	1022.83

Platinum

CARRIER	NETWORK	PLAN	0-14	15	16	17	18	19	20	21	22	23	24	25
Anthem Blue Cross	Select HMO	HMO A	288.61	314.27	324.07	333.88	344.45	355.01	365.95	377.27	377.27	377.27	377.27	378.78
Cigna + Oscar	LocalPlus	EPO C	324.04	352.84	363.85	374.86	386.73	398.59	410.87	423.58	423.58	423.58	423.58	425.27
Cigna + Oscar	LocalPlus	EPO D	317.73	345.97	356.77	367.57	379.20	390.83	402.87	415.33	415.33	415.33	415.33	416.99
Cigna + Oscar	LocalPlus	EPO E	308.37	335.78	346.26	356.75	368.03	379.32	391.01	403.10	403.10	403.10	403.10	404.71
Health Net	WholeCare	HMO C	246.78	268.72	277.11	285.49	294.53	303.56	312.92	322.59	322.59	322.59	322.59	323.88
Health Net	Salud HMO y Mas	HMO D	224.52	244.48	252.11	259.74	267.96	276.18	284.69	293.49	293.49	293.49	293.49	294.67
Health Net	Full	HMO E	286.34	311.80	321.53	331.26	341.74	352.22	363.08	374.30	374.30	374.30	374.30	375.80
Health Net	WholeCare	HMO F	254.01	276.59	285.23	293.86	303.16	312.45	322.08	332.04	332.04	332.04	332.04	333.37
Health Net	Salud HMO y Mas	HMO G	232.03	252.65	260.54	268.42	276.92	285.41	294.20	303.30	303.30	303.30	303.30	304.52
Health Net	Full	HMO H	294.73	320.93	330.95	340.96	351.75	362.54	373.71	385.27	385.27	385.27	385.27	386.81
Kaiser Permanente	Full	HMO A	305.37	331.27	341.18	351.08	361.75	358.42	369.47	380.89	380.89	380.89	380.89	382.42
Kaiser Permanente	Full	HMO B	300.09	325.52	335.24	344.97	355.44	351.92	362.77	373.99	373.99	373.99	373.99	375.48
Sharp Health Plan	Premier	HMO A	282.65	307.78	317.38	326.99	337.34	347.68	358.40	369.48	369.48	369.48	369.48	370.96
Sharp Health Plan	Performance	HMO B	304.58	331.66	342.01	352.36	363.51	374.66	386.21	398.15	398.15	398.15	398.15	399.74
Sharp Health Plan	Premier	HMO C	278.68	303.45	312.93	322.40	332.60	342.80	353.36	364.29	364.29	364.29	364.29	365.75
UnitedHealthcare	SignatureValue	HMO A	316.66	344.80	355.57	366.33	377.92	389.51	401.51	413.93	413.93	413.93	413.93	415.59
UnitedHealthcare	Alliance	HMO C	291.40	317.30	327.20	337.11	347.77	358.44	369.48	380.91	380.91	380.91	380.91	382.43
UnitedHealthcare	SignatureValue	HMO E	342.90	373.38	385.03	396.68	409.23	421.78	434.78	448.23	448.23	448.23	448.23	450.02
UnitedHealthcare	Alliance	HMO G	315.54	343.59	354.31	365.04	376.59	388.13	400.10	412.47	412.47	412.47	412.47	414.12
UnitedHealthcare	Harmony	HMO H	266.03	289.68	298.72	307.76	317.50	327.23	337.32	347.75	347.75	347.75	347.75	349.14
UnitedHealthcare	Harmony	HMO I	288.08	313.68	323.47	333.26	343.81	354.35	365.27	376.57	376.57	376.57	376.57	378.08
UnitedHealthcare	Alliance	HMO J	286.68	312.16	321.90	331.64	342.14	352.63	363.50	374.74	374.74	374.74	374.74	376.24
UnitedHealthcare	Harmony	HMO K	261.72	284.99	293.88	302.78	312.36	321.93	331.86	342.12	342.12	342.12	342.12	343.49
UnitedHealthcare	SignatureValue	HMO L	311.53	339.22	349.81	360.40	371.80	383.20	395.01	407.23	407.23	407.23	407.23	408.86
Western Health	Full	HMO A	324.22	353.04	364.06	375.08	386.94	398.81	411.10	423.82	423.82	423.82	423.82	425.51
Western Health	Full	HMO B	331.85	361.35	372.63	383.91	396.05	408.20	420.78	433.79	433.79	433.79	433.79	435.53
Western Health	Full	HMO C	320.56	349.06	359.95	370.85	382.58	394.31	406.46	419.03	419.03	419.03	419.03	420.71

CARRIER	NETWORK	PLAN	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43
Anthem Blue Cross	Select HMO	HMO A	386.32	395.38	410.09	422.17	428.20	437.26	446.31	451.97	458.01	461.02	464.04	467.06	470.08	476.11	482.15	491.21	499.88	511.96
Cigna + Oscar	LocalPlus	EPO C	433.74	443.91	460.43	473.98	480.76	490.92	501.09	507.44	514.22	517.61	521.00	524.39	527.78	534.55	541.33	551.50	561.24	574.79
Cigna + Oscar	LocalPlus	EPO D	425.30	435.27	451.47	464.76	471.40	481.37	491.34	497.57	504.21	507.54	510.86	514.18	517.50	524.15	530.79	540.76	550.32	563.61
Cigna + Oscar	LocalPlus	EPO E	412.78	422.45	438.17	451.07	457.52	467.20	476.87	482.92	489.37	492.59	495.82	499.04	502.27	508.71	515.16	524.84	534.11	547.01
Health Net	WholeCare	HMO C	330.34	338.08	350.66	360.98	366.14	373.89	381.63	386.47	391.63	394.21	396.79	399.37	401.95	407.11	412.27	420.02	427.44	437.76
Health Net	Salud HMO y Mas	HMO D	300.54	307.58	319.03	328.42	333.11	340.16	347.20	351.60	356.30	358.65	361.00	363.34	365.69	370.39	375.08	382.13	388.88	398.27
Health Net	Full	HMO E	383.29	392.27	406.87	418.85	424.84	433.82	442.80	448.42	454.41	457.40	460.39	463.39	466.38	472.37	478.36	487.34	495.95	507.93
Health Net	WholeCare	HMO F	340.01	347.98	360.93	371.56	376.87	384.84	392.81	397.79	403.10	405.76	408.41	411.07	413.73	419.04	424.35	432.32	439.96	450.58
Health Net	Salud HMO y Mas	HMO G	310.58	317.86	329.69	339.40	344.25	351.53	358.81	363.36	368.21	370.64	373.06	375.49	377.92	382.77	387.62	394.90	401.88	411.58
Health Net	Full	HMO H	394.52	403.76	418.79	431.12	437.28	446.53	455.78	461.55	467.72	470.80	473.88	476.97	480.05	486.21	492.38	501.62	510.48	522.81
Kaiser Permanente	Full	HMO A	390.04	399.18	414.03	426.22	432.31	441.46	450.60	456.31	462.41	465.45	468.50	471.55	474.59	480.69	486.78	495.92	504.68	516.87
Kaiser Permanente	Full	HMO B	382.96	391.94	406.52	418.49	424.47	433.45	442.43	448.04	454.02	457.01	460.00	462.99	465.99	471.97	477.95	486.93	495.53	507.50
Sharp Health Plan	Premier	HMO A	378.35	387.22	401.62	413.45	419.36	428.23	437.09	442.64	448.55	451.50	454.46	457.42	460.37	466.28	472.20	481.06	489.56	501.38
Sharp Health Plan	Performance	HMO B	407.71	417.26	432.79	445.53	451.90	461.46	471.01	476.98	483.35	486.54	489.72	492.91	496.09	502.47	508.84	518.39	527.55	540.29
Sharp Health Plan	Premier	HMO C	373.03	381.78	395.98	407.64	413.47	422.21	430.96	436.42	442.25	445.16	448.08	450.99	453.91	459.73	465.56	474.31	482.68	494.34
UnitedHealthcare	SignatureValue	HMO A	423.86	433.80	449.94	463.19	469.81	479.74	489.68	495.89	502.51	505.82	509.13	512.45	515.76	522.38	529.00	538.94	548.46	561.70
UnitedHealthcare	Alliance	HMO C	390.05	399.19	414.05	426.24	432.33	441.47	450.62	456.33	462.42	465.47	468.52	471.57	474.61	480.71	486.80	495.94	504.71	516.89
UnitedHealthcare	SignatureValue	HMO E	458.99	469.75	487.23	501.57	508.74	519.50	530.26	536.98	544.15	547.74	551.32	554.91	558.49	565.67	572.84	583.60	593.90	608.25
UnitedHealthcare	Alliance	HMO G	422.37	432.27	448.35	461.55	468.15	478.05	487.95	494.14	500.74	504.04	507.34	510.64	513.94	520.54	527.14	537.04	546.52	559.72
UnitedHealthcare	Harmony	HMO H	356.10	364.44	378.00	389.13	394.70	403.04	411.39	416.60	422.17	424.95	427.73	430.51	433.30	438.86	444.42	452.77	460.77	471.90
UnitedHealthcare	Harmony	HMO I	385.61	394.65	409.33	421.38	427.41	436.44	445.48	451.13	457.16	460.17	463.18	466.19	469.21	475.23	481.26	490.29	498.96	511.01
UnitedHealthcare	Alliance	HMO J	383.73	392.73	407.34	419.33	425.33	434.32	443.32	448.94	454.93	457.93	460.93	463.93	466.93	472.92	478.92	487.91	496.53	508.52
UnitedHealthcare	Harmony	HMO K	350.33	358.54	371.88	382.83	388.31	396.52	404.73	409.86	415.33	418.07	420.81	423.54	426.28	431.76	437.23	445.44	453.31	464.26
UnitedHealthcare	SignatureValue	HMO L	417.00	426.78	442.66	455.69	462.21	471.98	481.75	487.86	494.38	497.64	500.89	504.15	507.41	513.92	520.44	530.21	539.58	552.61
Western Health	Full	HMO A	433.99	444.16	460.69	474.25	481.03	491.20	501.37	507.73	514.51	517.90	521.29	524.68	528.07	534.86	541.64	551.81	561.56	575.12
Western Health	Full	HMO B	444.21	454.62	471.54	485.42	492.36	502.77	513.18	519.69	526.63	530.10	533.57	537.04	540.51	547.45	554.39	564.80	574.78	588.66
Western Health	Full	HMO C	429.09	439.15	455.49	468.90	475.60	485.66	495.72	502.00	508.71	512.06	515.41	518.76	522.12	528.82	535.53	545.58	555.22	568.63

CARRIER	NETWORK	PLAN	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	527.05	544.78	565.91	589.67	616.84	643.62	673.80	703.61	736.43	769.63	805.47	841.31	880.17	919.41	961.28	982.03	1023.91	1060.13	1083.90	1113.70	1131.81
Cigna + Oscar	LocalPlus	EPO C	591.74	611.64	635.36	662.05	692.55	722.62	756.51	789.97	826.82	864.10	904.34	944.57	988.20	1032.26	1079.27	1102.57	1149.59	1190.25	1216.93	1250.40	1270.73
Cigna + Oscar	LocalPlus	EPO D	580.22	599.74	623.00	649.16	679.07	708.56	741.78	774.60	810.73	847.28	886.73	926.19	968.97	1012.17	1058.27	1081.11	1127.21	1167.08	1193.25	1226.06	1246.00
Cigna + Oscar	LocalPlus	EPO E	563.13	582.08	604.65	630.05	659.07	687.69	719.94	751.79	786.86	822.33	860.62	898.92	940.44	982.36	1027.10	1049.27	1094.02	1132.72	1158.11	1189.96	1209.31
Health Net	WholeCare	HMO C	450.66	465.82	483.89	504.21	527.44	550.34	576.15	601.64	629.70	658.09	688.74	719.38	752.61	786.16	821.97	839.71	875.52	906.49	926.81	952.29	967.77
Health Net	Salud HMO y Mas	HMO D	410.01	423.80	440.24	458.73	479.86	500.70	524.18	547.36	572.90	598.72	626.61	654.49	684.72	715.24	747.82	763.96	796.54	824.71	843.20	866.39	880.47
Health Net	Full	HMO E	522.90	540.50	561.46	585.04	611.99	638.56	668.51	698.08	730.64	763.58	799.14	834.70	873.25	912.18	953.73	974.32	1015.86	1051.80	1075.38	1104.95	1122.90
Health Net	WholeCare	HMO F	463.87	479.47	498.07	518.98	542.89	566.47	593.03	619.26	648.15	677.37	708.91	740.46	774.66	809.19	846.05	864.31	901.17	933.04	953.96	980.19	996.12
Health Net	Salud HMO y Mas	HMO G	423.72	437.97	454.96	474.06	495.90	517.44	541.70	565.66	592.05	618.74	647.55	676.37	707.61	739.15	772.82	789.50	823.17	852.28	871.39	895.35	909.90
Health Net	Full	HMO H	538.22	556.33	577.91	602.18	629.92	657.27	688.09	718.53	752.05	785.95	822.55	859.15	898.84	938.90	981.67	1002.86	1045.62	1082.61	1106.88	1137.32	1155.81
Kaiser Permanente	Full	HMO A	532.11	550.01	571.34	595.34	622.76	649.81	680.28	710.37	743.51	777.02	813.21	849.39	888.63	928.24	970.52	991.47	1033.75	1070.31	1094.31	1124.40	1142.67
Kaiser Permanente	Full	HMO B	522.46	540.04	560.98	584.54	611.47	638.02	667.94	697.48	730.02	762.93	798.46	833.99	872.51	911.40	952.92	973.49	1015.00	1050.90	1074.46	1104.01	1121.97
Sharp Health Plan	Premier	HMO A	516.16	533.53	554.22	577.50	604.10	630.33	659.89	689.08	721.22	753.74	788.84	823.94	862.00	900.42	941.44	961.76	1002.77	1038.24	1061.52	1090.70	1108.44
Sharp Health Plan	Performance	HMO B	556.22	574.93	597.23	622.31	650.98	679.24	711.10	742.55	777.19	812.23	850.05	887.87	928.88	970.29	1014.49	1036.38	1080.58	1118.80	1143.88	1175.34	1194.45
Sharp Health Plan	Premier	HMO C	508.91	526.03	546.44	569.39	595.61	621.48	650.62	679.40	711.09	743.15	777.76	812.37	849.89	887.77	928.21	948.25	988.68	1023.65	1046.61	1075.38	1092.87
UnitedHealthcare	SignatureValue	HMO A	578.26	597.71	620.90	646.97	676.78	706.16	739.28	771.98	807.99	844.42	883.74	923.06	965.70	1008.75	1054.69	1077.46	1123.41	1163.14	1189.22	1221.92	1241.79
UnitedHealthcare	Alliance	HMO C	532.13	550.03	571.37	595.36	622.79	649.83	680.31	710.40	743.54	777.06	813.24	849.43	888.66	928.28	970.56	991.51	1033.79	1070.36	1094.35	1124.45	1142.73
UnitedHealthcare	SignatureValue	HMO E	626.18	647.24	672.35	700.58	732.86	764.68	800.54	835.95	874.94	914.39	956.97	999.55	1045.72	1092.34	1142.09	1166.74	1216.50	1259.53	1287.76	1323.17	1344.69
UnitedHealthcare	Alliance	HMO G	576.22	595.61	618.71	644.69	674.39	703.67	736.67	769.26	805.14	841.44	880.62	919.81	962.29	1005.19	1050.97	1073.66	1119.44	1159.04	1185.03	1217.61	1237.41
UnitedHealthcare	Harmony	HMO H	485.81	502.15	521.63	543.53	568.57	593.26	621.08	648.55	678.81	709.41	742.45	775.48	811.30	847.47	886.07	905.19	943.79	977.18	999.09	1026.56	1043.25
UnitedHealthcare	Harmony	HMO I	526.07	543.77	564.86	588.58	615.69	642.43	672.55	702.30	735.06	768.20	803.98	839.75	878.54	917.70	959.50	980.21	1022.01	1058.16	1081.89	1111.63	1129.71
UnitedHealthcare	Alliance	HMO J	523.51	541.12	562.11	585.72	612.70	639.31	669.29	698.89	731.49	764.47	800.07	835.67	874.27	913.24	954.84	975.45	1017.04	1053.02	1076.63	1106.23	1124.22
UnitedHealthcare	Harmony	HMO K	477.94	494.02	513.18	534.73	559.37	583.66	611.03	638.05	667.82	697.92	730.43	762.93	798.17	833.75	871.72	890.54	928.51	961.36	982.91	1009.94	1026.36
UnitedHealthcare	SignatureValue	HMO L	568.90	588.04	610.85	636.50	665.82	694.73	727.31	759.48	794.91	830.75	869.44	908.12	950.07	992.42	1037.62	1060.02	1105.22	1144.32	1169.97	1202.14	1221.69
Western Health	Full	HMO A	592.07	611.99	635.72	662.42	692.94	723.03	756.93	790.42	827.29	864.58	904.85	945.11	988.76	1032.84	1079.88	1103.19	1150.24	1190.92	1217.62	1251.10	1271.45
Western Health	Full	HMO B	606.01	626.40	650.69	678.02	709.25	740.05	774.76	809.03	846.77	884.94	926.15	967.36	1012.04	1057.16	1105.31	1129.17	1177.32	1218.96	1246.29	1280.56	1301.38
Western Health	Full	HMO C	585.39	605.09	628.55	654.95	685.12	714.87	748.39	781.50	817.95	854.83	894.64	934.45	977.61	1021.19	1067.70	1090.75	1137.26	1177.49	1203.88	1236.99	1257.10

Health Care Service Plan rates will vary by county

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USE EMPLOYER ZIP CODE FOR RATING

AREA 16

04/01/22 - 06/01/22

Bronze		AGE -->	0-14	15	16	17	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	Prudent Buyer - Small Group	PPO A	291.42	317.32	327.23	337.13	347.80	358.46	369.51	380.94	380.94	380.94	380.94	382.46	390.08	399.23	414.08	426.27	432.37	441.51	450.65	456.37	462.46	465.51	468.56	471.60	474.65	480.75	486.84	495.98	504.75	516.94	532.17	550.08	571.41	595.41	622.84	649.88	680.36	710.45	743.59	777.12	813.31	849.50	888.73	928.35	970.64	991.59	1033.87	1070.44	1094.44	1124.53	1142.82
Anthem Blue Cross	Select PPO	PPO B	291.42	317.32	327.23	337.13	347.80	358.46	369.51	380.94	380.94	380.94	380.94	382.46	390.08	399.23	414.08	426.27	432.37	441.51	450.65	456.37	462.46	465.51	468.56	471.60	474.65	480.75	486.84	495.98	504.75	516.94	532.17	550.08	571.41	595.41	622.84	649.88	680.36	710.45	743.59	777.12	813.31	849.50	888.73	928.35	970.64	991.59	1033.87	1070.44	1094.44	1124.53	1142.82
Anthem Blue Cross	Prudent Buyer - Small Group	EPO A	294.37	320.54	330.54	340.55	351.32	362.10	373.26	384.80	384.80	384.80	384.80	386.34	394.04	403.27	418.28	430.59	436.75	445.98	455.22	460.99	467.15	470.23	473.30	476.38	479.46	485.62	491.77	501.01	509.86	522.17	537.57	555.65	577.20	601.44	629.15	656.47	687.25	717.65	751.13	784.99	821.55	858.10	897.74	937.76	980.47	1001.63	1044.35	1081.29	1105.53	1135.93	1154.40
Cigna + Oscar	LocalPlus	EPO C	212.34	231.22	238.44	245.65	253.42	261.20	269.25	277.57	277.57	277.57	277.57	278.68	284.23	290.90	301.72	310.60	315.05	321.71	328.37	332.53	336.97	339.19	341.41	343.64	345.86	350.30	354.74	361.40	367.78	376.67	387.77	400.82	416.36	433.85	453.83	473.54	495.75	517.67	541.82	566.25	592.62	618.99	647.58	676.45	707.26	722.52	753.33	779.98	797.47	819.40	832.72
Cigna + Oscar	LocalPlus	EPO D	205.28	223.53	230.51	237.48	245.00	252.51	260.29	268.34	268.34	268.34	268.34	269.41	274.78	281.22	291.69	300.27	304.57	311.01	317.45	321.47	325.77	327.91	330.06	332.21	334.35	338.65	342.94	349.38	355.55	364.14	374.87	387.49	402.51	419.42	438.74	457.79	479.26	500.46	523.80	547.42	572.91	598.40	626.04	653.95	683.73	698.49	728.28	754.04	770.94	792.14	805.02
Health Net	CommunityCare	HMO A	200.30	218.10	224.91	231.72	239.05	246.38	253.97	261.83	261.83	261.83	261.83	262.88	268.11	274.40	284.61	292.99	297.18	303.46	309.74	313.67	317.86	319.95	322.05	324.14	326.24	330.43	334.62	340.90	346.92	355.30	365.77	378.08	392.74	409.24	428.09	446.68	467.63	488.31	511.09	534.13	559.00	583.88	610.85	638.08	667.14	681.54	710.60	735.74	752.23	772.92	785.49
Kaiser Permanente	Full	HMO A	208.81	226.12	232.74	239.37	246.50	239.64	247.02	254.66	254.66	254.66	254.66	255.68	260.77	266.89	276.82	284.97	289.04	295.15	301.26	305.08	309.16	311.20	313.23	315.27	317.31	321.38	325.46	331.57	337.43	345.58	355.76	367.73	381.99	398.04	416.37	434.45	454.83	474.94	497.10	519.51	543.70	567.90	594.13	620.61	648.88	662.88	691.15	715.60	731.64	751.76	763.98
Kaiser Permanente	Full	HMO B	205.08	222.07	228.56	235.06	242.05	235.06	242.30	249.79	249.79	249.79	249.79	250.79	255.79	261.78	271.53	279.52	283.52	289.51	295.51	299.25	303.25	305.25	307.25	309.25	311.24	315.24	319.24	325.23	330.98	338.97	348.96	360.70	374.69	390.43	408.41	426.15	446.13	465.87	487.60	509.58	533.31	557.04	582.77	608.75	636.48	650.21	677.94	701.92	717.66	737.39	749.37
Kaiser Permanente	Full	HMO C	197.27	213.56	219.79	226.02	232.73	225.45	232.40	239.58	239.58	239.58	239.58	240.54	245.33	251.08	260.43	268.09	271.93	277.68	283.43	287.02	290.85	292.77	294.69	296.60	298.52	302.35	306.19	311.94	317.45	325.11	334.70	345.96	359.38	374.47	391.72	408.73	427.90	446.82	467.67	488.75	511.51	534.27	558.95	583.86	610.46	623.64	650.23	673.23	688.32	707.25	718.74
Sharp Health Plan	Premier	HMO A	181.79	197.95	204.12	210.30	216.96	223.61	230.50	237.63	237.63	237.63	237.63	238.58	243.33	249.04	258.30	265.91	269.71	275.41	281.12	284.68	288.48	290.38	292.28	294.19	296.09	299.89	303.69	309.39	314.86	322.46	331.97	343.14	356.45	371.42	388.53	405.40	424.41	443.18	463.85	484.77	507.34	529.91	554.39	579.10	605.48	618.55	644.93	667.74	682.71	701.48	712.89
Sharp Health Plan	Performance	HMO B	200.32	218.13	224.94	231.75	239.08	246.41	254.00	261.86	261.86	261.86	261.86	262.91	268.14	274.43	284.64	293.02	297.21	303.50	309.78	313.71	317.90	319.99	322.09	324.18	326.28	330.47	334.66	340.94	346.96	355.34	365.82	378.13	392.79	409.29	428.14	446.73	467.68	488.37	511.15	534.19	559.07	583.95	610.92	638.15	667.22	681.62	710.69	735.83	752.32	773.01	785.58
Western Health	Full	HMO B	223.32	243.17	250.76	258.35	266.53	274.70	283.17	291.93	291.93	291.93	291.93	293.09	298.93	305.94	317.32	326.67	331.34	338.34	345.35	349.73	354.40	356.73	359.07	361.40	363.74	368.41	373.08	380.09	386.80	396.14	407.82	421.54	437.89	456.28	477.30	498.03	521.38	544.44	569.84	595.53	623.26	651.00	681.06	711.42	743.83	759.88	792.29	820.31	838.70	861.77	875.78
Western Health	Full	HMO C	229.09	249.46	257.24	265.03	273.41	281.80	290.48	299.47	299.47	299.47	299.47	300.67	306.66	313.84	325.52	335.11	339.90	347.08	354.27	358.76	363.55	365.95	368.35	370.74	373.14	377.93	382.72	389.91	396.80	406.38	418.36	432.43	449.20	468.07	489.63	510.89	534.85	558.51	584.56	610.92	639.37	667.81	698.66	729.80	763.05	779.52	812.76	841.51	860.37	884.03	898.41

Silver		AGE -->	0-14	15	16	17	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	231.55	252.13	260.00	267.87	276.35	284.82	293.60	302.68	302.68	302.68	302.68	303.89	309.94	317.21	329.01	338.70	343.54	350.81	358.07	362.61	367.45	369.87	372.30	374.72	377.14	381.98	386.83	394.09	401.05	410.74	422.84	437.07	454.02	473.09	494.88	516.37	540.59	564.50	590.83	617.47	646.22	674.98	706.15	737.63	771.23	787.88	821.47	850.53	869.60	893.51	908.04
Anthem Blue Cross	CaliforniaCare HMO	HMO B	267.94	291.76	300.86	309.97	319.78	329.59	339.74	350.25	350.25	350.25	350.25	351.65	358.66	367.06	380.72	391.93	397.53	405.94	414.35	419.60	425.20	428.01	430.81	433.61	436.41	442.02	447.62	456.03	464.08	475.29	489.30	505.76	525.38	547.44	572.66	597.53	625.55	653.22	683.69	714.51	747.78	781.06	817.13	853.56	892.44	911.70	950.58	984.20	1006.27	1033.94	1050.75
Anthem Blue Cross	Priority Select HMO	HMO C	212.59	231.49	238.72	245.94	253.72	261.50	269.56	277.90	277.90	277.90	277.90	279.01	284.57	291.24	302.08	310.97	315.42	322.09	328.76	332.92	337.37	339.59	341.82	344.04	346.26	350.71	355.16	361.83	368.22	377.11	388.23	401.29	416.85	434.36	454.37	474.10	496.33	518.28	542.46	566.92	593.32	619.72	648.34	677.24	708.09	723.37	754.22	780.90	798.41	820.36	833.70
Anthem Blue Cross	Advantage PPO	PPO A	325.97	354.94	366.02	377.10	389.03	400.96	413.32	426.10	426.10	426.10	426.10	427.80	436.33	446.55	463.17	476.81	483.62	493.85	504.08	510.47	517.29	520.69	524.10	527.51	530.92	537.74	544.56	554.78	564.58	578.22	595.26	615.29	639.15	665.99	696.67	726.93	761.01	794.68	831.75	869.24	909.72	950.20	994.09	1038.41	1085.70	1109.14	1156.44	1197.34	1224.19	1257.85	1278.30
Anthem Blue Cross	Select PPO	PPO B	322.49	351.16	362.12	373.08	384.88	396.69	408.91	421.56	421.56	421.56	421.56	423.25	431.68	441.79	458.24	471.73	478.47	488.59	498.71	505.03	511.77	515.15	518.52	521.89	525.26	532.01	538.75	548.87	558.57	572.06	588.92	608.73	632.34	658.90	689.25	719.18	752.91	786.21	822.89	859.98	900.03	940.08	983.50	1027.34	1074.13	1097.32	1144.11	1184.58	1211.14	1244.45	1264.68
Anthem Blue Cross	Prudent Buyer - Small Group	PPO C	322.49	351.16	362.12	373.08	384.88	396.69	408.91	421.56	421.56	421.56	421.56	423.25	431.68	441.79	458.24	471.73	478.47	488.59	498.71	505.03	511.77	515.15	518.52	521.89	525.26	532.01	538.75	548.87	558.57	572.06	588.92	608.73	632.34	658.90	689.25	719.18	752.91	786.21	822.89	859.98	900.03	940.08	983.50	1027.34	1074.13	1097.32	1144.11	1184.58	1211.14	1244.45	1264.68
Anthem Blue Cross	Prudent Buyer - Small Group	EPO A	315.03	343.04	353.74	364.45	375.98	387.51	399.46	411.81	411.81	411.81	411.81	413.46	421.69	431.58	447.64	460.82	467.40	477.29	487.17	493.35	499.94	503.23	506.53	509.82	513.12	519.70	526.29	536.18	545.65	558.83	575.30	594.65	617.72	643.66	673.31	702.55	735.49	768.03	803.85	840.89	879.21	918.34	960.75	1003.58	1049.29	1071.94	1117.65	1157.19	1183.13	1215.66	1235.43
Anthem Blue Cross	Prudent Buyer - Small Group	EPO B	315.13	343.15	353.86	364.57	376.10	387.64	399.58	411.94	411.94	411.94	411.94	413.59	421.83	431.71	447.78	460.96	467.55	477.44	487.33	493.50	500.10	503.39	506.69	509.98	513.28	519.87	526.46	536.35	545.82	559.00	575.48	594.84	617.91	643.86	673.52	702.77	735.72	768.27	804.11	840.36	879.49	918.63	961.06	1003.90	1049.62	1072.28	1118.01	1157.55	1183.50	1216.05	1235.82
Cigna + Oscar	LocalPlus	EPO C	272.33	296.54	305.79	315.05	325.01	334.98	345.31	355.99	355.99	355.99	355.99	357.41	364.53	373.07	386.96	398.35	404.04	412.59	421.13	426.47	432.17	435.01	437.86	440.71	443.56	449.25	454.95	463.49	471.68	483.07	497.31	514.04	533.98	556.40	582.04	607.31	635.79	663.91	694.88	726.21	760.03	793.85	830.51	867.54	907.05	926.63	966.14	1000.32	1022.75	1050.87	1067.96
Cigna + Oscar	LocalPlus	EPO D	266.66	290.36	299.43	308.49	318.25	328.01	338.12	348.58	348.58	348.58	348.58	349.97	356.94	365.31	378.90	390.06	395.64	404.00	412.37	417.60	423.17	425.96	428.75	431.54	434.33	439.90	445.48	453.85	461.86	473.02	486.96	503.35	522.87	544.83	569.92	594.67	622.56	650.10	680.42	711.10	744.21	777.33	813.23	849.48	888.18	907.35	946.04	979.50	1001.46	1029.00	1045.73
Cigna + Oscar	LocalPlus	EPO E	259.83	282.93	291.76	300.59	310.10	319.61	329.46	339.65	339.65	339.65	339.65	341.01	347.80	355.95	369.20	380.07	385.50	393.65	401.80	406.90	412.33	415.05	417.77	420.49	423.20	428.64	434.07	442.22	450.03	460.90	474.49	490.45	509.47	530.87	555.33	579.44	606.61	633.44	662.99	692.88	725.15	757.42	792.40	827.72	865.42	884.11	921.81	954.41	975.81	1002.64	1018.95
Health Net	WholeCare	HMO A	222.30	242.06	249.62	257.17	265.31	273.45	281.87	290.59	290.59	290.59	290.59	291.75	297.57	304.54	315.87	325.17	329.82	336.80	343.77	348.13	352.78	355.10	357.43	359.75	362.08	366.73	371.38	378.35	385.03	394.33	405.96	419.61	435.89	454.19	475.12	495.75	519.00	541.95	567.23	592.81	620.41	648.02	677.95	708.17	740.43	756.41	788.67	816.56	834.87	857.83	871.77
Health Net	CommunityCare	HMO C	219.31	238.81	246.26	253.71	261.74	269.77	278.08	286.68	286.68	286.68	286.68	287.83	293.56	300.44	311.62	320.80	325.38	332.26	339.14	343.44	348.03	350.32	352.62	354.91	357.21	361.79	366.38	373.26	379.85	389.03	400.49	413.97	430.02	448.08	468.72	489.08	512.01	534.66	559.60	584.83	612.07	639.30	668.83	698.64	730.46	746.23	778.05	805.58	823.64	846.28	860.04
Kaiser Permanente	Full	HMO A	238.47	258.42	266.05	273.68	281.90	276.12	284.63	293.44	293.44	293.44	293.44	294.61	300.48	307.52	318.96	328.35	333.05	340.09	347.13	351.54	356.23	358.58	360.93	363.27	365.62	370.31	375.01	382.05	388.80	398.19	409.93	423.72	440.15	458.64	479.77	500.60	524.07	547.26	572.79	598.61	626.48	654.36	684.58	715.10	747.67	763.81	796.38	824.55	843.04	866.22	880.32
Kaiser Permanente	Full	HMO B	242.69	263.01	270.79	278.56	286.93	281.31	289.98	298.95	298.95	298.95	298.95	300.14	306.12	313.30	324.96	334.52	339.31	346.48	353.66	358.14	362.92	365.32	367.71	370.10	372.49	377.27	382.06	389.23	396.11	405.67	417.63	431.68	448.42	467.26	488.78	510.01	533.92	557.54	583.55	609.86	638.26	666.66	697.45	728.54	761.72	778.16	811.35	840.05	858.88	882.50	896.85
Kaiser Permanente	Full	HMO C	240.89	261.06	268.78	276.49	284.79	279.11	287.71	296.61	296.61	296.61	296.61	297.79	303.73	310.84	322.41	331.90	336.65	343.77	350.89	355.34	360.08	362.45	364.83	367.20	369.57	374.32	379.06	386.18	393.00	402.50	414.36	428.30	444.91	463.60	484.95	506.01	529.74	553.17	578.98	605.08	633.26	661.43	691.98	722.83	755.75	772.07	804.99	833.47	852.15	875.58	889.83
Kaiser Permanente	Full	HMO D	225.59	244.39	251.59	258.78	266.52	260.28	268.30	276.60	276.60	276.60	276.60	277.70	283.23	289.87	300.66	309.51	313.94	320.57	327.21	331.36	335.79	338.00	340.21	342.43	344.64	349.06	353.49	360.13	366.49	375.34	386.40	399.40	414.89	432.32	452.23	471.87	494.00	515.85	539.92	564.26	590.53	616.81	645.30	674.06	704.77	719.98	750.68	777.23	794.66	816.51	829.80
Kaiser Permanente	Full	HMO E	235.27	254.94	262.47	269.99	278.09	272.19	280.58	289.26	289.26	289.26	289.26	290.42	296.20	303.15	314.43	323.68	328.31	335.25	342.20	346.53	351.16	353.48	355.79	358.10	360.42	365.05	369.68	376.62	383.27	392.53	404.10	417.69	433.89	452.11	472.94	493.48	516.62	539.47	564.64	590.09	617.57	645.05	674.85	704.93	737.04	752.95	785.05	812.82	831.05	853.90	867.78
Sharp Health Plan	Premier	HMO A	203.65	221.75	228.67	235.60	243.05	250.50	258.22	266.21	266.21	266.21	266.21	267.27	272.60	278.99	289.37	297.89	302.15	308.54	314.93	318.92	323.18	325.31	327.44	329.57	331.70	335.96	340.22	346.61	352.73	361.25	371.90	384.41	399.32	416.09	435.25	454.15	475.45	496.48	519.64	543.07	568.36	593.65	621.07	648.75	678.30	692.94	722.49	748.05	764.82	785.85	798.63
Sharp Health Plan	Performance	HMO B	216.16	235.37	242.72	250.07	257.98	265.89	274.08	282.56	282.56	282.56	282.56	283.69	289.34	296.12	307.14	316.18	320.71	327.49	334.27	338.51	343.03	345.29	347.55	349.81	352.07	356.59	361.11	367.89	374.39	383.43	394.74	408.02	423.84	441.64	461.99	482.05	504.65	526.97	551.56	576.42	603.27	630.11	659.21	688.60	719.96	735.50	766.87	793.99	811.79	834.12	847.68
Sharp Health Plan	Premier	HMO C	199.18	216.88	223.65	230.42	237.71	245.00	252.55	260.36	260.36	260.36	260.36	261.40	266.61	272.86	283.01	291.34	295.51	301.76	308.01	311.91	316.08	318.16	320.24	322.33	324.41	328.57	332.74	338.99	344.98	353.31	363.72	375.96	390.54	406.94	425.69	444.17	465.00	485.57	508.22	531.13	555.87	580.60	607.42	634.50	663.40	677.72	706.62	731.61	748.01	768.58	781.08
UnitedHealthcare	SignatureValue	HMO A	253.46	275.99	284.60	293.22	302.50	311.77	321.38	331.32	331.32	331.32	331.32	332.65	339.27	347.22	360.14	370.75	376.05	384.00	391.95	396.92	402.22	404.87	407.52	410.17	412.82	418.13	423.43	431.38	439.00	449.60	462.85	478.43	496.98	517.85	541.71	565.23	591.74	617.91	646.74	675.89	707.37	738.84	772.97	807.43	844.20	862.43	899.20	931.01	951.88	978.06	993.96
UnitedHealthcare	Alliance	HMO E	218.60	238.03	245.46	252.89	260.89	268.89	277.18	285.75	285.75	285.75	285.75	286.89	292.61	299.47	310.61	319.75	324.33	331.18	338.04	342.33	346.90	349.19	351.47	353.76	356.04	360.62	365.19	372.05	378.62	387.76	399.19	412.62	428.63	446.63	467.20	487.49	510.35	532.92	557.78	582.93	610.08	637.22	666.65	696.37	728.09	743.81	775.53	802.96	820.96	843.53	857.25
UnitedHealthcare	Harmony	HMO F	199.57	217.30	224.09	230.87	238.17	245.48	253.04	260.87	260.87	260.87	260.87	261.91	267.13	273.39	283.57	291.91	296.09	302.35	308.61	312.52	316.70	318.78	320.87	322.96	325.04	329.22	333.39	339.65	345.65	354.00	364.44	376.70	391.31	407.74	426.52	445.04	465.91	486.52	509.22	532.17	556.96	581.74	608.61	635.74	664.70	679.04	708.00	733.04	749.48	770.09	782.61
UnitedHealthcare	Harmony	HMO G	176.75	192.46	198.47	204.48	210.95	217.42	224.12	231.05	231.05	231.05	231.05	231.97	236.60	242.14	251.15	258.54	262.24	267.79	273.33	276.80	280.49	282.34	284.19	286.04	287.89	291.59	295.28	300.83	306.14	313.53	322.78	333.64	346.58	361.13	377.77	394.17	412.66	430.91	451.01	471.34	493.29	515.24	539.04	563.07	588.72	601.42	627.07	649.25	663.81	682.06	693.15
Western Health	Full	HMO A	246.14	268.02	276.38	284.73	293.76	302.77	312.10	321.75	321.75	321.75	321.75	323.04	329.47	337.19	349.74	360.04	365.18	372.91	380.63	385.45	390.60	393.18	395.75	398.32	400.90	406.05	411.19	418.92	426.32	436.61	449.48	464.60	482.62	502.89	526.06	548.90	574.64	600.06	628.05	656.37	686.93	717.50	750.64	784.10	819.81	837.51	873.23	904.11	924.38	949.80	965.25
Western Health	Full	HMO B	258.40	281.37	290.15	298.94	308.39	317.85	327.65	337.78	337.78	337.78	337.78	339.13	345.89	353.99	367.17	377.98	383.38	391.49	399.59	404.66	410.06	412.77	415.47	418.17	420.87	426.28	431.68	439.79	447.56	458.37	471.88	487.75	506.67	527.95	552.27	576.25	603.27	629.96	659.35	689.07	721.16	753.25	788.04	823.17	860.66	879.24	916.73	949.16	970.44	997.13	1013.34
Western Health	Full	HMO C	241.30	262.75	270.95	279.16	287.99	296.82	305.97	315.43	315.43	315.43	315.43	316.69	323.00	330.57	342.87	352.97	358.01	365.58	373.15	377.89	382.93	385.46	387.98	390.50	393.03	398.07	403.12	410.69	417.95	428.04	440.66	455.48	473.15	493.02	515.73	538.12	563.36	588.28	615.72	643.48	673.44	703.41	735.90	768.70	803.72	821.07	856.08	886.36	906.23	931.15	946.29

Health Care Service Plan rates will vary by county

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Continued

USE EMPLOYER ZIP CODE FOR RATING

AREA 16 - Continued

04/01/22 - 06/01/22

Gold		AGE -->	0-14	15	16	17	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	283.15	308.32	317.94	327.57	337.93	348.29	359.03	370.13	370.13	370.13	370.13	371.61	379.01	387.90	402.33	414.18	420.10	428.98	437.86	443.42	449.34	452.30	455.26	458.22	461.18	467.10	473.03	481.91	490.42	502.27	517.07	534.47	555.20	578.51	605.16	631.44	661.05	690.29	722.49	755.07	790.23	825.39	863.51	902.01	943.09	963.45	1004.53	1040.07	1063.38	1092.62	1110.39
Anthem Blue Cross	CaliforniaCare HMO	HMO B	327.63	356.76	367.89	379.03	391.02	403.01	415.43	428.28	428.28	428.28	428.28	429.99	438.56	448.84	465.54	479.25	486.10	496.38	506.66	513.08	519.93	523.36	526.78	530.21	533.64	540.49	547.34	557.62	567.47	581.18	598.31	618.44	642.42	669.40	700.24	730.65	764.91	798.74	836.00	873.69	914.38	955.06	999.18	1043.72	1091.26	1114.81	1162.35	1203.47	1230.45	1264.28	1284.84
Anthem Blue Cross	Priority Select HMO	HMO C	259.92	283.03	291.86	300.70	310.21	319.72	329.58	339.77	339.77	339.77	339.77	341.13	347.92	356.08	369.33	380.20	385.64	393.79	401.95	407.04	412.48	415.20	417.92	420.64	423.35	428.79	434.23	442.38	450.20	461.07	474.66	490.63	509.66	531.06	555.52	579.65	606.83	633.67	663.23	693.13	725.41	757.69	792.68	828.02	865.73	884.42	922.14	954.75	976.16	1003.00	1019.31
Anthem Blue Cross	Advantage PPO	PPO A	384.76	418.96	432.03	445.11	459.19	473.28	487.86	502.95	502.95	502.95	502.95	504.96	515.02	527.09	546.71	562.80	570.85	582.92	594.99	602.53	610.58	614.60	618.63	622.65	626.68	634.72	642.77	654.84	666.41	682.50	702.62	726.26	754.43	786.11	822.32	858.03	898.27	938.00	981.76	1026.02	1073.80	1121.58	1173.38	1225.69	1281.52	1309.18	1365.01	1413.29	1444.98	1484.71	1508.85
Anthem Blue Cross	Select PPO	PPO B	366.04	398.58	411.02	423.46	436.86	450.26	464.14	478.49	478.49	478.49	478.49	480.40	489.97	501.46	520.12	535.43	543.09	554.57	566.05	573.23	580.89	584.71	588.54	592.37	596.20	603.85	611.51	622.99	634.00	649.31	668.45	690.94	717.74	747.88	782.33	816.30	854.58	892.38	934.01	976.12	1021.58	1067.03	1116.32	1166.08	1219.19	1245.51	1298.62	1344.56	1374.70	1412.50	1435.47
Anthem Blue Cross	Select PPO	PPO C	380.63	414.46	427.40	440.33	454.26	468.19	482.62	497.55	497.55	497.55	497.55	499.54	509.49	521.43	540.84	556.76	564.72	576.66	588.60	596.06	604.03	608.01	611.99	615.97	619.95	627.91	635.87	647.81	659.25	675.18	695.08	718.46	746.33	777.67	813.49	848.82	888.62	927.93	971.22	1015.00	1062.27	1109.54	1160.78	1212.53	1267.76	1295.12	1350.35	1398.12	1429.46	1468.77	1492.65
Anthem Blue Cross	Select PPO	PPO D	356.04	387.69	399.79	411.89	424.92	437.95	451.45	465.41	465.41	465.41	465.41	467.27	476.58	487.75	505.90	520.79	528.24	539.41	550.58	557.56	565.01	568.73	572.45	576.18	579.90	587.35	594.79	605.96	616.67	631.56	650.18	672.05	698.12	727.44	760.95	793.99	831.22	867.99	908.48	949.44	993.65	1037.86	1085.80	1134.20	1185.86	1211.46	1263.12	1307.80	1337.12	1373.89	1396.23
Anthem Blue Cross	Prudent Buyer - Small Group	PPO E	380.63	414.46	427.40	440.33	454.26	468.19	482.62	497.55	497.55	497.55	497.55	499.54	509.49	521.43	540.84	556.76	564.72	576.66	588.60	596.06	604.03	608.01	611.99	615.97	619.95	627.91	635.87	647.81	659.25	675.18	695.08	718.46	746.33	777.67	813.49	848.82	888.62	927.93	971.22	1015.00	1062.27	1109.54	1160.78	1212.53	1267.76	1295.12	1350.35	1398.12	1429.46	1468.77	1492.65
Cigna + Oscar	LocalPlus	EPO C	301.25	328.03	338.26	348.50	359.53	370.55	381.97	393.79	393.79	393.79	393.79	395.36	403.24	412.69	428.05	440.65	446.95	456.40	465.85	471.76	478.06	481.21	484.36	487.51	490.66	496.96	503.26	512.71	521.77	534.37	550.12	568.63	590.68	615.49	643.84	671.80	703.31	734.42	768.67	803.33	840.74	878.15	918.71	959.66	1003.37	1025.03	1068.74	1106.54	1131.35	1162.46	1181.36
Cigna + Oscar	LocalPlus	EPO D	292.05	318.01	327.94	337.87	348.56	359.25	370.32	381.77	381.77	381.77	381.77	383.30	390.93	400.09	414.98	427.20	433.31	442.47	451.63	457.36	463.47	466.52	469.58	472.63	475.68	481.79	487.90	497.06	505.84	518.06	533.33	551.28	572.65	596.71	624.19	651.30	681.84	712.00	745.21	778.81	815.08	851.35	890.67	930.37	972.75	993.75	1036.12	1072.77	1096.82	1126.98	1145.31
Cigna + Oscar	LocalPlus	EPO E	298.39	324.91	335.06	345.20	356.12	367.04	378.35	390.05	390.05	390.05	390.05	391.61	399.41	408.78	423.99	436.47	442.71	452.07	461.43	467.28	473.52	476.64	479.76	482.89	486.01	492.25	498.49	507.85	516.82	529.30	544.90	563.24	585.08	609.65	637.74	665.43	696.63	727.45	761.38	795.71	832.76	869.82	909.99	950.56	993.85	1015.31	1058.60	1096.05	1120.62	1151.44	1170.16
Health Net	WholeCare	HMO A	255.03	277.70	286.37	295.04	304.37	313.71	323.38	333.38	333.38	333.38	333.38	334.71	341.38	349.38	362.38	373.05	378.38	386.38	394.39	399.39	404.72	407.39	410.05	412.72	415.39	420.72	426.06	434.06	441.73	452.39	465.73	481.40	500.07	521.07	545.07	568.74	595.41	621.75	650.75	680.09	711.76	743.43	777.77	812.44	849.45	867.78	904.79	936.79	957.79	984.13	1000.14
Health Net	WholeCare	HMO B	249.95	272.17	280.67	289.16	298.31	307.46	316.94	326.74	326.74	326.74	326.74	328.04	334.58	342.42	355.16	365.62	370.85	378.69	386.53	391.43	396.66	399.27	401.89	404.50	407.11	412.34	417.57	425.41	432.93	443.38	456.45	471.81	490.11	510.69	534.22	557.41	583.55	609.37	637.79	666.54	697.58	728.62	762.28	796.26	832.53	850.50	886.77	918.13	938.72	964.53	980.22
Health Net	WholeCare	HMO C	252.99	275.48	284.08	292.68	301.94	311.20	320.79	330.71	330.71	330.71	330.71	332.03	338.65	346.58	359.48	370.06	375.36	383.29	391.23	396.19	401.48	404.13	406.77	409.42	412.07	417.36	422.65	430.58	438.19	448.77	462.00	477.55	496.07	516.90	540.71	564.19	590.65	616.77	645.55	674.65	706.07	737.48	771.55	805.94	842.65	860.84	897.55	929.30	950.13	976.26	992.13
Health Net	Salud HMO y Mas	HMO D	247.13	269.10	277.50	285.90	294.94	303.99	313.35	323.05	323.05	323.05	323.05	324.34	330.80	338.55	351.15	361.49	366.66	374.41	382.16	387.01	392.18	394.76	397.35	399.93	402.51	407.68	412.85	420.61	428.04	438.37	451.29	466.48	484.57	504.92	528.18	551.12	576.96	602.48	630.58	659.01	689.70	720.39	753.67	787.26	823.12	840.89	876.75	907.76	928.11	953.63	969.15
Health Net	Full	HMO E	292.80	318.82	328.77	338.73	349.44	360.16	371.26	382.74	382.74	382.74	382.74	384.27	391.93	401.11	416.04	428.29	434.41	443.60	452.78	458.52	464.65	467.71	470.77	473.83	476.90	483.02	489.14	498.33	507.13	519.38	534.69	552.68	574.11	598.22	625.78	652.96	683.58	713.81	747.11	780.79	817.15	853.51	892.94	932.74	975.23	996.28	1038.76	1075.50	1099.62	1129.85	1148.22
Health Net	Full	HMO F	277.61	302.29	311.72	321.16	331.32	341.48	352.00	362.89	362.89	362.89	362.89	364.34	371.60	380.31	394.46	406.07	411.88	420.59	429.30	434.74	440.55	443.45	446.35	449.26	452.16	457.97	463.77	472.48	480.83	492.44	506.96	524.01	544.33	567.19	593.32	619.09	648.12	676.79	708.36	740.29	774.77	809.24	846.62	884.36	924.64	944.60	984.88	1019.72	1042.58	1071.25	1088.67
Health Net	Full	HMO G	300.70	327.43	337.65	347.87	358.88	369.89	381.29	393.08	393.08	393.08	393.08	394.65	402.51	411.95	427.28	439.85	446.14	455.58	465.01	470.91	477.20	480.34	483.49	486.63	489.77	496.06	502.35	511.79	520.83	533.41	549.13	567.60	589.62	614.38	642.68	670.59	702.04	733.09	767.29	801.88	839.22	876.56	917.05	957.93	1001.56	1023.18	1066.81	1104.55	1129.31	1160.36	1179.24
Kaiser Permanente	Full	HMO B	284.49	308.54	317.73	326.93	336.83	332.74	342.99	353.60	353.60	353.60	353.60	355.01	362.09	370.57	384.36	395.68	401.33	409.82	418.31	423.61	429.27	432.10	434.93	437.76	440.58	446.24	451.90	460.39	468.52	479.83	493.98	510.60	530.40	552.68	578.13	603.24	631.53	659.46	690.23	721.34	754.93	788.53	824.95	861.72	900.97	920.42	959.67	993.61	1015.89	1043.82	1060.80
Kaiser Permanente	Full	HMO C	300.15	325.59	335.32	345.04	355.52	352.00	362.85	374.07	374.07	374.07	374.07	375.57	383.05	392.02	406.61	418.58	424.57	433.55	442.52	448.13	454.12	457.11	460.10	463.10	466.09	472.08	478.06	487.04	495.64	507.61	522.57	540.16	561.10	584.67	611.60	638.16	668.09	697.64	730.18	763.10	798.64	834.17	872.70	911.61	953.13	973.70	1015.22	1051.13	1074.70	1104.25	1122.21
Kaiser Permanente	Full	HMO D	268.68	291.32	299.98	308.63	317.95	313.29	322.94	332.93	332.93	332.93	332.93	334.26	340.92	348.91	361.89	372.55	377.88	385.87	393.86	398.85	404.18	406.84	409.50	412.17	414.83	420.16	425.48	433.47	441.13	451.79	465.10	480.75	499.39	520.37	544.34	567.98	594.61	620.91	649.88	679.18	710.81	742.43	776.73	811.35	848.31	866.62	903.57	935.53	956.51	982.81	998.79
Kaiser Permanente	Full	HMO E	249.33	270.25	278.24	286.24	294.86	289.48	298.40	307.63	307.63	307.63	307.63	308.86	315.01	322.40	334.39	344.24	349.16	356.54	363.93	368.54	373.46	375.92	378.38	380.85	383.31	388.23	393.15	400.53	407.61	417.45	429.76	444.22	461.44	480.83	502.97	524.82	549.43	573.73	600.49	627.56	656.79	686.01	717.70	749.69	783.84	800.76	834.91	864.44	883.82	908.12	922.89
Sharp Health Plan	Performance	HMO A	261.56	284.81	293.70	302.59	312.16	321.74	331.65	341.91	341.91	341.91	341.91	343.28	350.12	358.32	371.66	382.60	388.07	396.27	404.48	409.61	415.08	417.81	420.55	423.28	426.02	431.49	436.96	445.17	453.03	463.97	477.65	493.72	512.87	534.41	559.02	583.30	610.65	637.66	667.41	697.50	729.98	762.46	797.68	833.23	871.19	889.99	927.94	960.77	982.31	1009.32	1025.73
Sharp Health Plan	Premier	HMO B	250.61	272.88	281.40	289.92	299.09	308.26	317.76	327.59	327.59	327.59	327.59	328.90	335.45	343.31	356.09	366.57	371.81	379.68	387.54	392.45	397.69	400.31	402.94	405.56	408.18	413.42	418.66	426.52	434.06	444.54	457.64	473.04	491.39	512.02	535.61	558.87	585.08	610.96	639.46	668.28	699.40	730.53	764.27	798.34	834.70	852.72	889.08	920.53	941.17	967.05	982.77
Sharp Health Plan	Performance	HMO D	280.56	305.50	315.04	324.57	334.84	345.11	355.75	366.75	366.75	366.75	366.75	368.22	375.55	384.35	398.66	410.39	416.26	425.06	433.87	439.37	445.23	448.17	451.10	454.04	456.97	462.84	468.71	477.51	485.94	497.68	512.35	529.59	550.13	573.23	599.64	625.68	655.02	683.99	715.90	748.17	783.01	817.85	855.63	893.77	934.48	954.65	995.36	1030.57	1053.67	1082.65	1100.25
UnitedHealthcare	SignatureValue	HMO A	277.79	302.49	311.93	321.37	331.54	341.71	352.24	363.13	363.13	363.13	363.13	364.58	371.85	380.56	394.72	406.34	412.15	420.87	429.58	435.03	440.84	443.74	446.65	449.55	452.46	458.27	464.08	472.80	481.15	492.77	507.29	524.36	544.70	567.57	593.72	619.50	648.55	677.24	708.83	740.79	775.28	809.78	847.18	884.95	925.26	945.23	985.53	1020.40	1043.27	1071.96	1089.39
UnitedHealthcare	Alliance	HMO B	239.58	260.88	269.02	277.16	285.93	294.70	303.78	313.18	313.18	313.18	313.18	314.43	320.70	328.21	340.43	350.45	355.46	362.98	370.49	375.19	380.20	382.71	385.21	387.72	390.22	395.23	400.24	407.76	414.96	424.99	437.51	452.23	469.77	489.50	512.05	534.29	559.34	584.08	611.33	638.89	668.64	698.39	730.65	763.22	797.98	815.21	849.97	880.04	899.77	924.51	939.54
UnitedHealthcare	SignatureValue	HMO F	320.54	349.03	359.92	370.82	382.55	394.28	406.43	419.00	419.00	419.00	419.00	420.68	429.06	439.11	455.45	468.86	475.57	485.62	495.68	501.96	508.67	512.02	515.37	518.72	522.07	528.78	535.48	545.54	555.18	568.58	585.34	605.04	628.50	654.90	685.07	714.81	748.33	781.44	817.89	854.76	894.57	934.37	977.53	1021.10	1067.61	1090.66	1137.17	1177.39	1203.79	1236.89	1257.00
UnitedHealthcare	Alliance	HMO G	276.44	301.01	310.41	319.80	329.92	340.04	350.52	361.36	361.36	361.36	361.36	362.81	370.03	378.71	392.80	404.36	410.14	418.82	427.49	432.91	438.69	441.58	444.47	447.36	450.25	456.04	461.82	470.49	478.80	490.37	504.82	521.80	542.04	564.81	590.82	616.48	645.39	673.94	705.37	737.17	771.50	805.83	843.05	880.63	920.75	940.62	980.73	1015.42	1038.19	1066.73	1084.08
UnitedHealthcare	SignatureValue	HMO H	294.58	320.76	330.78	340.79	351.57	362.35	373.52	385.07	385.07	385.07	385.07	386.61	394.31	403.55	418.57	430.89	437.05	446.30	455.54	461.31	467.47	470.56	473.64	476.72	479.80	485.96	492.12	501.36	510.22	522.54	537.94	556.04	577.61	601.86	629.59	656.93	687.74	718.16	751.66	785.54	822.12	858.71	898.37	938.42	981.16	1002.34	1045.08	1082.05	1106.31	1136.73	1155.21
UnitedHealthcare	Alliance	HMO J	254.06	276.64	285.27	293.91	303.21	312.51	322.14	332.10	332.10	332.10	332.10	333.43	340.07	348.04	360.99	371.62	376.93	384.90	392.87	397.86	403.17	405.83	408.48	411.14	413.80	419.11	424.42	432.39	440.03	450.66	463.94	479.55	498.15	519.07	542.98	566.56	593.13	619.37	648.26	677.48	709.03	740.58	774.79	809.33	846.19	864.46	901.32	933.20	954.12	980.36	996.30
UnitedHealthcare	Harmony	HMO L	218.73	238.17	245.61	253.04	261.04	269.05	277.34	285.92	285.92	285.92	285.92	287.06	292.78	299.64	310.80	319.94	324.52	331.38	338.24	342.53	347.11	349.39	351.68	353.97	356.26	360.83	365.41	372.27	378.84	387.99	399.43	412.87	428.88	446.89	467.48	487.78	510.65	533.24	558.12	583.28	610.44	637.60	667.05	696.79	728.52	744.25	775.99	803.44	821.45	844.04	857.76
UnitedHealthcare	Harmony	HMO M	252.38	274.82	283.39	291.97	301.21	310.45	320.01	329.91	329.91	329.91	329.91	331.23	337.83	345.75	358.61	369.17	374.45	382.37	390.28	395.23	400.51	403.15	405.79	408.43	411.07	416.35	421.62	429.54	437.13	447.69	460.88	476.39	494.87	515.65	539.40	562.83	589.22	615.28	643.98	673.02	704.36	735.70	769.68	803.99	840.61	858.76	895.38	927.05	947.83	973.89	989.73
UnitedHealthcare	Harmony	HMO N	231.94	252.56	260.44	268.32	276.81	285.30	294.09	303.19	303.19	303.19	303.19	304.40	310.47	317.74	329.57	339.27	344.12	351.40	358.67	363.22	368.07	370.50	372.92	375.35	377.77	382.63	387.48	394.75	401.73	411.43	423.56	437.81	454.79	473.89	495.72	517.24	541.50	565.45	591.83	618.51	647.31	676.11	707.34	738.87	772.53	789.20	822.86	851.96	871.06	895.02	909.57
UnitedHealthcare	Alliance	HMO O	235.95	256.92	264.94	272.96	281.60	290.23	299.18	308.43	308.43	308.43	308.43	309.66	315.83	323.23	335.26	345.13	350.07	357.47	364.87	369.50	374.43	376.90	379.37	381.84	384.30	389.24	394.17	401.58	408.67	418.54	430.88	445.37	462.65	482.08	504.28	526.18	550.86	575.22	602.06	629.20	658.50	687.80	719.57	751.64	785.88	802.84	837.08	866.69	886.12	910.49	925.29
UnitedHealthcare	Harmony	HMO P	215.41	234.56	241.88	249.20	257.08	264.97	273.13	281.58	281.58	281.58	281.58	282.71	288.34	295.10	306.08	315.09	319.59	326.35	333.11	337.33	341.84	344.09	346.34	348.60	350.85	355.35	359.86	366.62	373.09	382.10	393.37	406.60	422.37	440.11	460.38	480.38	502.90	525.15	549.64	574.42	601.17	627.92	656.93	686.21	717.47	732.95	764.21	791.24	808.98	831.22	844.74
UnitedHealthcare	SignatureValue	HMO Q	273.58	297.90	307.20	316.49	326.51	336.52	346.89	357.62	357.62	357.62	357.62	359.05	366.20	374.79	388.73	400.18	405.90	414.48	423.06	428.43	434.15	437.01	439.87	442.73	445.59	451.32	457.04	465.62	473.85	485.29	499.60	516.40	536.43	558.96	584.71	610.10	638.71	666.96	698.07	729.54	763.52	797.49	834.33	871.52	911.22	930.88	970.58	1004.91	1027.44	1055.69	1072.86
Western Health	Full	HMO A	285.27	310.63	320.32	330.02	340.46	350.90	361.72	372.90	372.90	372.90	372.90	374.39	381.85	390.80	405.35	417.28	423.25	432.19	441.14	446.74	452.70	455.69	458.67	461.65	464.64	470.60	476.57	485.52	494.10	506.03	520.95	538.47	559.35	582.85	609.70	636.17	666.01	695.46	727.91	760.72	796.15	831.57	869.98	908.77	950.16	970.67	1012.06	1047.86	1071.35	1100.81	1118.71
Western Health	Full	HMO B	297.99	324.47	334.60	344.73	355.64	366.54	377.84	389.52	389.52	389.52	389.52	391.08	398.87	408.22	423.41	435.88	442.11	451.46	460.81	466.65	472.88	476.00	479.11	482.23	485.35	491.58	497.81	507.16	516.12	528.58	544.16	562.47	584.29	608.83	636.87	664.53	695.69	726.46	760.35	794.63	831.63	868.64	908.76	949.27	992.51	1013.93	1057.17	1094.56	1119.10	1149.87	1168.57
Western Health	Full	HMO C	271.31	295.43	304.65	313.87	323.80	333.73	344.01	354.65	354.65	354.65	354.65	356.07	363.17	371.68	385.51	396.86	402.53	411.04	419.56	424.88	430.55	433.39	436.22	439.06	441.90	447.57	453.25	461.76	469.92	481.27	495.45	512.12	531.98	554.32	579.86	605.04	633.41	661.43	692.29	723.49	757.19	790.88	827.41	864.29	903.66	923.17	962.53	996.58	1018.92	1046.94	1063.96
Western Health	Full	HMO D	260.82	284.01	292.87	301.74	311.28	320.83	330.72	340.94	340.94	340.94	340.94	342.31	349.13	357.31	370.61	381.52	386.97	395.15	403.34	408.45	413.91	416.63	419.36	422.09	424.82	430.27	435.73	443.91	451.75	462.66	476.30	492.32	511.42	532.90	557.44	581.65	608.93	635.86	665.52	695.53	727.92	760.31	795.42	830.88	868.73	887.48	925.32	958.05	979.53	1006.47	1022.83

Health Care Service Plan rates will vary by county

Platinum		AGE -->	0-14	15	16	17	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	323.57	352.33	363.33	374.33	386.17	398.01	410.28	422.97	422.97	422.97	422.97	424.66	433.12	443.27	459.77	473.30	480.07	490.22	500.37	506.72	513.49	516.87	520.25	523.64	527.02	533.79	540.56	550.71	560.44	573.97	590.89	610.77	634.46	661.10	691.56	721.59	755.42	788.84	825.64	862.86	903.04	943.22	986.79	1030.78	1077.73	1100.99	1147.94	1188.55	1215.19	1248.61	1268.91
Cigna + Oscar	LocalPlus	EPO C	356.86	388.58	400.71	412.84	425.90	438.96	452.49	466.48	466.48	466.48	466.48	468.35	477.68	488.87	507.07	521.99	529.46	540.65	551.85	558.85	566.31	570.04	573.77	577.51	581.24	588.70	596.16	607.36	618.09	633.02	651.68	673.60	699.72	729.11	762.70	795.82	833.14	869.99	910.57	951.62	995.94	1040.26	1088.30	1136.82	1188.60	1214.25	1266.03	1310.82	1340.20	1377.06	1399.45
Cigna + Oscar	LocalPlus	EPO D	349.91	381.02	392.91	404.80	417.61	430.42	443.68	457.40	457.40	457.40	457.40	459.23	468.38	479.36	497.20	511.83	519.15	530.13	541.11	547.97	555.29	558.95	562.61	566.27	569.92	577.24	584.56	595.54	606.06	620.70	638.99	660.49	686.11	714.92	747.85	780.33	816.92	853.06	892.85	933.10	976.56	1020.01	1067.12	1114.69	1165.46	1190.62	1241.39	1285.30	1314.12	1350.26	1372.21
Cigna + Oscar	LocalPlus	EPO E	339.61	369.80	381.34	392.88	405.31	417.74	430.62	443.93	443.93	443.93	443.93	445.71	454.59	465.24	482.56	496.76	503.87	514.52	525.17	531.83	538.94	542.49	546.04	549.59	553.14	560.24	567.35	578.00	588.21	602.42	620.18	641.04	665.90	693.87	725.83	757.35	792.87	827.94	866.56	905.63	947.80	989.97	1035.70	1081.87	1131.14	1155.56	1204.84	1247.46	1275.42	1310.49	1331.80
Health Net	WholeCare	HMO C	257.60	280.50	289.25	298.01	307.43	316.86	326.63	336.73	336.73	336.73	336.73	338.08	344.81	352.89	366.02	376.80	382.19	390.27	398.35	403.40	408.79	411.48	414.18	416.87	419.56	424.95	430.34	438.42	446.17	456.94	470.41	486.24	505.09	526.31	550.55	574.46	601.40	628.00	657.30	686.93	718.92	750.91	785.59	820.61	857.99	876.51	913.88	946.21	967.42	994.02	1010.19
Health Net	Salud HMO y Mas	HMO D	250.62	272.90	281.42	289.93	299.11	308.28	317.78	327.61	327.61	327.61	327.61	328.92	335.47	343.33	356.11	366.59	371.84	379.70	387.56	392.48	397.72	400.34	402.96	405.58	408.20	413.44	418.68	426.55	434.08	444.57	457.67	473.07	491.41	512.05	535.64	558.90	585.11	610.99	639.49	668.32	699.45	730.57	764.31	798.38	834.75	852.77	889.13	920.58	941.22	967.10	982.83
Health Net	Full	HMO E	304.21	331.25	341.59	351.93	363.06	374.20	385.73	397.66	397.66	397.66	397.66	399.25	407.20	416.75	432.26	444.98	451.34	460.89	470.43	476.40	482.76	485.94	489.12	492.30	495.49	501.85	508.21	517.75	526.90	539.63	555.53	574.22	596.49	621.54	650.18	678.41	710.22	741.64	776.23	811.23	849.01	886.78	927.74	969.10	1013.24	1035.11	1079.25	1117.43	1142.48	1173.89	1192.98
Health Net	WholeCare	HMO F	265.14	288.71	297.72	306.74	316.44	326.15	336.20	346.59	346.59	346.59	346.59	347.98	354.91	363.23	376.75	387.84	393.38	401.70	410.02	415.22	420.77	423.54	426.31	429.08	431.86	437.40	442.95	451.27	459.24	470.33	484.19	500.48	519.89	541.73	566.68	591.29	619.02	646.40	676.55	707.05	739.98	772.91	808.60	844.65	883.12	902.19	940.66	973.93	995.77	1023.15	1039.77
Health Net	Salud HMO y Mas	HMO G	259.00	282.02	290.82	299.63	309.11	318.59	328.40	338.56	338.56	338.56	338.56	339.92	346.69	354.81	368.02	378.85	384.27	392.39	400.52	405.60	411.01	413.72	416.43	419.14	421.85	427.26	432.68	440.81	448.59	459.43	472.97	488.88	507.84	529.17	553.55	577.59	604.67	631.42	660.87	690.67	722.83	754.99	789.86	825.07	862.65	881.28	918.86	951.36	972.69	999.43	1015.68
Health Net	Full	HMO H	313.12	340.96	351.60	362.24	373.70	385.16	397.03	409.31	409.31	409.31	409.31	410.95	419.13	428.96	444.92	458.02	464.57	474.39	484.21	490.35	496.90	500.18	503.45	506.73	510.00	516.55	523.10	532.92	542.34	555.43	571.81	591.04	613.97	639.75	669.22	698.28	731.03	763.36	798.97	834.99	873.88	912.76	954.92	997.49	1042.92	1065.44	1110.87	1150.16	1175.95	1208.29	1227.93
Kaiser Permanente	Full	HMO A	319.94	347.14	357.54	367.94	379.13	376.34	387.94	399.94	399.94	399.94	399.94	401.54	409.54	419.14	434.73	447.53	453.93	463.53	473.13	479.13	485.53	488.73	491.92	495.12	498.32	504.72	511.12	520.72	529.92	542.72	558.71	577.51	599.91	625.10	653.90	682.30	714.29	745.89	780.68	815.88	853.87	891.86	933.06	974.65	1019.04	1041.04	1085.43	1123.83	1149.02	1180.62	1199.82
Kaiser Permanente	Full	HMO B	314.39	341.10	351.31	361.52	372.51	369.52	380.90	392.69	392.69	392.69	392.69	394.26	402.11	411.53	426.85	439.42	445.70	455.12	464.55	470.44	476.72	479.86	483.00	486.14	489.29	495.57	501.85	511.28	520.31	532.87	548.58	567.04	589.03	613.77	642.04	669.92	701.34	732.36	766.52	801.08	838.38	875.69	916.14	956.97	1000.56	1022.16	1065.75	1103.45	1128.19	1159.21	1178.07
Sharp Health Plan	Premier	HMO A	282.65	307.78	317.38	326.99	337.34	347.68	358.40	369.48	369.48	369.48	369.48	370.96	378.35	387.22	401.62	413.45	419.36	428.23	437.09	442.64	448.55	451.50	454.46	457.42	460.37	466.28	472.20	481.06	489.56	501.38	516.16	533.53	554.22	577.50	604.10	630.33	659.89	689.08	721.22	753.74	788.84	823.94	862.00	900.42	941.44	961.76	1002.77	1038.24	1061.52	1090.70	1108.44
Sharp Health Plan	Performance	HMO B	304.58	331.66	342.01	352.36	363.51	374.66	386.21	398.15	398.15	398.15	398.15	399.74	407.71	417.26	432.79	445.53	451.90	461.46	471.01	476.98	483.35	486.54	489.72	492.91	496.09	502.47	508.84	518.39	527.55	540.29	556.22	574.93	597.23	622.31	650.98	679.24	711.10	742.55	777.19	812.23	850.05	887.87	928.88	970.29	1014.49	1036.38	1080.58	1118.80	1143.88	1175.34	1194.45
Sharp Health Plan	Premier	HMO C	278.68	303.45	312.93	322.40	332.60	342.80	353.36	364.29	364.29	364.29	364.29	365.75	373.03	381.78	395.98	407.64	413.47	422.21	430.96	436.42	442.25	445.16	448.08	450.99	453.91	459.73	465.56	474.31	482.68	494.34	508.91	526.03	546.44	569.39	595.61	621.48	650.62	679.40	711.09	743.15	777.76	812.37	849.89	887.77	928.21	948.25	988.68	1023.65	1046.61	1075.38	1092.87
UnitedHealthcare	SignatureValue	HMO A	337.87	367.90	379.39	390.87	403.24	415.60	428.41	441.66	441.66	441.66	441.66	443.43	452.26	462.86	480.08	494.22	501.28	511.88	522.48	529.11	536.18	539.71	543.24	546.78	550.31	557.37	564.44	575.04	585.20	599.33	617.00	637.76	662.49	690.31	722.11	753.47	788.80	823.70	862.12	900.99	942.94	984.90	1030.39	1076.33	1125.35	1149.64	1198.67	1241.06	1268.89	1303.78	1324.98
UnitedHealthcare	Alliance	HMO C	291.40	317.30	327.20	337.11	347.77	358.44	369.48	380.91	380.91	380.91	380.91	382.43	390.05	399.19	414.05	426.24	432.33	441.47	450.62	456.33	462.42	465.47	468.52	471.57	474.61	480.71	486.80	495.94	504.71	516.89	532.13	550.03	571.37	595.36	622.79	649.83	680.31	710.40	743.54	777.06	813.24	849.43	888.66	928.28	970.56	991.51	1033.79	1070.36	1094.35	1124.45	1142.73
UnitedHealthcare	SignatureValue	HMO E	365.87	398.39	410.83	423.26	436.65	450.04	463.91	478.26	478.26	478.26	478.26	480.17	489.74	501.22	519.87	535.17	542.83	554.30	565.78	572.96	580.61	584.43	588.26	592.09	595.91	603.56	611.22	622.69	633.69	649.00	668.13	690.61	717.39	747.52	781.96	815.91	854.17	891.95	933.56	975.65	1021.09	1066.52	1115.78	1165.52	1218.61	1244.91	1298.00	1343.91	1374.04	1411.82	1434.78
UnitedHealthcare	Alliance	HMO G	315.54	343.59	354.31	365.04	376.59	388.13	400.10	412.47	412.47	412.47	412.47	414.12	422.37	432.27	448.35	461.55	468.15	478.05	487.95	494.14	500.74	504.04	507.34	510.64	513.94	520.54	527.14	537.04	546.52	559.72	576.22	595.61	618.71	644.69	674.39	703.67	736.67	769.26	805.14	841.44	880.62	919.81	962.29	1005.19	1050.97	1073.66	1119.44	1159.04	1185.03	1217.61	1237.41
UnitedHealthcare	Harmony	HMO H	266.03	289.68	298.72	307.76	317.50	327.23	337.32	347.75	347.75	347.75	347.75	349.14	356.10	364.44	378.00	389.13	394.70	403.04	411.39	416.60	422.17	424.95	427.73	430.51	433.30	438.86	444.42	452.77	460.77	471.90	485.81	502.15	521.63	543.53	568.57	593.26	621.08	648.55	678.81	709.41	742.45	775.48	811.30	847.47	886.07	905.19	943.79	977.18	999.09	1026.56	1043.25
UnitedHealthcare	Harmony	HMO I	288.08	313.68	323.47	333.26	343.81	354.35	365.27	376.57	376.57	376.57	376.57	378.08	385.61	394.65	409.33	421.38	427.41	436.44	445.48	451.13	457.16	460.17	463.18	466.19	469.21	475.23	481.26	490.29	498.96	511.01	526.07	543.77	564.86	588.58	615.69	642.43	672.55	702.30	735.06	768.20	803.98	839.75	878.54	917.70	959.50	980.21	1022.01	1058.16	1081.89	1111.63	1129.71
UnitedHealthcare	Alliance	HMO J	286.68	312.16	321.90	331.64	342.14	352.63	363.50	374.74	374.74	374.74	374.74	376.24	383.73	392.73	407.34	419.33	425.33	434.32	443.32	448.94	454.93	457.93	460.93	463.93	466.93	472.92	478.92	487.91	496.53	508.52	523.51	541.12	562.11	585.72	612.70	639.31	669.29	698.89	731.49	764.47	800.07	835.67	874.27	913.24	954.84	975.45	1017.04	1053.02	1076.63	1106.23	1124.22
UnitedHealthcare	Harmony	HMO K	261.72	284.99	293.88	302.78	312.36	321.93	331.86	342.12	342.12	342.12	342.12	343.49	350.33	358.54	371.88	382.83	388.31	396.52	404.73	409.86	415.33	418.07	420.81	423.54	426.28	431.76	437.23	445.44	453.31	464.26	477.94	494.02	513.18	534.73	559.37	583.66	611.03	638.05	667.82	697.92	730.43	762.93	798.17	833.75	871.72	890.54	928.51	961.36	982.91	1009.94	1026.36
UnitedHealthcare	SignatureValue	HMO L	332.40	361.95	373.24	384.54	396.71	408.87	421.47	434.51	434.51	434.51	434.51	436.25	444.94	455.37	472.31	486.22	493.17	503.60	514.03	520.54	527.50	530.97	534.45	537.92	541.40	548.35	555.30	565.73	575.73	589.63	607.01	627.43	651.77	679.14	710.42	741.27	776.03	810.36	848.16	886.40	927.68	968.96	1013.71	1058.90	1107.13	1131.03	1179.26	1220.97	1248.35	1282.67	1303.53
Western Health	Full	HMO A	324.22	353.04	364.06	375.08	386.94	398.81	411.10	423.82	423.82	423.82	423.82	425.51	433.99	444.16	460.69	474.25	481.03	491.20	501.37	507.73	514.51	517.90	521.29	524.68	528.07	534.86	541.64	551.81	561.56	575.12	592.07	611.99	635.72	662.42	692.94	723.03	756.93	790.42	827.29	864.58	904.85	945.11	988.76	1032.84	1079.88	1103.19	1150.24	1190.92	1217.62	1251.10	1271.45
Western Health	Full	HMO B	331.85	361.35	372.63	383.91	396.05	408.20	420.78	433.79	433.79	433.79	433.79	435.53	444.21	454.62	471.54	485.42	492.36	502.77	513.18	519.69	526.63	530.10	533.57	537.04	540.51	547.45	554.39	564.80	574.78	588.66	606.01	626.40	650.69	678.02	709.25	740.05	774.76	809.03	846.77	884.94	926.15	967.36	1012.04	1057.16	1105.31	1129.17	1177.32	1218.96	1246.29	1280.56	1301.38
Western Health	Full	HMO C	320.56	349.06	359.95	370.85	382.58	394.31	406.46	419.03	419.03	419.03	419.03	420.71	429.09	439.15	455.49	468.90	475.60	485.66	495.72	502.00	508.71	512.06	515.41	518.76	522.12	528.82	535.53	545.58	555.22	568.63	585.39	605.09	628.55	654.95	685.12	714.87	748.39	781.50	817.95	854.83	894.64	934.45	977.61	1021.19	1067.70	1090.75	1137.26	1177.49	1203.88	1236.99	1257.10

Health Care Service Plan rates will vary by county

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USE EMPLOYER ZIP CODE FOR RATING

AREA 17

04/01/22 - 06/01/22

Bronze		AGE -->>	0-14	15	16	17	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	Prudent Buyer - Small Group	PPO A	262.43	285.75	294.67	303.59	313.20	322.80	332.75	343.04	343.04	343.04	343.04	344.41	351.27	359.51	372.88	383.86	389.35	397.58	405.82	410.96	416.45	419.19	421.94	424.68	427.43	432.92	438.41	446.64	454.53	465.51	479.23	495.35	514.56	536.17	560.87	585.23	612.67	639.77	669.61	699.80	732.39	764.98	800.31	835.99	874.07	892.93	931.01	963.94	985.55	1012.65	1029.12
Anthem Blue Cross	Select PPO	PPO B	252.61	275.06	283.65	292.24	301.48	310.73	320.30	330.21	330.21	330.21	330.21	331.53	338.14	346.06	358.94	369.50	374.79	382.71	390.64	395.59	400.87	403.52	406.16	408.80	411.44	416.73	422.01	429.93	437.53	448.09	461.30	476.82	495.32	516.12	539.89	563.34	589.76	615.84	644.57	673.63	705.00	736.37	770.38	804.72	841.38	859.54	896.19	927.89	948.69	974.78	990.63
Anthem Blue Cross	Prudent Buyer - Small Group	EPO A	265.10	288.67	297.68	306.69	316.39	326.09	336.14	346.54	346.54	346.54	346.54	347.93	354.86	363.17	376.69	387.78	393.32	401.64	409.96	415.15	420.70	423.47	426.24	429.02	431.79	437.33	442.88	451.20	459.17	470.25	484.12	500.40	519.81	541.64	566.59	591.20	618.92	646.30	676.45	706.94	739.86	772.78	808.48	844.52	882.98	902.04	940.51	973.78	995.61	1022.99	1039.62
Cigna + Oscar	LocalPlus	EPO C	190.74	207.69	214.17	220.65	227.64	234.62	241.85	249.33	249.33	249.33	249.33	250.32	255.31	261.30	271.02	279.00	282.99	288.97	294.95	298.69	302.68	304.68	306.67	308.67	310.66	314.65	318.64	324.62	330.36	338.34	348.31	360.03	373.99	389.70	407.65	425.35	445.30	465.00	486.69	508.63	532.31	556.00	581.68	607.61	635.29	649.00	676.68	700.61	716.32	736.02	747.98
Cigna + Oscar	LocalPlus	EPO D	184.39	200.78	207.05	213.32	220.07	226.81	233.80	241.04	241.04	241.04	241.04	242.00	246.82	252.61	262.01	269.72	273.58	279.36	285.14	288.76	292.62	294.55	296.47	298.40	300.33	304.19	308.04	313.83	319.37	327.09	336.73	348.06	361.55	376.74	394.09	411.21	430.49	449.53	470.50	491.71	514.61	537.51	562.34	587.40	614.16	627.42	654.17	677.31	692.49	711.54	723.11
Health Net	CommunityCare	HMO A	214.95	234.06	241.36	248.67	256.54	264.40	272.55	280.98	280.98	280.98	280.98	282.10	287.72	294.47	305.43	314.42	318.91	325.66	332.40	336.61	341.11	343.36	345.61	347.85	350.10	354.60	359.09	365.84	372.30	381.29	392.53	405.74	421.47	439.17	459.40	479.35	501.83	524.03	548.47	573.20	599.89	626.59	655.53	684.75	715.94	731.39	762.58	789.56	807.26	829.45	842.94
Kaiser Permanente	Full	HMO A	205.10	222.08	228.58	235.07	242.07	235.07	242.32	249.81	249.81	249.81	249.81	250.81	255.81	261.80	271.54	279.54	283.54	289.53	295.53	299.27	303.27	305.27	307.27	309.27	311.26	315.26	319.26	325.25	331.00	338.99	348.99	360.73	374.72	390.45	408.44	426.18	446.16	465.90	487.63	509.61	533.35	557.08	582.81	608.79	636.52	650.26	677.99	701.97	717.71	737.44	749.43
Kaiser Permanente	Full	HMO B	201.44	218.11	224.48	230.85	237.71	230.58	237.69	245.04	245.04	245.04	245.04	246.02	250.92	256.80	266.35	274.20	278.12	284.00	289.88	293.55	297.47	299.43	301.39	303.35	305.32	309.24	313.16	319.04	324.67	332.51	342.32	353.83	367.55	382.99	400.63	418.03	437.63	456.99	478.31	499.87	523.15	546.43	571.67	597.15	624.35	637.83	665.03	688.55	703.99	723.35	735.12
Kaiser Permanente	Full	HMO C	193.78	209.76	215.87	221.98	228.56	221.15	227.97	235.02	235.02	235.02	235.02	235.96	240.66	246.30	255.47	262.99	266.75	272.39	278.03	281.55	285.31	287.19	289.07	290.95	292.83	296.60	300.36	306.00	311.40	318.92	328.32	339.37	352.53	367.34	384.26	400.94	419.75	438.31	458.76	479.44	501.77	524.09	548.30	572.74	598.83	611.76	637.84	660.41	675.21	693.78	705.06
Sharp Health Plan	Premier	HMO A	181.79	197.95	204.12	210.30	216.96	223.61	230.50	237.63	237.63	237.63	237.63	238.58	243.33	249.04	258.30	265.91	269.71	275.41	281.12	284.68	288.48	290.38	292.28	294.19	296.09	299.89	303.69	309.39	314.86	322.46	331.97	343.14	356.45	371.42	388.53	405.40	424.41	443.18	463.85	484.77	507.34	529.91	554.39	579.10	605.48	618.55	644.93	667.74	682.71	701.48	712.89
Sharp Health Plan	Performance	HMO B	200.32	218.13	224.94	231.75	239.08	246.41	254.00	261.86	261.86	261.86	261.86	262.91	268.14	274.43	284.64	293.02	297.21	303.50	309.78	313.71	317.90	319.99	322.09	324.18	326.28	330.47	334.66	340.94	346.96	355.34	365.82	378.13	392.79	409.29	428.14	446.73	467.68	488.37	511.15	534.19	559.07	583.95	610.92	638.15	667.22	681.62	710.69	735.83	752.32	773.01	785.58
Western Health	Full	HMO B	223.32	243.17	250.76	258.35	266.53	274.70	283.17	291.93	291.93	291.93	291.93	293.09	298.93	305.94	317.32	326.67	331.34	338.34	345.35	349.73	354.40	356.73	359.07	361.40	363.74	368.41	373.08	380.09	386.80	396.14	407.82	421.54	437.89	456.28	477.30	498.03	521.38	544.44	569.84	595.53	623.26	651.00	681.06	711.42	743.83	759.88	792.29	820.31	838.70	861.77	875.78
Western Health	Full	HMO C	229.09	249.46	257.24	265.03	273.41	281.80	290.48	299.47	299.47	299.47	299.47	300.67	306.66	313.84	325.52	335.11	339.90	347.08	354.27	358.76	363.55	365.95	368.35	370.74	373.14	377.93	382.72	389.91	396.80	406.38	418.36	432.43	449.20	468.07	489.63	510.89	534.85	558.51	584.56	610.92	639.37	667.81	698.66	729.80	763.05	779.52	812.76	841.51	860.37	884.03	898.41

Silver		AGE -->>	0-14	15	16	17	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	205.92	224.23	231.23	238.22	245.76	253.30	261.10	269.18	269.18	269.18	269.18	270.26	275.64	282.10	292.60	301.21	305.52	311.98	318.44	322.48	326.78	328.94	331.09	333.24	335.40	339.71	344.01	350.47	356.66	365.28	376.04	388.70	403.77	420.73	440.11	459.22	480.76	502.02	525.44	549.13	574.70	600.27	628.00	655.99	685.87	700.68	730.55	756.40	773.35	794.62	807.54
Anthem Blue Cross	CaliforniaCare HMO	HMO B	226.55	246.68	254.38	262.08	270.38	278.67	287.26	296.14	296.14	296.14	296.14	297.32	303.25	310.35	321.90	331.38	336.12	343.23	350.33	354.78	359.51	361.88	364.25	366.62	368.99	373.73	378.47	385.57	392.39	401.86	413.71	427.63	444.21	462.87	484.19	505.21	528.91	552.30	578.07	604.13	632.26	660.39	690.89	721.69	754.56	770.85	803.72	832.15	850.81	874.21	888.42
Anthem Blue Cross	Priority Select HMO	HMO C	199.42	217.15	223.92	230.70	238.00	245.30	252.86	260.68	260.68	260.68	260.68	261.72	266.94	273.19	283.36	291.70	295.87	302.13	308.38	312.29	316.47	318.55	320.64	322.72	324.81	328.98	333.15	339.41	345.40	353.74	364.17	376.42	391.02	407.44	426.21	444.72	465.57	486.17	508.85	531.79	556.55	581.32	608.17	635.28	664.21	678.55	707.49	732.51	748.93	769.53	782.04
Anthem Blue Cross	Advantage PPO	PPO A	293.55	319.65	329.62	339.60	350.35	361.09	372.22	383.73	383.73	383.73	383.73	385.26	392.94	402.15	417.11	429.39	435.53	444.74	453.95	459.71	465.85	468.92	471.99	475.06	478.13	484.27	490.41	499.62	508.44	520.72	536.07	554.11	575.60	599.77	627.40	654.64	685.34	715.66	749.04	782.81	819.26	855.72	895.24	935.15	977.74	998.85	1041.44	1078.28	1102.46	1132.77	1151.19
Anthem Blue Cross	Select PPO	PPO B	279.55	304.40	313.90	323.41	333.64	343.87	354.47	365.43	365.43	365.43	365.43	366.89	374.20	382.97	397.22	408.92	414.76	423.53	432.30	437.79	443.63	446.56	449.48	452.40	455.33	461.17	467.02	475.79	484.19	495.89	510.51	527.68	548.15	571.17	597.48	623.42	652.66	681.53	713.32	745.48	780.19	814.91	852.55	890.55	931.12	951.21	991.78	1026.86	1049.88	1078.75	1096.29
Anthem Blue Cross	Prudent Buyer - Small Group	PPO C	290.42	316.24	326.11	335.98	346.61	357.24	368.25	379.64	379.64	379.64	379.64	381.16	388.75	397.86	412.67	424.82	430.89	440.00	449.11	454.81	460.88	463.92	466.96	469.99	473.03	479.11	485.18	494.29	503.02	515.17	530.36	548.20	569.46	593.38	620.71	647.67	678.04	708.03	741.06	774.47	810.53	846.60	885.70	925.18	967.32	988.20	1030.34	1066.79	1090.71	1120.70	1138.92
Anthem Blue Cross	Prudent Buyer - Small Group	EPO A	283.68	308.89	318.53	328.18	338.56	348.94	359.70	370.82	370.82	370.82	370.82	372.30	379.72	388.62	403.08	414.95	420.88	429.78	438.68	444.24	450.18	453.14	456.11	459.08	462.04	467.97	473.91	482.81	491.34	503.20	518.04	535.46	556.23	579.59	606.29	632.62	662.28	691.58	723.84	756.47	791.70	826.93	865.12	903.69	944.85	965.24	1006.41	1042.00	1065.37	1094.66	1112.46
Anthem Blue Cross	Prudent Buyer - Small Group	EPO B	283.80	309.03	318.67	328.32	338.70	349.09	359.85	370.98	370.98	370.98	370.98	372.46	379.88	388.79	403.26	415.13	421.06	429.97	438.87	444.43	450.37	453.34	456.31	459.27	462.24	468.18	474.11	483.02	491.55	503.42	518.26	535.70	556.47	579.84	606.55	632.89	662.57	691.88	724.15	756.80	792.04	827.29	865.50	904.08	945.26	965.66	1006.84	1042.45	1065.83	1095.13	1112.94
Cigna + Oscar	LocalPlus	EPO C	244.62	266.36	274.67	282.99	291.94	300.89	310.17	319.76	319.76	319.76	319.76	321.04	327.44	335.11	347.58	357.81	362.93	370.60	378.28	383.07	388.19	390.75	393.31	395.86	398.42	403.54	408.65	416.33	423.68	433.92	446.71	461.73	479.64	499.79	522.81	545.51	571.09	596.35	624.17	652.31	682.69	713.07	746.00	779.26	814.75	832.34	867.83	898.53	918.67	943.93	959.28
Cigna + Oscar	LocalPlus	EPO D	239.53	260.82	268.96	277.10	285.87	294.63	303.71	313.11	313.11	313.11	313.11	314.36	320.62	328.14	340.35	350.37	355.38	362.89	370.41	375.10	380.11	382.62	385.12	387.63	390.13	395.14	400.15	407.66	414.87	424.89	437.41	452.13	469.66	489.39	511.93	534.16	559.21	583.94	611.18	638.74	668.48	698.23	730.48	763.04	797.80	815.02	849.77	879.83	899.56	924.29	939.32
Cigna + Oscar	LocalPlus	EPO E	233.39	254.14	262.07	270.00	278.54	287.09	295.93	305.09	305.09	305.09	305.09	306.31	312.41	319.73	331.63	341.39	346.27	353.60	360.92	365.49	370.38	372.82	375.26	377.70	380.14	385.02	389.90	397.22	404.24	414.00	426.21	440.55	457.63	476.85	498.82	520.48	544.88	568.99	595.53	622.38	651.36	680.34	711.77	743.50	777.36	794.14	828.00	857.29	876.51	900.62	915.26
Health Net	WholeCare	HMO A	228.71	249.04	256.82	264.59	272.96	281.33	290.00	298.97	298.97	298.97	298.97	300.17	306.15	313.32	324.98	334.55	339.33	346.51	353.68	358.17	362.95	365.34	367.73	370.12	372.52	377.30	382.08	389.26	396.14	405.70	417.66	431.71	448.46	467.29	488.82	510.04	533.96	557.58	583.59	609.90	638.30	666.70	697.50	728.59	761.78	778.22	811.40	840.11	858.94	882.56	896.91
Health Net	CommunityCare	HMO C	235.35	256.27	264.27	272.27	280.89	289.50	298.42	307.65	307.65	307.65	307.65	308.88	315.04	322.42	334.42	344.26	349.18	356.57	363.95	368.57	373.49	375.95	378.41	380.87	383.33	388.26	393.18	400.56	407.64	417.48	429.79	444.25	461.48	480.86	503.01	524.85	549.47	573.77	600.54	627.61	656.84	686.06	717.75	749.75	783.90	800.82	834.97	864.50	883.88	908.19	922.95
Kaiser Permanente	Full	HMO A	234.19	253.77	261.25	268.73	276.79	270.86	279.21	287.85	287.85	287.85	287.85	289.00	294.75	301.66	312.89	322.10	326.70	333.61	340.52	344.84	349.44	351.75	354.05	356.35	358.66	363.26	367.87	374.78	381.40	390.61	402.12	415.65	431.77	449.90	470.63	491.06	514.09	536.83	561.87	587.21	614.55	641.90	671.54	701.48	733.43	749.26	781.21	808.85	826.98	849.72	863.55
Kaiser Permanente	Full	HMO B	238.33	258.27	265.90	273.52	281.73	275.95	284.46	293.25	293.25	293.25	293.25	294.43	300.29	307.33	318.77	328.15	332.84	339.88	346.92	351.32	356.01	358.36	360.70	363.05	365.40	370.09	374.78	381.82	388.56	397.95	409.68	423.46	439.88	458.36	479.47	500.29	523.75	546.92	572.43	598.24	626.10	653.96	684.16	714.66	747.21	763.34	795.89	824.05	842.52	865.69	879.75
Kaiser Permanente	Full	HMO C	236.57	256.36	263.92	271.49	279.63	273.79	282.23	290.96	290.96	290.96	290.96	292.12	297.94	304.92	316.27	325.58	330.24	337.22	344.20	348.57	353.22	355.55	357.88	360.21	362.53	367.19	371.84	378.83	385.52	394.83	406.47	420.14	436.44	454.77	475.72	496.37	519.65	542.64	567.95	593.55	621.19	648.83	678.80	709.06	741.36	757.36	789.66	817.59	835.92	858.91	872.88
Kaiser Permanente	Full	HMO D	221.56	240.01	247.06	254.11	261.71	255.32	263.19	271.33	271.33	271.33	271.33	272.41	277.84	284.35	294.93	303.62	307.96	314.47	320.98	325.05	329.39	331.56	333.73	335.90	338.07	342.42	346.76	353.27	359.51	368.19	379.04	391.80	406.99	424.08	443.62	462.88	484.59	506.03	529.63	553.51	579.28	605.06	633.01	661.22	691.34	706.27	736.38	762.43	779.52	800.96	813.99
Kaiser Permanente	Full	HMO E	231.06	250.35	257.73	265.11	273.05	267.01	275.24	283.75	283.75	283.75	283.75	284.89	290.56	297.37	308.44	317.52	322.06	328.87	335.68	339.93	344.47	346.74	349.01	351.28	353.55	358.09	362.63	369.44	375.97	385.05	396.40	409.74	425.63	443.50	463.93	484.08	506.78	529.20	553.88	578.85	605.81	632.76	661.99	691.50	723.00	738.60	770.10	797.34	815.22	837.63	851.25
Sharp Health Plan	Premier	HMO A	203.65	221.75	228.67	235.60	243.05	250.50	258.22	266.21	266.21	266.21	266.21	267.27	272.60	278.99	289.37	297.89	302.15	308.54	314.93	318.92	323.18	325.31	327.44	329.57	331.70	335.96	340.22	346.61	352.73	361.25	371.90	384.41	399.32	416.09	435.25	454.15	475.45	496.48	519.64	543.07	568.36	593.65	621.07	648.75	678.30	692.94	722.49	748.05	764.82	785.85	798.63
Sharp Health Plan	Performance	HMO B	216.16	235.37	242.72	250.07	257.98	265.89	274.08	282.56	282.56	282.56	282.56	283.69	289.34	296.12	307.14	316.18	320.71	327.49	334.27	338.51	343.03	345.29	347.55	349.81	352.07	356.59	361.11	367.89	374.39	383.43	394.74	408.02	423.84	441.64	461.99	482.05	504.65	526.97	551.56	576.42	603.27	630.11	659.21	688.60	719.96	735.50	766.87	793.99	811.79	834.12	847.68
Sharp Health Plan	Premier	HMO C	199.18	216.88	223.65	230.42	237.71	245.00	252.55	260.36	260.36	260.36	260.36	261.40	266.61	272.86	283.01	291.34	295.51	301.76	308.01	311.91	316.08	318.16	320.24	322.33	324.41	328.57	332.74	338.99	344.98	353.31	363.72	375.96	390.54	406.94	425.69	444.17	465.00	485.57	508.22	531.13	555.87	580.60	607.42	634.50	663.40	677.72	706.62	731.61	748.01	768.58	781.08
UnitedHealthcare	SignatureValue	HMO A	234.62	255.47	263.45	271.42	280.01	288.60	297.49	306.69	306.69	306.69	306.69	307.92	314.05	321.41	333.37	343.19	348.09	355.45	362.81	367.41	372.32	374.78	377.23	379.68	382.14	387.04	391.95	399.31	406.36	416.18	428.45	442.86	460.04	479.36	501.44	523.21	547.75	571.98	598.66	625.65	654.78	683.92	715.51	747.40	781.45	798.31	832.36	861.80	881.12	905.35	920.07
UnitedHealthcare	Alliance	HMO E	209.52	228.14	235.26	242.38	250.05	257.72	265.66	273.88	273.88	273.88	273.88	274.98	280.45	287.03	297.71	306.47	310.85	317.43	324.00	328.11	332.49	334.68	336.87	339.06	341.25	345.64	350.02	356.59	362.89	371.66	382.61	395.48	410.82	428.07	447.79	467.24	489.15	510.79	534.61	558.72	584.73	610.75	638.96	667.45	697.85	712.91	743.31	769.60	786.86	808.49	821.64
UnitedHealthcare	Harmony	HMO F	197.93	215.52	222.25	228.98	236.22	243.46	250.97	258.73	258.73	258.73	258.73	259.76	264.94	271.15	281.24	289.52	293.66	299.87	306.08	309.96	314.10	316.17	318.24	320.31	322.38	326.52	330.66	336.87	342.82	351.10	361.45	373.61	388.10	404.39	423.02	441.39	462.09	482.53	505.04	527.81	552.39	576.97	603.62	630.53	659.24	673.47	702.19	727.03	743.33	763.77	776.19
UnitedHealthcare	Harmony	HMO G	175.31	190.89	196.85	202.81	209.22	215.64	222.29	229.16	229.16	229.16	229.16	230.08	234.66	240.16	249.10	256.43	260.10	265.60	271.10	274.53	278.20	280.03	281.87	283.70	285.53	289.20	292.87	298.37	303.64	310.97	320.14	330.91	343.74	358.18	374.68	390.95	409.28	427.38	447.32	467.49	489.26	511.03	534.63	558.46	583.90	596.50	621.94	643.94	658.38	676.48	687.48
Western Health	Full	HMO A	246.14	268.02	276.38	284.75	293.76	302.77	312.10	321.75	321.75	321.75	321.75	323.04	329.47	337.19	349.74	360.04	365.18	372.91	380.63	385.45	390.60	393.18	395.75	398.32	400.90	406.05	411.19	418.92	426.32	436.61	449.48	464.60	482.62	502.89	526.06	548.90	574.64	600.06	628.05	656.37	686.93	717.50	750.64	784.10	819.81	837.51	873.23	904.11	924.38	949.80	965.25
Western Health	Full	HMO B	258.40	281.37	290.15	298.94	308.39	317.85	327.65	337.78	337.78	337.78	337.78	339.13	345.89	353.99	367.17	377.98	383.38	391.49	399.59	404.66	410.06	412.77	415.47	418.17	420.87	426.28	431.68	439.79	447.56	458.37	471.88	487.75	506.67	527.95	552.27	576.25	603.27	629.96	659.35	689.07	721.16	753.25	788.04	823.17	860.66	879.24	916.73	949.16	970.44	997.13	1013.34
Western Health	Full	HMO C	241.30	262.75	270.95	279.16	287.99	296.82	305.97	315.43	315.43	315.43	315.43	316.69	323.00	330.57	342.87	352.97	358.01	365.58	373.15	377.89	382.93	385.46	387.98	390.50	393.03	398.07	403.12	410.69	417.95	428.04	440.66	455.48	473.15	493.02	515.73	538.12	563.36	588.28	615.72	643.48	673.44	703.41	735.90	768.70	803.72	821.07	856.08	886.36	906.23	931.15	946.29

Health Care Service Plan rates will vary by county

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Gold AGE -->

CARRIER	NETWORK	PLAN	0-14	15	16	17	18	19	20	21	22	23	24	25
Anthem Blue Cross	Select HMO	HMO A	251.80	274.18	282.74	291.30	300.51	309.73	319.28	329.15	329.15	329.15	329.15	330.47
Anthem Blue Cross	CaliforniaCare HMO	HMO B	277.03	301.65	311.07	320.49	330.62	340.76	351.27	362.13	362.13	362.13	362.13	363.58
Anthem Blue Cross	Priority Select HMO	HMO C	243.85	265.53	273.81	282.10	291.03	299.95	309.20	318.76	318.76	318.76	318.76	320.04
Anthem Blue Cross	Advantage PPO	PPO A	346.50	377.30	389.08	400.85	413.53	426.22	439.35	452.94	452.94	452.94	452.94	454.75
Anthem Blue Cross	Select PPO	PPO B	317.30	345.50	356.29	367.07	378.69	390.30	402.33	414.77	414.77	414.77	414.77	416.43
Anthem Blue Cross	Select PPO	PPO C	329.94	359.27	370.49	381.70	393.78	405.85	418.36	431.30	431.30	431.30	431.30	433.03
Anthem Blue Cross	Select PPO	PPO D	308.63	336.07	346.55	357.04	368.34	379.64	391.34	403.44	403.44	403.44	403.44	405.05
Anthem Blue Cross	Prudent Buyer - Small Group	PPO E	342.77	373.23	384.88	396.53	409.08	421.62	434.62	448.06	448.06	448.06	448.06	449.85
Cigna + Oscar	LocalPlus	EPO C	270.59	294.65	303.84	313.04	322.94	332.85	343.11	353.72	353.72	353.72	353.72	355.13
Cigna + Oscar	LocalPlus	EPO D	262.33	285.65	294.57	303.49	313.09	322.69	332.63	342.92	342.92	342.92	342.92	344.29
Cigna + Oscar	LocalPlus	EPO E	268.03	291.85	300.96	310.07	319.88	329.69	339.85	350.36	350.36	350.36	350.36	351.76
Health Net	WholeCare	HMO A	262.39	285.71	294.63	303.55	313.15	322.75	332.70	342.99	342.99	342.99	342.99	344.36
Health Net	WholeCare	HMO B	257.16	280.02	288.76	297.50	306.91	316.32	326.07	336.16	336.16	336.16	336.16	337.50
Health Net	WholeCare	HMO C	260.29	283.42	292.27	301.12	310.64	320.17	330.04	340.25	340.25	340.25	340.25	341.61
Health Net	Salud HMO y Mas	HMO D	237.82	258.96	267.04	275.12	283.83	292.53	301.55	310.87	310.87	310.87	310.87	312.12
Health Net	Full	HMO E	281.12	306.11	315.66	325.22	335.51	345.80	356.45	367.48	367.48	367.48	367.48	368.95
Health Net	Full	HMO F	266.54	290.23	299.29	308.35	318.11	327.86	337.97	348.42	348.42	348.42	348.42	349.81
Health Net	Full	HMO G	288.71	314.38	324.19	334.00	344.57	355.14	366.08	377.40	377.40	377.40	377.40	378.91
Kaiser Permanente	Full	HMO B	279.34	302.93	311.95	320.96	330.68	326.40	336.46	346.86	346.86	346.86	346.86	348.25
Kaiser Permanente	Full	HMO C	294.70	319.65	329.19	338.74	349.01	345.29	355.94	366.94	366.94	366.94	366.94	368.41
Kaiser Permanente	Full	HMO D	263.83	286.04	294.53	303.02	312.17	307.32	316.79	326.59	326.59	326.59	326.59	327.89
Kaiser Permanente	Full	HMO E	244.84	265.36	273.21	281.06	289.51	283.97	292.72	301.77	301.77	301.77	301.77	302.98
Sharp Health Plan	Performance	HMO A	261.56	284.81	293.70	302.59	312.16	321.74	331.65	341.91	341.91	341.91	341.91	343.28
Sharp Health Plan	Premier	HMO B	250.61	272.88	281.40	289.92	299.09	308.26	317.76	327.59	327.59	327.59	327.59	328.90
Sharp Health Plan	Performance	HMO D	280.56	305.50	315.04	324.57	334.84	345.11	355.75	366.75	366.75	366.75	366.75	368.22
UnitedHealthcare	SignatureValue	HMO A	257.15	280.00	288.74	297.48	306.90	316.31	326.06	336.14	336.14	336.14	336.14	337.48
UnitedHealthcare	Alliance	HMO B	229.64	250.05	257.85	265.66	274.06	282.47	291.17	300.18	300.18	300.18	300.18	301.38
UnitedHealthcare	SignatureValue	HMO F	296.71	323.08	333.16	343.25	354.11	364.97	376.21	387.85	387.85	387.85	387.85	389.40
UnitedHealthcare	Alliance	HMO G	264.97	288.52	297.52	306.53	316.23	325.92	335.97	346.36	346.36	346.36	346.36	347.75
UnitedHealthcare	SignatureValue	HMO H	272.68	296.91	306.18	315.45	325.43	335.41	345.75	356.44	356.44	356.44	356.44	357.87
UnitedHealthcare	Alliance	HMO J	243.51	265.15	273.43	281.70	290.62	299.53	308.76	318.31	318.31	318.31	318.31	319.58
UnitedHealthcare	Harmony	HMO L	216.94	236.22	243.60	250.97	258.91	266.85	275.07	283.58	283.58	283.58	283.58	284.71
UnitedHealthcare	Harmony	HMO M	250.31	272.56	281.06	289.57	298.73	307.90	317.38	327.20	327.20	327.20	327.20	328.51
UnitedHealthcare	Harmony	HMO N	230.04	250.49	258.31	266.13	274.55	282.97	291.69	300.71	300.71	300.71	300.71	301.91
UnitedHealthcare	Alliance	HMO O	226.15	246.25	253.94	261.62	269.90	278.18	286.75	295.62	295.62	295.62	295.62	296.80
UnitedHealthcare	Harmony	HMO P	213.64	232.63	239.89	247.15	254.97	262.79	270.89	279.27	279.27	279.27	279.27	280.39
UnitedHealthcare	SignatureValue	HMO Q	253.24	275.75	284.35	292.96	302.23	311.50	321.10	331.03	331.03	331.03	331.03	332.35
Western Health	Full	HMO A	285.27	310.63	320.32	330.02	340.46	350.90	361.72	372.90	372.90	372.90	372.90	374.39
Western Health	Full	HMO B	297.99	324.47	334.60	344.73	355.64	366.54	377.84	389.52	389.52	389.52	389.52	391.08
Western Health	Full	HMO C	271.31	295.43	304.65	313.87	323.80	333.73	344.01	354.65	354.65	354.65	354.65	356.07
Western Health	Full	HMO D	260.82	284.01	292.87	301.74	311.28	320.83	330.72	340.94	340.94	340.94	340.94	342.31

CARRIER	NETWORK	PLAN	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45
Anthem Blue Cross	Select HMO	HMO A	337.05	344.95	357.79	368.32	373.59	381.48	389.38	394.32	399.59	402.22	404.85	407.49	410.12	415.39	420.65	428.55	436.12	446.66	459.82	475.29
Anthem Blue Cross	CaliforniaCare HMO	HMO B	370.82	379.51	393.64	405.22	411.02	419.71	428.40	433.83	439.63	442.52	445.42	448.32	451.21	457.01	462.80	471.49	479.82	491.41	505.90	522.92
Anthem Blue Cross	Priority Select HMO	HMO C	326.41	334.06	346.49	356.69	361.79	369.44	377.09	381.87	386.97	389.52	392.07	394.62	397.17	402.28	407.38	415.03	422.36	432.56	445.31	460.29
Anthem Blue Cross	Advantage PPO	PPO A	463.81	474.68	492.35	506.84	514.09	524.96	535.83	542.62	549.87	553.49	557.12	560.74	564.36	571.61	578.86	589.73	600.15	614.64	632.76	654.05
Anthem Blue Cross	Select PPO	PPO B	424.72	434.68	450.85	464.13	470.76	480.72	490.67	496.89	503.53	506.85	510.17	513.49	516.80	523.44	530.08	540.03	549.57	562.84	579.43	598.93
Anthem Blue Cross	Select PPO	PPO C	441.65	452.00	468.82	482.62	489.53	499.88	510.23	516.70	523.60	527.05	530.50	533.95	537.40	544.30	551.20	561.55	571.47	585.27	602.53	622.80
Anthem Blue Cross	Select PPO	PPO D	413.12	422.81	438.54	451.45	457.90	467.59	477.27	483.32	489.78	493.00	496.23	499.46	502.69	509.14	515.60	525.28	534.56	547.47	563.61	582.57
Anthem Blue Cross	Prudent Buyer - Small Group	PPO E	458.81	469.57	487.04	501.38	508.55	519.30	530.05	536.78	543.94	547.53	551.11	554.70	558.28	565.45	572.62	583.37	593.68	608.02	625.94	647.00
Cigna + Oscar	LocalPlus	EPO C	362.21	370.70	384.49	395.81	401.47	409.96	418.45	423.75	429.41	432.24	435.07	437.90	440.73	446.39	452.05	460.54	468.67	479.99	494.14	510.77
Cigna + Oscar	LocalPlus	EPO D	351.15	359.38	372.76	383.73	389.22	397.45	405.68	410.82	416.31	419.05	421.79	424.54	427.28	432.77	438.25	446.48	454.37	465.34	479.06	495.18
Cigna + Oscar	LocalPlus	EPO E	358.77	367.18	380.84	392.05	397.66	406.07	414.48	419.73	425.34	428.14	430.94	433.75	436.55	442.16	447.76	456.17	464.23	475.44	489.46	505.92
Health Net	WholeCare	HMO A	351.22	359.45	372.83	383.81	389.29	397.53	405.76	410.90	416.39	419.13	421.88	424.62	427.37	432.85	438.34	446.57	454.46	465.44	479.16	495.28
Health Net	WholeCare	HMO B	344.23	352.29	365.40	376.16	381.54	389.61	397.68	402.72	408.10	410.79	413.47	416.16	418.85	424.23	429.61	437.68	445.41	456.17	469.61	485.41
Health Net	WholeCare	HMO C	348.41	356.58	369.85	380.73	386.18	394.34	402.51	407.61	413.06	415.78	418.50	421.22	423.95	429.39	434.83	443.00	450.83	461.71	475.32	491.31
Health Net	Salud HMO y Mas	HMO D	318.33	325.80	337.92	347.87	352.84	360.30	367.76	372.43	377.40	379.89	382.37	384.86	387.35	392.32	397.30	404.76	411.91	421.86	434.29	448.90
Health Net	Full	HMO E	376.30	385.12	399.45	411.21	417.09	425.91	434.73	440.24	446.12	449.06	452.00	454.94	457.88	463.76	469.64	478.46	486.91	498.67	513.37	530.64
Health Net	Full	HMO F	356.78	365.14	378.73	389.88	395.45	403.82	412.18	417.40	422.98	425.77	428.55	431.34	434.13	439.70	445.28	453.64	461.65	472.80	486.74	503.12
Health Net	Full	HMO G	386.46	395.52	410.24	422.31	428.35	437.41	446.47	452.13	458.17	461.19	464.21	467.22	470.24	476.28	482.32	491.38	500.06	512.14	527.23	544.97
Kaiser Permanente	Full	HMO B	355.19	363.51	377.04	388.14	393.69	402.02	410.34	415.54	421.09	423.87	426.64	429.42	432.19	437.74	443.29	451.62	459.59	470.69	484.57	500.87
Kaiser Permanente	Full	HMO C	375.75	384.56	398.87	410.61	416.48	425.29	434.09	439.60	445.47	448.41	451.34	454.28	457.21	463.08	468.95	477.76	486.20	497.94	512.62	529.87
Kaiser Permanente	Full	HMO D	334.43	342.26	355.00	365.45	370.68	378.52	386.35	391.25	396.48	399.09	401.70	404.32	406.93	412.15	417.38	425.22	432.73	443.18	456.24	471.59
Kaiser Permanente	Full	HMO E	309.01	316.26	328.02	337.68	342.51	349.75	356.99	361.52	366.35	368.76	371.18	373.59	376.01	380.83	385.66	392.90	399.85	409.50	421.57	435.76
Sharp Health Plan	Performance	HMO A	350.12	358.32	371.66	382.60	388.07	396.27	404.48	409.61	415.08	417.81	420.55	423.28	426.02	431.49	436.96	445.17	453.03	463.97	477.65	493.72
Sharp Health Plan	Premier	HMO B	335.45	343.31	356.09	366.57	371.81	379.68	387.54	392.45	397.69	400.31	402.94	405.56	408.18	413.42	418.66	426.52	434.06	444.54	457.64	473.04
Sharp Health Plan	Performance	HMO D	375.55	384.35	398.66	410.39	416.26	425.06	433.87	439.37	445.23	448.17	451.10	454.04	456.97	462.84	468.71	477.51	485.94	497.68	512.35	529.59
UnitedHealthcare	SignatureValue	HMO A	344.21	352.27	365.38	376.14	381.52	389.59	397.65	402.70	408.07	410.76	413.45	416.14	418.83	424.21	429.59	437.65	445.39	456.14	469.59	485.39
UnitedHealthcare	Alliance	HMO B	307.38	314.59	326.30	335.90	340.70	347.91	355.11	359.62	364.42	366.82	369.22	371.62	374.02	378.83	383.63	390.83	397.74	407.34	419.35	433.46
UnitedHealthcare	SignatureValue	HMO F	397.16	406.47	421.59	434.00	440.21	449.52	458.83	464.64	470.85	473.95	477.06	480.16	483.26	489.47	495.67	504.98	513.90	526.31	541.83	560.06
UnitedHealthcare	Alliance	HMO G	354.67	362.99	376.49	387.58	393.12	401.43	409.74	414.94	420.48	423.25	426.02	428.79	431.56	437.11	442.65	450.96	458.93	470.01	483.86	500.14
UnitedHealthcare	SignatureValue	HMO H	364.99	373.55	387.45	398.86	404.56	413.11	421.67	427.02	432.72	435.57	438.42	441.27	444.12	449.83	455.53	464.08	472.28	483.69	497.95	514.70
UnitedHealthcare	Alliance	HMO J	325.95	333.59	346.00	356.19	361.28	368.92	376.56	381.34	386.43	388.97	391.52	394.07	396.61	401.71	406.80	414.44	421.76	431.95	444.68	459.64
UnitedHealthcare	Harmony	HMO L	290.39	297.19	308.25	317.33	321.86	328.67	335.48	339.73	344.27	346.53	348.80	351.07	353.34	357.88	362.42	369.22	375.74	384.82	396.16	409.49
UnitedHealthcare	Harmony	HMO M	335.05	342.91	355.67	366.14	371.37	379.22	387.08	391.99	397.22	399.84	402.46	405.07	407.69	412.93	418.16	426.01	433.54	444.01	457.10	472.48
UnitedHealthcare	Harmony	HMO N	307.93	315.14	326.87	336.49	341.31	348.52	355.74	360.25	365.06	367.47	369.87	372.28	374.68	379.50	384.31	391.52	398.44	408.06	420.09	434.23
UnitedHealthcare	Alliance	HMO O	302.71	309.81	321.34	330.80	335.53	342.62	349.72	354.15	358.88	361.25	363.61	365.98	368.34	373.07	377.80	384.90	391.70	401.16	412.98	426.88
UnitedHealthcare	Harmony	HMO P	285.97	292.67	303.57	312.50	316.97	323.67	330.38	334.57	339.03	341.27	343.50	345.74	347.97	352.44	356.91	363.61	370.03	378.97	390.14	403.27
UnitedHealthcare	SignatureValue	HMO Q	338.97	346.92	359.83	370.42	375.72	383.66	391.61	396.57	401.87	404.52	407.17	409.82	412.46	417.76	423.06	431.00	438.61	449.21	462.45	478.01
Western Health	Full	HMO A	381.85	390.80	405.35	417.28	423.25	432.19	441.14	446.74	452.70	455.69	458.67	461.65	464.64	470.60	476.57	485.52	494.10	506.03	520.95	538.47
Western Health	Full	HMO B	398.87	408.22	423.41	435.88	442.11	451.46	460.81	466.65	472.88	476.00	479.11	482.23	485.35	491.58	497.81	507.16	516.12	528.58	544.16	562.47
Western Health	Full	HMO C	363.17	371.68	385.51	396.86	402.53	411.04	419.56	424.88	430.55	433.39	436.22	439.06	441.90	447.57	453.25	461.76	469.92	481.27	495.45	512.12
Western Health	Full	HMO D	349.13	357.31	370.61	381.52	386.97	395.15	403.34	408.45	413.91	416.63	419.36	422.09	424.82	430.27	435.73	443.91	451.75	462.66	476.30	492.32

CARRIER	NETWORK	PLAN	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	493.73	514.46	538.16	561.53	587.86	613.86	642.50	671.47	702.74	734.00	767.91	802.14	838.67	856.78	893.31	924.91	945.65	971.65	987.45
Anthem Blue Cross	CaliforniaCare HMO	HMO B	543.20	566.01	592.08	617.79	646.76	675.37	706.88	738.75	773.15	807.55	844.85	882.51	922.71	942.62	982.82	1017.59	1040.40	1069.01	1086.39
Anthem Blue Cross	Priority Select HMO	HMO C	478.14	498.22	521.17	543.80	569.31	594.49	622.22	650.27	680.55	710.83	743.67	776.82	812.20	829.73	865.11	895.72	915.80	940.98	956.28
Anthem Blue Cross	Advantage PPO	PPO A	679.41	707.95	740.56	772.72	808.95	844.73	884.14	924.00	967.03	1010.06	1056.71	1103.81	1154.09	1179.00	1229.28	1272.76	1301.30	1337.08	1358.82
Anthem Blue Cross	Select PPO	PPO B	622.16	648.29	678.15	707.60	740.78	773.55	809.63	846.13	885.53	924.94	967.66	1010.79	1056.83	1079.65	1125.69	1165.50	1191.63	1224.40	1244.31
Anthem Blue Cross	Select PPO	PPO C	646.95	674.12	705.18	735.80	770.30	804.37	841.90	879.85	920.83	961.80	1006.22	1051.08	1098.95	1122.67	1170.55	1211.95	1239.12	1273.20	1293.90
Anthem Blue Cross	Select PPO	PPO D	605.16	630.58	659.62	688.27	720.54	752.42	787.51	823.02	861.34	899.67	941.23	983.18	1027.97	1050.15	1094.94	1133.67	1159.08	1190.95	1210.32
Anthem Blue Cross	Prudent Buyer - Small Group	PPO E	672.09	700.32	732.58	764.39	800.24	835.63	874.61	914.04	956.61	999.17	1045.32	1091.92	1141.66	1166.30	1216.03	1259.05	1287.28	1322.67	1344.18
Cigna + Oscar	LocalPlus	EPO C	530.58	552.86	578.33	603.44	631.74	659.68	690.46	721.58	755.19	788.79	825.22	862.01	901.27	920.73	959.99	993.94	1016.23	1044.17	1061.15
Cigna + Oscar	LocalPlus	EPO D	514.38	535.99	560.68	585.02	612.46	639.55	669.38	699.56	732.14	764.71	800.04	835.70	873.76	892.62	930.69	963.61	985.21	1012.30	1028.76
Cigna + Oscar	LocalPlus	EPO E	525.54	547.62	572.84	597.72	625.75	653.42	683.91	714.74	748.02	781.31	817.39	853.83	892.72	911.99	950.88	984.52	1006.59	1034.27	1051.09
Health Net	WholeCare	HMO A	514.48	536.09	560.79	585.14	612.58	639.68	669.52	699.70	732.28	764.87	800.19	835.87	873.94	892.80	930.87	963.80	985.41	1012.51	1028.97
Health Net	WholeCare	HMO B	504.24	525.42	549.62	573.49	600.38	626.93	656.18	685.76	717.70	749.63	784.26	819.22	856.53	875.02	912.33	944.60	965.78	992.34	1008.48
Health Net	WholeCare	HMO C	510.37	531.80	556.30	580.46	607.68	634.56	664.16	694.10	726.42	758.75	793.79	829.18	866.95	885.66	923.43	956.09	977.53	1004.40	1020.75
Health Net	Salud HMO y Mas	HMO D	466.31	485.90	508.28	530.35	555.22	579.78	606.83	634.18	663.72	693.25	725.27	757.60	792.11	809.20	843.71	873.56	893.14	917.70	932.61
Health Net	Full	HMO E	551.22	574.37	600.83	626.92	656.32	685.35	717.32	749.66	784.57	819.48	857.33	895.55	936.34	956.55	997.34	1032.62	1055.77	1084.80	1102.44
Health Net	Full	HMO F	522.63	544.58	569.66	594.40	622.27	649.80	680.11	710.77	743.87	776.97	812.86	849.09	887.77	906.93	945.61	979.05	1001.00	1028.53	1045.26
Health Net	Full	HMO G	566.10	589.88	617.05	643.85	674.04	703.86	736.69	769.90	805.75	841.61	880.48	919.73	961.62	982.38	1024.27	1060.50	1084.28	1114.09	1132.20
Kaiser Permanente	Full	HMO B	520.30	542.15	567.12	591.75	619.50	646.90	677.08	707.60	740.55	773.51	809.23	845.31	883.81	902.89	941.39	974.69	996.54	1023.94	1040.58
Kaiser Permanente	Full	HMO C	550.42	573.53	599.95	626.01	655.36	684.35	716.27	748.57	783.43	818.29	856.08	894.24	934.97	955.16	995.89	1031.11	1054.23	1083.22	1100.82
Kaiser Permanente	Full	HMO D	489.88	510.46	533.97	557.16	583.29	609.09	637.50	666.24	697.27	728.29	761.93	795.90	832.15	850.11	886.36	917.71	938.29	964.09	979.77
Kaiser Permanente	Full	HMO E	452.66	471.67	493.39	514.82	538.96	562.80	589.06	615.61	644.28	672.95	704.03	735.41	768.91	785.51	819.00	847.97	866.99	890.83	905.31
Sharp Health Plan	Performance	HMO A	512.87	534.41	559.02	583.30	610.65	637.66	667.41	697.50	729.98	762.46	797.68	833.23	871.19	889.99	927.94	960.77	982.31	1009.32	1025.73
Sharp Health Plan	Premier	HMO B	491.39	512.02	535.61	558.87	585.08	610.96	639.46	668.28	699.40	730.53	764.27	798.34	834.70	852.72	889.08	920.53	941.17	967.05	982.77
Sharp Health Plan	Performance	HMO D	550.13	573.23	599.64	625.68	655.02	683.99	715.90	748.17	783.01	817.85	855.63	893.77	934.48	954.65	995.36	1030.57	1053.67	1082.65	1100.25
UnitedHealthcare	SignatureValue	HMO A	504.21	525.39	549.59	573.45	600.35	626.90	656.15	685.73	717.66	749.59	784.21	819.17	856.48	874.97	912.28	944.55	965.73	992.29	1008.42
UnitedHealthcare	Alliance	HMO B	450.27	469.18	490.79	512.11	536.12	559.84	585.95	612.37	640.88	669.40	700.32	731.54	764.86	781.37	814.69	843.51	862.42	886.13	900.54
UnitedHealthcare	SignatureValue	HMO F	581.78	606.21	634.13	661.67	692.70	723.34	757.08	791.21	828.06	864.91	904.85	945.19	988.24	1009.57	1052.62	1089.86	1114.29	1144.93	1163.55
UnitedHealthcare	Alliance	HMO G	519.54	541.36	566.30	590.89	618.60	645.96	676.09	706.57	739.48	772.38	808.06	844.08	882.53	901.58	940.02	973.27	995.09	1022.45	1039.08
UnitedHealthcare	SignatureValue	HMO H	534.66	557.12	582.78	608.09	636.60	664.76	695.77	727.14	761.00	794.86	831.57	868.64	908.21	927.81	967.38	1001.60	1024.05	1052.21	1069.32
UnitedHealthcare	Alliance	HMO J	477.47	497.52	520.44	543.04	568.50	593.65	621.34	649.35	679.59	709.83	742.62	775.72	811.05	828.56	863.89	894.45	914.50	939.65	954.93
UnitedHealthcare	Harmony	HMO L	425.37	443.24	463.65	483.79	506.47	528.88	553.55	578.50	605.44	632.38	661.59	691.08	722.56	738.16	769.64	796.86	814.73	837.13	850.74
UnitedHealthcare	Harmony	HMO M	490.80	511.41	534.97	558.20	584.38	610.23	638.69	667.49	698.57	729.66	763.36	797.39	833.71	851.70	888.02	919.43	940.05	965.89	981.60
UnitedHealthcare	Harmony	HMO N	451.07	470.01	491.66	513.01	537.07	560.82	586.99	613.45	642.02	670.58	701.56	732.83	766.21	782.75	816.13	845.00	863.94	887.70	902.13
UnitedHealthcare	Alliance	HMO O	443.43	462.05	483.34	504.33	527.98	551.33	577.05	603.06	631.15	659.23	689.68	720.43	753.24	769.50	802.31	830.69	849.32	872.67	886.86
UnitedHealthcare	Harmony	HMO P	418.91	436.50	456.61	476.43	498.78	520.84	545.14	569.71	596.24	622.77	651.54	680.58	711.58	726.94	757.94	784.75	802.34	824.41	837.81
UnitedHealthcare	SignatureValue	HMO Q	496.55	517.40	541.23	564.74	591.22	617.37	646.17	675.30	706.75	738.20	772.29	806.72	843.46	861.67	898.42	930.19	951.05	977.20	993.09
Western Health	Full	HMO A	559.35	582.85	609.70	636.17	666.01	695.46	727.91	760.72	796.15	831.57	869.98	908.77	950.16	970.67	1012.06	1047.86	1071.35	1100.81	1118.71
Western Health	Full	HMO B	584.29	608.83	636.87	664.53	695.69	726.46	760.35	794.63	831.63	868.64	908.76	949.27	992.51	1013.93	1057.17	1094.56	1119.10	1149.87	1168.57
Western Health	Full	HMO C	531.98	554.32	579.86	605.04	633.41	661.43	692.29	723.49	757.19	790.88	827.41	864.29	903.66	923.17	962.53	996.58	1018.92	1046.94	1063.96
Western Health	Full	HMO D	511.42	532.90	557.44	581.65	608.93	635.86	665.52	695.53	727.92	760.31	795.42	830.88	868.73	887.48	925.32	958.05	979.53	1006.47	1022.83

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CARRIER	NETWORK	PLAN	0-14	15	16	17	18	19	20	21	22	23	24	25
Anthem Blue Cross	Select HMO	HMO A	287.74	313.32	323.10	332.88	343.41	353.94	364.85	376.13	376.13	376.13	376.13	377.63
Cigna + Oscar	LocalPlus	EPO C	320.55	349.04	359.93	370.83	382.56	394.29	406.44	419.01	419.01	419.01	419.01	420.69
Cigna + Oscar	LocalPlus	EPO D	314.31	342.25	352.93	363.61	375.11	386.62	398.53	410.86	410.86	410.86	410.86	412.50
Cigna + Oscar	LocalPlus	EPO E	305.05	332.17	342.53	352.90	364.07	375.23	386.80	398.76	398.76	398.76	398.76	400.36
Health Net	WholeCare	HMO C	265.03	288.58	297.59	306.60	316.30	326.00	336.04	346.44	346.44	346.44	346.44	347.82
Health Net	Salud HMO y Mas	HMO D	241.18	262.62	270.81	279.01	287.84	296.67	305.81	315.27	315.27	315.27	315.27	316.53
Health Net	Full	HMO E	292.08	318.04	327.97	337.90	348.59	359.28	370.35	381.80	381.80	381.80	381.80	383.33
Health Net	WholeCare	HMO F	272.79	297.04	306.31	315.58	325.56	335.55	345.89	356.59	356.59	356.59	356.59	358.01
Health Net	Salud HMO y Mas	HMO G	249.24	271.40	279.87	288.34	297.46	306.58	316.03	325.81	325.81	325.81	325.81	327.11
Health Net	Full	HMO H	300.64	327.36	337.58	347.79	358.80	369.80	381.20	392.99	392.99	392.99	392.99	394.56
Kaiser Permanente	Full	HMO A	314.12	340.79	350.99	361.19	372.18	369.17	380.55	392.32	392.32	392.32	392.32	393.89
Kaiser Permanente	Full	HMO B	308.67	334.87	344.88	354.90	365.68	362.48	373.65	385.21	385.21	385.21	385.21	386.75
Sharp Health Plan	Premier	HMO A	282.65	307.78	317.38	326.99	337.34	347.68	358.40	369.48	369.48	369.48	369.48	370.96
Sharp Health Plan	Performance	HMO B	304.58	331.66	342.01	352.36	363.51	374.66	386.21	398.15	398.15	398.15	398.15	399.74
Sharp Health Plan	Premier	HMO C	278.68	303.45	312.93	322.40	332.60	342.80	353.36	364.29	364.29	364.29	364.29	365.75
UnitedHealthcare	SignatureValue	HMO A	312.75	340.56	351.18	361.81	373.26	384.71	396.57	408.83	408.83	408.83	408.83	410.47
UnitedHealthcare	Alliance	HMO C	279.29	304.12	313.61	323.10	333.33	343.55	354.14	365.09	365.09	365.09	365.09	366.55
UnitedHealthcare	SignatureValue	HMO E	338.67	368.77	380.28	391.79	404.19	416.58	429.42	442.70	442.70	442.70	442.70	444.47
UnitedHealthcare	Alliance	HMO G	302.44	329.32	339.60	349.88	360.95	372.01	383.48	395.34	395.34	395.34	395.34	396.92
UnitedHealthcare	Harmony	HMO H	263.85	287.30	296.27	305.24	314.89	324.55	334.55	344.90	344.90	344.90	344.90	346.28
UnitedHealthcare	Harmony	HMO I	285.71	311.11	320.82	330.53	340.99	351.44	362.28	373.48	373.48	373.48	373.48	374.97
UnitedHealthcare	Alliance	HMO J	274.77	299.20	308.54	317.87	327.93	337.99	348.40	359.18	359.18	359.18	359.18	360.62
UnitedHealthcare	Harmony	HMO K	259.58	282.65	291.48	300.30	309.80	319.30	329.14	339.32	339.32	339.32	339.32	340.68
UnitedHealthcare	SignatureValue	HMO L	307.69	335.04	345.50	355.96	367.22	378.48	390.14	402.21	402.21	402.21	402.21	403.82
Western Health	Full	HMO A	324.22	353.04	364.06	375.08	386.94	398.81	411.10	423.82	423.82	423.82	423.82	425.51
Western Health	Full	HMO B	331.85	361.35	372.63	383.91	396.05	408.20	420.78	433.79	433.79	433.79	433.79	435.53
Western Health	Full	HMO C	320.56	349.06	359.95	370.85	382.58	394.31	406.46	419.03	419.03	419.03	419.03	420.71

CARRIER	NETWORK	PLAN	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45
Anthem Blue Cross	Select HMO	HMO A	385.16	394.18	408.85	420.89	426.91	435.93	444.96	450.60	456.62	459.63	462.64	465.65	468.66	474.68	480.69	489.72	498.37	510.41	525.45	543.13
Cigna + Oscar	LocalPlus	EPO C	429.07	439.13	455.47	468.88	475.58	485.64	495.69	501.98	508.68	512.03	515.39	518.74	522.09	528.80	535.50	545.56	555.19	568.60	585.36	605.06
Cigna + Oscar	LocalPlus	EPO D	420.72	430.58	446.60	459.75	466.32	476.19	486.05	492.21	498.78	502.07	505.36	508.64	511.93	518.50	525.08	534.94	544.39	557.54	573.97	593.28
Cigna + Oscar	LocalPlus	EPO E	408.33	417.90	433.45	446.21	452.59	462.16	471.73	477.71	484.09	487.28	490.47	493.67	496.86	503.24	509.62	519.19	528.36	541.12	557.07	575.81
Health Net	WholeCare	HMO C	354.75	363.07	376.58	387.66	393.21	401.52	409.84	415.03	420.58	423.35	426.12	428.89	431.66	437.20	442.75	451.06	459.03	470.12	483.97	500.26
Health Net	Salud HMO y Mas	HMO D	322.83	330.40	342.69	352.78	357.83	365.39	372.96	377.69	382.73	385.25	387.78	390.30	392.82	397.87	402.91	410.48	417.73	427.82	440.43	455.24
Health Net	Full	HMO E	390.97	400.13	415.02	427.24	433.35	442.51	451.67	457.40	463.51	466.56	469.62	472.67	475.73	481.84	487.94	497.11	505.89	518.11	533.38	551.32
Health Net	WholeCare	HMO F	365.15	373.70	387.61	399.02	404.73	413.29	421.84	427.19	432.90	435.75	438.60	441.46	444.31	450.01	455.72	464.28	472.48	483.89	498.15	514.91
Health Net	Salud HMO y Mas	HMO G	333.62	341.44	354.15	364.58	369.79	377.61	385.43	390.31	395.53	398.13	400.74	403.35	405.95	411.17	416.38	424.20	431.69	442.12	455.15	470.46
Health Net	Full	HMO H	402.42	411.85	427.18	439.75	446.04	455.47	464.91	470.80	477.09	480.23	483.38	486.52	489.66	495.95	502.24	511.67	520.71	533.29	549.01	567.48
Kaiser Permanente	Full	HMO A	401.74	411.15	426.45	439.01	445.28	454.70	464.12	470.00	476.28	479.42	482.55	485.69	488.83	495.11	501.39	510.80	519.83	532.38	548.07	566.51
Kaiser Permanente	Full	HMO B	394.45	403.70	418.72	431.05	437.21	446.45	455.70	461.48	467.64	470.72	473.80	476.88	479.97	486.13	492.29	501.54	510.40	522.72	538.13	556.24
Sharp Health Plan	Premier	HMO A	378.35	387.22	401.62	413.45	419.36	428.23	437.09	442.64	448.55	451.50	454.46	457.42	460.37	466.28	472.20	481.06	489.56	501.38	516.16	533.53
Sharp Health Plan	Performance	HMO B	407.71	417.26	432.79	445.53	451.90	461.46	471.01	476.98	483.35	486.54	489.72	492.91	496.09	502.47	508.84	518.39	527.55	540.29	556.22	574.93
Sharp Health Plan	Premier	HMO C	373.03	381.78	395.98	407.64	413.47	422.21	430.96	436.42	442.25	445.16	448.08	450.99	453.91	459.73	465.56	474.31	482.68	494.34	508.91	526.03
UnitedHealthcare	SignatureValue	HMO A	418.64	428.45	444.40	457.48	464.02	473.83	483.65	489.78	496.32	499.59	502.86	506.13	509.40	515.94	522.48	532.30	541.70	554.78	571.14	590.35
UnitedHealthcare	Alliance	HMO C	373.85	382.61	396.85	408.54	414.38	423.14	431.90	437.38	443.22	446.14	449.06	451.98	454.90	460.74	466.59	475.35	483.74	495.43	510.03	527.19
UnitedHealthcare	SignatureValue	HMO E	453.32	463.95	481.21	495.38	502.46	513.09	523.71	530.35	537.44	540.98	544.52	548.06	551.60	558.69	565.77	576.40	586.58	600.74	618.45	639.26
UnitedHealthcare	Alliance	HMO G	404.83	414.32	429.73	442.39	448.71	458.20	467.69	473.62	479.94	483.11	486.27	489.43	492.59	498.92	505.24	514.73	523.83	536.48	552.29	570.87
UnitedHealthcare	Harmony	HMO H	353.18	361.46	374.91	385.94	391.46	399.74	408.02	413.19	418.71	421.47	424.23	426.99	429.75	435.26	440.78	449.06	456.99	468.03	481.83	498.04
UnitedHealthcare	Harmony	HMO I	382.44	391.41	405.97	417.92	423.90	432.86	441.83	447.43	453.40	456.39	459.38	462.37	465.36	471.33	477.31	486.27	494.86	506.81	521.75	539.31
UnitedHealthcare	Alliance	HMO J	367.80	376.42	390.43	401.92	407.67	416.29	424.91	430.30	436.04	438.92	441.79	444.66	447.54	453.29	459.03	467.65	475.91	487.41	501.77	518.66
UnitedHealthcare	Harmony	HMO K	347.46	355.61	368.84	379.70	385.13	393.27	401.42	406.51	411.93	414.65	417.36	420.08	422.79	428.22	433.65	441.79	449.60	460.46	474.03	489.98
UnitedHealthcare	SignatureValue	HMO L	411.86	421.52	437.20	450.07	456.51	466.16	475.81	481.85	488.28	491.50	494.72	497.94	501.15	507.59	514.02	523.68	532.93	545.80	561.89	580.79
Western Health	Full	HMO A	433.99	444.16	460.69	474.25	481.03	491.20	501.37	507.73	514.51	517.90	521.29	524.68	528.07	534.86	541.64	551.81	561.56	575.12	592.07	611.99
Western Health	Full	HMO B	444.21	454.62	471.54	485.42	492.36	502.77	513.18	519.69	526.63	530.10	533.57	537.04	540.51	547.45	554.39	564.80	574.78	588.66	606.01	626.40
Western Health	Full	HMO C	429.09	439.15	455.49	468.90	475.60	485.66	495.72	502.00	508.71	512.06	515.41	518.76	522.12	528.82	535.53	545.58	555.22	568.63	585.39	605.09

CARRIER	NETWORK	PLAN	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	564.20	587.89	614.97	641.68	671.77	701.48	734.21	767.31	803.04	838.77	877.51	916.63	958.38	979.07	1020.82	1056.93	1080.62	1110.34	1128.39
Cigna + Oscar	LocalPlus	EPO C	628.52	654.92	685.09	714.84	748.36	781.46	817.91	854.79	894.59	934.40	977.56	1021.14	1067.65	1090.69	1137.20	1177.43	1203.83	1236.93	1257.04
Cigna + Oscar	LocalPlus	EPO D	616.29	642.17	671.75	700.93	733.79	766.25	802.00	838.15	877.18	916.22	958.53	1001.26	1046.87	1069.47	1115.07	1154.51	1180.40	1212.86	1232.58
Cigna + Oscar	LocalPlus	EPO E	598.14	623.26	651.97	680.28	712.19	743.69	778.38	813.47	851.35	889.24	930.31	971.78	1016.04	1037.97	1082.24	1120.52	1145.64	1177.14	1196.28
Health Net	WholeCare	HMO C	519.66	541.48	566.43	591.02	618.74	646.11	676.25	706.73	739.65	772.56	808.24	844.27	882.72	901.78	940.23	973.49	995.32	1022.69	1039.32
Health Net	Salud HMO y Mas	HMO D	472.90	492.76	515.46	537.84	563.06	587.97	615.40	643.14	673.09	703.04	735.51	768.30	803.30	820.64	855.63	885.90	905.76	930.66	945.81
Health Net	Full	HMO E	572.70	596.76	624.25	651.36	681.90	712.06	745.28	778.88	815.15	851.42	890.75	930.45	972.83	993.83	1036.21	1072.87	1096.92	1127.08	1145.40
Health Net	WholeCare	HMO F	534.88	557.35	583.02	608.34	636.87	665.04	696.06	727.44	761.31	795.19	831.92	869.00	908.59	928.20	967.78	1002.01	1024.48	1052.65	1069.77
Health Net	Salud HMO y Mas	HMO G	488.71	509.23	532.69	555.82	581.89	607.63	635.97	664.64	695.59	726.55	760.10	793.99	830.15	848.07	884.24	915.51	936.04	961.78	977.43
Health Net	Full	HMO H	589.48	614.24	642.54	670.44	701.88	732.92	767.11	801.70	839.03	876.36	916.84	957.71	1001.34	1022.95	1066.57	1104.30	1129.06	1160.10	1178.97
Kaiser Permanente	Full	HMO A	588.48	613.20	641.44	669.30	700.69	731.68	765.81	800.33	837.61	874.88	915.28	956.09	999.63	1021.21	1064.76	1102.42	1127.14	1158.13	1176.96
Kaiser Permanente	Full	HMO B	577.81	602.08	629.81	657.16	687.98	718.41	751.92	785.82	822.41	859.01	898.69	938.75	981.50	1002.69	1045.45	1082.43	1106.70	1137.13	1155.63
Sharp Health Plan	Premier	HMO A	554.22	577.50	604.10	630.33	659.89	689.08	721.22	753.74	788.84	823.94	862.00	900.42	941.44	961.76	1002.77	1038.24	1061.52	1090.70	1108.44
Sharp Health Plan	Performance	HMO B	597.23	622.31	650.98	679.24	711.10	742.55	777.19	812.23	850.05	887.87	928.88	970.29	1014.49	1036.38	1080.58	1118.80	1143.88	1175.34	1194.45
Sharp Health Plan	Premier	HMO C	546.44	569.39	595.61	621.48	650.62	679.40	711.09	743.15	777.76	812.37	849.89	887.77	928.21	948.25	988.68	1023.65	1046.61	1075.38	1092.87
UnitedHealthcare	SignatureValue	HMO A	613.25	639.00	668.44	697.46	730.17	762.47	798.04	834.01	872.85	911.69	953.80	996.32	1041.70	1064.18	1109.56	1148.81	1174.57	1206.87	1226.49
UnitedHealthcare	Alliance	HMO C	547.64	570.64	596.92	622.84	652.05	680.89	712.66	744.78	779.47	814.15	851.75	889.72	930.25	950.33	990.85	1025.90	1048.90	1077.75	1095.27
UnitedHealthcare	SignatureValue	HMO E	664.05	691.94	723.81	755.25	790.66	825.64	864.15	903.11	945.16	987.22	1032.82	1078.86	1128.00	1152.35	1201.49	1243.99	1271.88	1306.85	1328.10
UnitedHealthcare	Alliance	HMO G	593.01	617.92	646.38	674.45	706.08	737.31	771.70	806.49	844.05	881.61	922.33	963.44	1007.33	1029.07	1072.95	1110.91	1135.81	1167.04	1186.02
UnitedHealthcare	Harmony	HMO H	517.35	539.08	563.91	588.40	615.99	643.24	673.24	703.60	736.36	769.13	804.65	840.52	878.81	897.77	936.06	969.17	990.90	1018.14	1034.70
UnitedHealthcare	Harmony	HMO I	560.22	583.75	610.64	637.16	667.04	696.54	729.03	761.90	797.38	832.86	871.33	910.17	951.63	972.17	1013.62	1049.48	1073.01	1102.51	1120.44
UnitedHealthcare	Alliance	HMO J	538.77	561.40	587.26	612.76	641.50	669.87	701.12	732.73	766.85	800.97	837.97	875.32	915.19	934.95	974.81	1009.30	1031.92	1060.30	1077.54
UnitedHealthcare	Harmony	HMO K	508.98	530.36	554.79	578.88	606.03	632.83	662.35	692.21	724.45	756.68	791.63	826.92	864.59	883.25	920.91	953.49	974.87	1001.67	1017.96
UnitedHealthcare	SignatureValue	HMO L	603.32	628.65	657.61	686.17	718.35	750.12	785.11	820.51	858.72	896.93	938.36	980.19	1024.83	1046.95	1091.60	1130.21	1155.55	1187.32	1206.63
Western Health	Full	HMO A	635.72	662.42	692.94	723.03	756.93	790.42	827.29	864.58	904.85	945.11	988.76	1032.84	1079.88	1103.19	1150.24	1190.92	1217.62	1251.10	1271.45
Western Health	Full	HMO B	650.69	678.02	709.25	740.05	774.76	809.03	846.77	884.94	926.15	967.36	1012.04	1057.16	1105.31	1129.17	1177.32	1218.96	1246.29	1280.56	1301.38
Western Health	Full	HMO C	628.55	654.95	685.12	714.87	748.39	781.50	817.95	854.83	894.64	934.45	977.61	1021.19	1067.70	1090.75	1137.26	1177.49	1203.88	1236.99	1257.10

Health Care Service Plan rates will vary by county

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USE EMPLOYER ZIP CODE FOR RATING

AREA 18

04/01/22 - 06/01/22

Bronze		AGE -->	0-14	15	16	17	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	Prudent Buyer - Small Group	PPO A	255.39	278.09	286.77	295.45	304.80	314.14	323.82	333.84	333.84	333.84	333.84	335.18	341.85	349.86	362.88	373.57	378.91	386.92	394.93	399.94	405.28	407.95	410.62	413.29	415.96	421.31	426.65	434.66	442.34	453.02	466.37	482.06	500.76	521.79	545.83	569.53	596.24	622.61	651.66	681.03	712.75	744.46	778.85	813.57	850.62	868.99	906.04	938.09	959.12	985.50	1001.52
Anthem Blue Cross	Select PPO	PPO B	248.69	270.79	279.24	287.70	296.80	305.90	315.33	325.08	325.08	325.08	325.08	326.38	332.88	340.68	353.36	363.76	368.97	376.77	384.57	389.45	394.65	397.25	399.85	402.45	405.05	410.25	415.45	423.25	430.73	441.13	454.14	469.42	487.62	508.10	531.51	554.59	580.59	606.27	634.56	663.16	694.05	724.93	758.41	792.22	828.30	846.18	882.27	913.47	933.95	959.64	975.24
Anthem Blue Cross	Prudent Buyer - Small Group	EPO A	258.00	280.93	289.70	298.47	307.91	317.35	327.13	337.25	337.25	337.25	337.25	338.60	345.34	353.44	366.59	377.38	382.78	390.87	398.97	404.03	409.42	412.12	414.82	417.52	420.21	425.61	431.01	439.10	446.86	457.65	471.14	486.99	505.88	527.12	551.40	575.35	602.33	628.97	658.31	687.99	720.03	752.07	786.80	821.88	859.31	877.86	915.30	947.67	968.92	995.56	1011.75
Cigna + Oscar	LocalPlus	EPO C	209.73	228.37	235.50	242.63	250.30	257.98	265.93	274.15	274.15	274.15	274.15	275.25	280.73	287.31	298.01	306.78	311.16	317.74	324.32	328.44	332.82	335.02	337.21	339.40	341.60	345.98	350.37	356.95	363.25	372.03	382.99	395.88	411.23	428.50	448.24	467.71	489.64	511.30	535.15	559.27	585.32	611.36	639.60	668.11	698.54	713.62	744.05	770.37	787.64	809.30	822.46
Cigna + Oscar	LocalPlus	EPO D	202.75	220.78	227.67	234.56	241.98	249.40	257.09	265.04	265.04	265.04	265.04	266.10	271.40	277.76	288.09	296.58	300.82	307.18	313.54	317.51	321.75	323.87	325.99	328.11	330.24	334.48	338.72	345.08	351.17	359.65	370.26	382.71	397.55	414.25	433.33	452.15	473.35	494.29	517.35	540.67	565.85	591.03	618.33	645.89	675.31	689.89	719.31	744.75	761.45	782.39	795.11
Health Net	CommunityCare	HMO A	200.51	218.33	225.15	231.96	239.30	246.64	254.24	262.10	262.10	262.10	262.10	263.15	268.39	274.68	284.91	293.29	297.49	303.78	310.07	314.00	318.19	320.29	322.39	324.48	326.58	330.77	334.97	341.26	347.29	355.67	366.16	378.48	393.15	409.67	428.54	447.15	468.12	488.82	511.63	534.69	559.59	584.49	611.49	638.75	667.84	682.25	711.35	736.51	753.02	773.73	786.30
Kaiser Permanente	Full	HMO A	209.20	226.55	233.19	239.82	246.97	240.12	247.52	255.18	255.18	255.18	255.18	256.20	261.30	267.43	277.38	285.54	289.63	295.75	301.87	305.70	309.79	311.83	313.87	315.91	317.95	322.03	326.12	332.24	338.11	346.28	356.48	368.48	382.77	398.84	417.21	435.33	455.75	475.91	498.11	520.56	544.80	569.05	595.33	621.87	650.19	664.23	692.55	717.05	733.12	753.28	765.54
Kaiser Permanente	Full	HMO B	205.47	222.49	229.00	235.51	242.51	235.53	242.79	250.30	250.30	250.30	250.30	251.30	256.31	262.31	272.08	280.09	284.09	290.10	296.10	299.86	303.86	305.87	307.87	309.87	311.87	315.88	319.88	325.89	331.65	339.66	349.67	361.43	375.45	391.22	409.24	427.01	447.04	466.81	488.59	510.61	534.39	558.17	583.95	609.98	637.76	651.53	679.31	703.34	719.11	738.89	750.90
Kaiser Permanente	Full	HMO C	197.64	213.97	220.21	226.45	233.17	225.90	232.87	240.07	240.07	240.07	240.07	241.03	245.83	251.59	260.95	268.64	272.48	278.24	284.00	287.60	291.44	293.36	295.28	297.20	299.13	302.97	306.81	312.57	318.09	325.77	335.38	346.66	360.10	375.23	392.51	409.56	428.76	447.73	468.61	489.74	512.55	535.35	560.08	585.05	611.69	624.90	651.55	674.59	689.72	708.68	720.21
Sharp Health Plan	Premier	HMO A	181.79	197.95	204.12	210.30	216.96	223.61	230.50	237.63	237.63	237.63	237.63	238.58	243.33	249.04	258.30	265.91	269.71	275.41	281.12	284.68	288.48	290.38	292.28	294.19	296.09	299.89	303.69	309.39	314.86	322.46	331.97	343.14	356.45	371.42	388.53	405.40	424.41	443.18	463.85	484.77	507.34	529.91	554.39	579.10	605.48	618.55	644.93	667.74	682.71	701.48	712.89
Sharp Health Plan	Performance	HMO B	200.32	218.13	224.94	231.75	239.08	246.41	254.00	261.86	261.86	261.86	261.86	262.91	268.14	274.43	284.64	293.02	297.21	303.50	309.78	313.71	317.90	319.99	322.09	324.18	326.28	330.47	334.66	340.94	346.96	355.34	365.82	378.13	392.79	409.29	428.14	446.73	467.68	488.37	511.15	534.19	559.07	583.95	610.92	638.15	667.22	681.62	710.69	735.83	752.32	773.01	785.58
Western Health	Full	HMO B	223.32	243.17	250.76	258.35	266.53	274.70	283.17	291.93	291.93	291.93	291.93	293.09	298.93	305.94	317.32	326.67	331.34	338.34	345.35	349.73	354.40	356.73	359.07	361.40	363.74	368.41	373.08	380.09	386.80	396.14	407.82	421.54	437.89	456.28	477.30	498.03	521.38	544.44	569.84	595.53	623.26	651.00	681.06	711.42	743.83	759.88	792.29	820.31	838.70	861.77	875.78
Western Health	Full	HMO C	229.09	249.46	257.24	265.03	273.41	281.80	290.48	299.47	299.47	299.47	299.47	300.67	306.66	313.84	325.52	335.11	339.90	347.08	354.27	358.76	363.55	365.95	368.35	370.74	373.14	377.93	382.72	389.91	396.80	406.38	418.36	432.43	449.20	468.07	489.63	510.89	534.85	558.51	584.56	610.92	639.37	667.81	698.66	729.80	763.05	779.52	812.76	841.51	860.37	884.03	898.41

Silver		AGE -->	0-14	15	16	17	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	221.45	241.14	248.66	256.19	264.30	272.40	280.80	289.48	289.48	289.48	289.48	290.64	296.43	303.38	314.66	323.93	328.56	335.51	342.45	346.80	351.43	353.74	356.06	358.38	360.69	365.32	369.96	376.90	383.56	392.82	404.40	418.01	434.22	452.46	473.30	493.85	517.01	539.88	565.06	590.54	618.04	645.54	675.36	705.46	737.60	753.52	785.65	813.44	831.68	854.54	868.44
Anthem Blue Cross	CaliforniaCare HMO	HMO B	240.39	261.76	269.93	278.10	286.90	295.70	304.81	314.24	314.24	314.24	314.24	315.50	321.78	329.32	341.58	351.63	356.66	364.20	371.75	376.46	381.49	384.00	386.52	389.03	391.54	396.57	401.60	409.14	416.37	426.42	438.99	453.76	471.36	491.16	513.78	536.09	561.23	586.06	613.40	641.05	670.90	700.76	733.12	765.80	800.68	817.97	852.85	883.01	902.81	927.64	942.72
Anthem Blue Cross	Priority Select HMO	HMO C	189.80	206.68	213.13	219.58	226.52	233.47	240.67	248.11	248.11	248.11	248.11	249.10	254.06	260.02	269.70	277.64	281.60	287.56	293.51	297.24	301.21	303.19	305.18	307.16	309.15	313.11	317.08	323.04	328.75	336.69	346.61	358.27	372.17	387.80	405.66	423.28	443.12	462.73	484.31	506.14	529.71	553.29	578.84	604.64	632.18	645.83	673.37	697.19	712.82	732.42	744.33
Anthem Blue Cross	Advantage PPO	PPO A	285.67	311.07	320.78	330.49	340.94	351.40	362.23	373.43	373.43	373.43	373.43	374.92	382.39	391.35	405.92	417.87	423.84	432.81	441.77	447.37	453.34	456.33	459.32	462.31	465.29	471.27	477.24	486.21	494.79	506.74	521.68	539.23	560.15	583.67	610.56	637.07	666.95	696.45	728.94	761.80	797.27	832.75	871.21	910.05	951.50	972.04	1013.49	1049.34	1072.86	1102.37	1120.29
Anthem Blue Cross	Select PPO	PPO B	275.21	299.67	309.03	318.38	328.45	338.52	348.96	359.75	359.75	359.75	359.75	361.19	368.38	377.02	391.05	402.56	408.32	416.95	425.58	430.98	436.74	439.61	442.49	445.37	448.25	454.00	459.76	468.39	476.67	488.18	502.57	519.48	539.63	562.29	588.19	613.73	642.51	670.93	702.23	733.89	768.07	802.24	839.30	876.71	916.64	936.43	976.36	1010.90	1033.56	1061.98	1079.25
Anthem Blue Cross	Prudent Buyer - Small Group	PPO C	282.65	307.78	317.38	326.99	337.34	347.68	358.40	369.48	369.48	369.48	369.48	370.96	378.35	387.22	401.62	413.45	419.36	428.23	437.09	442.64	448.55	451.50	454.46	457.42	460.37	466.28	472.20	481.06	489.56	501.38	516.16	533.53	554.22	577.50	604.10	630.33	659.89	689.08	721.22	753.74	788.84	823.94	862.00	900.42	941.44	961.76	1002.77	1038.24	1061.52	1090.70	1108.44
Anthem Blue Cross	Prudent Buyer - Small Group	EPO A	276.10	300.65	310.03	319.41	329.52	339.63	350.09	360.92	360.92	360.92	360.92	362.36	369.58	378.24	392.32	403.87	409.64	418.31	426.97	432.38	438.16	441.04	443.93	446.82	449.71	455.48	461.26	469.92	478.22	489.77	504.21	521.17	541.38	564.12	590.10	615.73	644.60	673.12	704.52	736.28	770.56	804.85	842.03	879.56	919.62	939.47	979.54	1014.19	1036.92	1065.44	1082.76
Anthem Blue Cross	Prudent Buyer - Small Group	EPO B	276.19	300.74	310.12	319.51	329.62	339.73	350.20	361.03	361.03	361.03	361.03	362.47	369.69	378.36	392.44	403.99	409.77	418.43	427.10	432.51	438.29	441.18	444.07	446.96	449.84	455.62	461.40	470.06	478.36	489.92	504.36	521.33	541.55	564.29	590.28	615.92	644.80	673.32	704.73	736.50	770.80	805.10	842.28	879.83	919.90	939.76	979.84	1014.49	1037.24	1065.76	1083.09
Cigna + Oscar	LocalPlus	EPO C	268.97	292.88	302.02	311.17	321.01	330.86	341.05	351.60	351.60	351.60	351.60	353.01	360.04	368.48	382.19	393.44	399.07	407.51	415.94	421.22	426.84	429.66	432.47	435.28	438.09	443.72	449.35	457.78	465.87	477.12	491.19	507.71	527.40	549.55	574.87	599.83	627.96	655.74	686.32	717.27	750.67	784.07	820.28	856.85	895.88	915.22	954.24	988.00	1010.15	1037.92	1054.80
Cigna + Oscar	LocalPlus	EPO D	263.38	286.79	295.74	304.69	314.33	323.97	333.96	344.28	344.28	344.28	344.28	345.66	352.55	360.81	374.24	385.25	390.76	399.03	407.29	412.45	417.96	420.71	423.47	426.22	428.98	434.49	439.99	448.26	456.18	467.19	480.96	497.15	516.43	538.12	562.90	587.35	614.89	642.09	672.04	702.34	735.05	767.75	803.21	839.02	877.24	896.17	934.39	967.44	989.13	1016.33	1032.85
Cigna + Oscar	LocalPlus	EPO E	256.63	279.44	288.16	296.89	306.28	315.67	325.40	335.47	335.47	335.47	335.47	336.81	343.52	351.57	364.65	375.39	380.75	388.80	396.86	401.89	407.25	409.94	412.62	415.31	417.99	423.36	428.72	436.78	444.49	455.23	468.64	484.41	503.20	524.33	548.49	572.30	599.14	625.64	654.83	684.35	716.22	748.09	782.64	817.53	854.77	873.22	910.45	942.66	963.79	990.29	1006.40
Health Net	WholeCare	HMO A	255.89	278.64	287.34	296.03	305.40	314.76	324.47	334.50	334.50	334.50	334.50	335.84	342.53	350.56	363.60	374.31	379.66	387.69	395.71	400.73	406.08	408.76	411.44	414.11	416.79	422.14	427.49	435.52	443.21	453.92	467.30	483.02	501.75	522.82	546.91	570.66	597.42	623.84	652.94	682.38	714.16	745.94	780.39	815.18	852.31	870.70	907.83	939.95	961.02	987.45	1003.50
Health Net	CommunityCare	HMO C	219.54	239.06	246.52	253.98	262.01	270.05	278.37	286.98	286.98	286.98	286.98	288.13	293.87	300.76	311.95	321.13	325.72	332.61	339.50	343.80	348.40	350.69	352.99	355.28	357.58	362.17	366.76	373.65	380.25	389.43	400.91	414.40	430.47	448.55	469.22	489.59	512.55	535.22	560.19	585.44	612.71	639.97	669.53	699.38	731.23	747.01	778.87	806.42	824.50	847.17	860.94
Kaiser Permanente	Full	HMO A	238.92	258.92	266.56	274.21	282.44	276.68	285.21	294.03	294.03	294.03	294.03	295.21	301.09	308.14	319.61	329.02	333.72	340.78	347.84	352.25	356.95	359.30	361.66	364.01	366.36	371.06	375.77	382.83	389.59	399.00	410.76	424.58	441.04	459.57	480.74	501.61	525.14	548.36	573.94	599.82	627.75	655.68	685.97	716.55	749.19	765.36	797.99	826.22	844.75	867.97	882.09
Kaiser Permanente	Full	HMO B	243.15	263.52	271.31	279.10	287.48	281.88	290.57	299.55	299.55	299.55	299.55	300.75	306.74	313.93	325.62	335.20	339.99	347.18	354.37	358.87	363.66	366.05	368.45	370.85	373.24	378.04	382.83	390.02	396.91	406.49	418.48	432.56	449.33	468.20	489.77	511.04	535.00	558.67	584.73	611.09	639.55	668.01	698.86	730.01	763.26	779.74	812.99	841.75	860.62	884.28	898.65
Kaiser Permanente	Full	HMO C	241.35	261.56	269.29	277.02	285.34	279.67	288.29	297.21	297.21	297.21	297.21	298.40	304.34	311.47	323.06	332.58	337.33	344.46	351.60	356.05	360.81	363.19	365.57	367.94	370.32	375.08	379.83	386.96	393.80	403.31	415.20	429.17	445.81	464.54	485.93	507.04	530.81	554.29	580.15	606.30	634.54	662.77	693.38	724.29	757.28	773.63	806.62	835.15	853.88	877.36	891.63
Kaiser Permanente	Full	HMO D	226.01	244.86	252.07	259.27	267.03	260.80	268.84	277.16	277.16	277.16	277.16	278.26	283.81	290.46	301.27	310.14	314.57	321.22	327.88	332.03	336.47	338.68	340.90	343.12	345.34	349.77	354.21	360.86	367.23	376.10	387.19	400.21	415.73	433.19	453.15	472.83	495.00	516.90	541.01	565.40	591.73	618.06	646.60	675.43	706.19	721.44	752.20	778.81	796.27	818.16	831.48
Kaiser Permanente	Full	HMO E	235.72	255.43	262.97	270.50	278.62	272.75	281.15	289.85	289.85	289.85	289.85	291.01	296.80	303.76	315.06	324.34	328.98	335.93	342.89	347.24	351.87	354.19	356.51	358.83	361.15	365.79	370.42	377.38	384.05	393.32	404.92	418.54	434.77	453.03	473.90	494.48	517.67	540.56	565.78	591.29	618.82	646.36	676.21	706.36	738.53	754.47	786.64	814.47	832.73	855.63	869.55
Sharp Health Plan	Premier	HMO A	203.65	221.75	228.67	235.60	243.05	250.50	258.22	266.21	266.21	266.21	266.21	267.27	272.60	278.99	289.37	297.89	302.15	308.54	314.93	318.92	323.18	325.31	327.44	329.57	331.70	335.96	340.22	346.61	352.73	361.25	371.90	384.41	399.32	416.09	435.25	454.15	475.45	496.48	519.64	543.07	568.36	593.65	621.07	648.75	678.30	692.94	722.49	748.05	764.82	785.85	798.63
Sharp Health Plan	Performance	HMO B	216.16	235.37	242.72	250.07	257.98	265.89	274.08	282.56	282.56	282.56	282.56	283.69	289.34	296.12	307.14	316.18	320.71	327.49	334.27	338.51	343.03	345.29	347.55	349.81	352.07	356.59	361.11	367.89	374.39	383.43	394.74	408.02	423.84	441.64	461.99	482.05	504.65	526.97	551.56	576.42	603.27	630.11	659.21	688.60	719.96	735.50	766.87	793.99	811.79	834.12	847.68
Sharp Health Plan	Premier	HMO C	199.18	216.88	223.65	230.42	237.71	245.00	252.55	260.36	260.36	260.36	260.36	261.40	266.61	272.86	283.01	291.34	295.51	301.76	308.01	311.91	316.08	318.16	320.24	322.33	324.41	328.57	332.74	338.99	344.98	353.31	363.72	375.96	390.54	406.94	425.69	444.17	465.00	485.57	508.22	531.13	555.87	580.60	607.42	634.50	663.40	677.72	706.62	731.61	748.01	768.58	781.08
UnitedHealthcare	SignatureValue	HMO A	251.72	274.09	282.65	291.20	300.41	309.63	319.17	329.04	329.04	329.04	329.04	330.36	336.94	344.83	357.67	368.20	373.46	381.36	389.25	394.19	399.45	402.09	404.72	407.35	409.98	415.25	420.51	428.41	435.98	446.51	459.67	475.13	493.56	514.29	537.98	561.34	587.67	613.66	642.29	671.24	702.50	733.76	767.65	801.87	838.39	856.49	893.01	924.60	945.33	971.33	987.12
UnitedHealthcare	Alliance	HMO E	223.56	243.43	251.03	258.62	266.81	274.99	283.46	292.23	292.23	292.23	292.23	293.40	299.24	306.26	317.65	327.01	331.68	338.69	345.71	350.09	354.77	357.11	359.44	361.78	364.12	368.79	373.47	380.48	387.20	396.56	408.25	421.98	438.35	456.76	477.80	498.54	521.92	545.01	570.43	596.15	623.91	651.67	681.77	712.16	744.60	760.67	793.11	821.17	839.58	862.66	876.69
UnitedHealthcare	Harmony	HMO F	198.51	216.16	222.90	229.65	236.91	244.18	251.71	259.49	259.49	259.49	259.49	260.53	265.72	271.95	282.07	290.37	294.52	300.75	306.98	310.87	315.02	317.10	319.17	321.25	323.32	327.48	331.63	337.86	343.82	352.13	362.51	374.70	389.24	405.58	424.27	442.69	463.45	483.95	506.52	529.36	554.01	578.66	605.39	632.38	661.18	675.45	704.26	729.17	745.51	766.01	778.47
UnitedHealthcare	Harmony	HMO G	175.82	191.45	197.42	203.40	209.83	216.27	222.94	229.83	229.83	229.83	229.83	230.75	235.35	240.86	249.83	257.18	260.86	266.37	271.89	275.34	279.01	280.85	282.69	284.53	286.37	290.05	293.72	299.24	304.52	311.88	321.07	331.87	344.75	359.22	375.77	392.09	410.48	428.63	448.63	468.85	490.69	512.52	536.19	560.10	585.61	598.25	623.76	645.82	660.30	678.46	689.49
Western Health	Full	HMO A	246.14	268.02	276.38	284.75	293.76	302.77	312.10	321.75	321.75	321.75	321.75	323.04	329.47	337.19	349.74	360.04	365.18	372.91	380.63	385.45	390.60	393.18	395.75	398.32	400.90	406.05	411.19	418.92	426.32	436.61	449.48	464.60	482.62	502.89	526.06	548.90	574.64	600.06	628.05	656.37	686.93	717.50	750.64	784.10	819.81	837.51	873.23	904.11	924.38	949.80	965.25
Western Health	Full	HMO B	258.40	281.37	290.15	298.94	308.39	317.85	327.65	337.78	337.78	337.78	337.78	339.13	345.89	353.99	367.17	377.98	383.38	391.49	399.59	404.66	410.06	412.77	415.47	418.17	420.87	426.28	431.68	439.79	447.56	458.37	471.88	487.75	506.67	527.95	552.27	576.25	603.27	629.96	659.35	689.07	721.16	753.25	788.04	823.17	860.66	879.24	916.73	949.16	970.44	997.13	1013.34
Western Health	Full	HMO C	241.30	262.75	270.95	279.16	287.99	296.82	305.97	315.43	315.43	315.43	315.43	316.69	323.00	330.57	342.87	352.97	358.01	365.58	373.15	377.89	382.93	385.46	387.98	390.50	393.03	398.07	403.12	410.69	417.95	428.04	440.66	455.48	473.15	493.02	515.73	538.12	563.36	588.28	615.72	643.48	673.44	703.41	735.90	768.70	803.72	821.07	856.08	886.36	906.23	931.15	946.29

Health Care Service Plan rates will vary by county

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Gold

CARRIER	NETWORK	PLAN	0-14	15	16	17	18	19	20	21	22	23
Anthem Blue Cross	Select HMO	HMO A	270.83	294.90	304.10	313.31	323.22	333.13	343.40	354.02	354.02	354.02
Anthem Blue Cross	CaliforniaCare HMO	HMO B	294.00	320.13	330.12	340.11	350.88	361.64	372.78	384.31	384.31	384.31
Anthem Blue Cross	Priority Select HMO	HMO C	232.09	252.72	260.61	268.50	277.00	285.49	294.29	303.39	303.39	303.39
Anthem Blue Cross	Advantage PPO	PPO A	337.20	367.18	378.64	390.10	402.44	414.78	427.57	440.79	440.79	440.79
Anthem Blue Cross	Select PPO	PPO B	312.37	340.14	350.76	361.37	372.81	384.24	396.08	408.33	408.33	408.33
Anthem Blue Cross	Select PPO	PPO C	324.82	353.69	364.73	375.77	387.66	399.55	411.86	424.60	424.60	424.60
Anthem Blue Cross	Select PPO	PPO D	303.84	330.84	341.17	351.50	362.62	373.74	385.25	397.17	397.17	397.17
Anthem Blue Cross	Prudent Buyer - Small Group	PPO E	333.59	363.25	374.58	385.92	398.13	410.34	422.99	436.07	436.07	436.07
Cigna + Oscar	LocalPlus	EPO C	297.54	323.99	334.10	344.21	355.10	365.99	377.27	388.94	388.94	388.94
Cigna + Oscar	LocalPlus	EPO D	288.46	314.10	323.90	333.70	344.26	354.82	365.76	377.07	377.07	377.07
Cigna + Oscar	LocalPlus	EPO E	294.72	320.91	330.93	340.94	351.73	362.52	373.69	385.25	385.25	385.25
Health Net	WholeCare	HMO A	293.57	319.66	329.64	339.62	350.37	361.11	372.24	383.75	383.75	383.75
Health Net	WholeCare	HMO B	287.72	313.30	323.08	332.86	343.39	353.92	364.82	376.11	376.11	376.11
Health Net	WholeCare	HMO C	291.22	317.11	327.01	336.90	347.56	358.22	369.26	380.68	380.68	380.68
Health Net	Salud HMO y Mas	HMO D	249.13	271.27	279.74	288.21	297.33	306.45	315.89	325.66	325.66	325.66
Health Net	Full	HMO E	307.84	335.21	345.67	356.13	367.40	378.67	390.34	402.41	402.41	402.41
Health Net	Full	HMO F	291.87	317.82	327.74	337.66	348.34	359.02	370.09	381.53	381.53	381.53
Health Net	Full	HMO G	316.16	344.26	355.00	365.75	377.32	388.89	400.88	413.27	413.27	413.27
Kaiser Permanente	Full	HMO B	285.04	309.13	318.35	327.56	337.48	333.41	343.69	354.31	354.31	354.31
Kaiser Permanente	Full	HMO C	300.73	326.22	335.97	345.71	356.21	352.71	363.58	374.83	374.83	374.83
Kaiser Permanente	Full	HMO D	269.20	291.88	300.56	309.23	318.57	313.92	323.60	333.60	333.60	333.60
Kaiser Permanente	Full	HMO E	249.80	270.76	278.78	286.79	295.42	290.07	299.00	308.25	308.25	308.25
Sharp Health Plan	Performance	HMO A	261.56	284.81	293.70	302.59	312.16	321.74	331.65	341.91	341.91	341.91
Sharp Health Plan	Premier	HMO B	250.61	272.88	281.40	289.92	299.09	308.26	317.76	327.59	327.59	327.59
Sharp Health Plan	Performance	HMO D	280.56	305.50	315.04	324.57	334.84	345.11	355.75	366.75	366.75	366.75
UnitedHealthcare	SignatureValue	HMO A	275.88	300.40	309.78	319.16	329.26	339.35	349.81	360.63	360.63	360.63
UnitedHealthcare	Alliance	HMO B	245.02	266.80	275.13	283.46	292.42	301.39	310.68	320.29	320.29	320.29
UnitedHealthcare	SignatureValue	HMO F	318.33	346.63	357.45	368.27	379.92	391.57	403.64	416.12	416.12	416.12
UnitedHealthcare	Alliance	HMO G	282.72	307.85	317.46	327.07	337.42	347.77	358.48	369.57	369.57	369.57
UnitedHealthcare	SignatureValue	HMO H	292.55	318.56	328.50	338.44	349.15	359.86	370.95	382.42	382.42	382.42
UnitedHealthcare	Alliance	HMO J	259.82	282.92	291.75	300.58	310.09	319.60	329.45	339.64	339.64	339.64
UnitedHealthcare	Harmony	HMO L	217.57	236.91	244.31	251.70	259.67	267.63	275.88	284.41	284.41	284.41
UnitedHealthcare	Harmony	HMO M	251.05	273.37	281.90	290.43	299.62	308.81	318.32	328.17	328.17	328.17
UnitedHealthcare	Harmony	HMO N	230.72	251.22	259.07	266.91	275.35	283.80	292.54	301.59	301.59	301.59
UnitedHealthcare	Alliance	HMO O	241.30	262.75	270.95	279.16	287.99	296.82	305.97	315.43	315.43	315.43
UnitedHealthcare	Harmony	HMO P	214.27	233.31	240.60	247.88	255.72	263.56	271.69	280.09	280.09	280.09
UnitedHealthcare	SignatureValue	HMO Q	271.70	295.85	305.08	314.32	324.26	334.21	344.51	355.16	355.16	355.16
Western Health	Full	HMO A	285.27	310.63	320.32	330.02	340.46	350.90	361.72	372.90	372.90	372.90
Western Health	Full	HMO B	297.99	324.47	334.60	344.73	355.64	366.54	377.84	389.52	389.52	389.52
Western Health	Full	HMO C	271.31	295.43	304.65	313.87	323.80	333.73	344.01	354.65	354.65	354.65
Western Health	Full	HMO D	260.82	284.01	292.87	301.74	311.28	320.83	330.72	340.94	340.94	340.94

CARRIER	NETWORK	PLAN	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43
Anthem Blue Cross	Select HMO	HMO A	354.02	355.44	362.52	371.01	384.82	396.15	401.81	410.31	418.81	424.12	429.78	432.61	435.44	438.28	441.11	446.77	452.44	460.93	469.08	480.41
Anthem Blue Cross	CaliforniaCare HMO	HMO B	384.31	385.85	393.53	402.76	417.74	430.04	436.19	445.42	454.64	460.40	466.55	469.63	472.70	475.78	478.85	485.00	491.15	500.37	509.21	521.51
Anthem Blue Cross	Priority Select HMO	HMO C	303.39	304.60	310.67	317.95	329.78	339.49	344.35	351.63	358.91	363.46	368.32	370.74	373.17	375.60	378.02	382.88	387.73	395.01	401.99	411.70
Anthem Blue Cross	Advantage PPO	PPO A	440.79	442.55	451.37	461.95	479.14	493.24	500.30	510.88	521.45	528.07	535.12	538.65	542.17	545.70	549.22	556.28	563.33	573.91	584.05	598.15
Anthem Blue Cross	Select PPO	PPO B	408.33	409.96	418.13	427.93	443.85	456.92	463.45	473.25	483.05	489.18	495.71	498.98	502.25	505.51	508.78	515.31	521.85	531.65	541.04	554.10
Anthem Blue Cross	Select PPO	PPO C	424.60	426.30	434.79	444.98	461.54	475.13	481.92	492.11	502.30	508.67	515.46	518.86	522.26	525.65	529.05	535.85	542.64	552.83	562.60	576.18
Anthem Blue Cross	Select PPO	PPO D	397.17	398.76	406.70	416.23	431.72	444.43	450.79	460.32	469.85	475.81	482.16	485.34	488.52	491.70	494.87	501.23	507.58	517.12	526.25	538.96
Anthem Blue Cross	Prudent Buyer - Small Group	PPO E	436.07	437.81	446.54	457.00	474.01	487.96	494.94	505.41	515.87	522.41	529.39	532.88	536.37	539.85	543.34	550.32	557.30	567.76	577.79	591.75
Cigna + Oscar	LocalPlus	EPO C	388.94	390.49	398.27	407.61	422.78	435.22	441.44	450.78	460.11	465.95	472.17	475.28	478.39	481.51	484.62	490.84	497.06	506.40	515.34	527.79
Cigna + Oscar	LocalPlus	EPO D	377.07	378.58	386.12	395.17	409.87	421.94	427.97	437.02	446.07	451.73	457.76	460.78	463.79	466.81	469.83	475.86	481.89	490.94	499.61	511.68
Cigna + Oscar	LocalPlus	EPO E	385.25	386.79	394.49	403.74	418.77	431.09	437.26	446.50	455.75	461.53	467.69	470.77	473.86	476.94	480.02	486.18	492.35	501.59	510.45	522.78
Health Net	WholeCare	HMO A	383.75	385.29	392.96	402.17	417.14	429.42	435.56	444.77	453.98	459.73	465.87	468.94	472.01	475.08	478.15	484.29	490.43	499.64	508.47	520.75
Health Net	WholeCare	HMO B	376.11	377.61	385.13	394.16	408.83	420.86	426.88	435.91	444.94	450.58	456.60	459.60	462.61	465.62	468.63	474.65	480.67	489.69	498.34	510.38
Health Net	WholeCare	HMO C	380.68	382.20	389.82	398.95	413.80	425.98	432.07	441.21	450.35	456.06	462.15	465.19	468.24	471.28	474.33	480.42	486.51	495.65	504.40	516.58
Health Net	Salud HMO y Mas	HMO D	325.66	326.96	333.48	341.29	353.99	364.41	369.62	377.44	385.26	390.14	395.35	397.96	400.56	403.17	405.77	410.98	416.19	424.01	431.50	441.92
Health Net	Full	HMO E	402.41	404.02	412.07	421.72	437.42	450.29	456.73	466.39	476.05	482.08	488.52	491.74	494.96	498.18	501.40	507.84	514.28	523.93	533.19	546.07
Health Net	Full	HMO F	381.53	383.06	390.69	399.85	414.73	426.94	433.04	442.20	451.36	457.08	463.18	466.24	469.29	472.34	475.39	481.50	487.60	496.76	505.53	517.74
Health Net	Full	HMO G	413.27	414.93	423.19	433.11	449.23	462.45	469.07	478.99	488.90	495.10	501.72	505.02	508.33	511.63	514.94	521.55	528.17	538.08	547.59	560.81
Kaiser Permanente	Full	HMO B	354.31	355.73	362.82	371.32	385.14	396.48	402.15	410.65	419.15	424.47	430.14	432.97	435.81	438.64	441.48	447.15	452.81	461.32	469.47	480.81
Kaiser Permanente	Full	HMO C	374.83	376.33	383.82	392.82	407.44	419.43	425.43	434.42	443.42	449.04	455.04	458.04	461.04	464.03	467.03	473.03	479.03	488.02	496.64	508.64
Kaiser Permanente	Full	HMO D	333.60	334.94	341.61	349.62	362.63	373.30	378.64	386.65	394.65	399.66	405.00	407.66	410.33	413.00	415.67	421.01	426.35	434.35	442.03	452.70
Kaiser Permanente	Full	HMO E	308.25	309.49	315.65	323.05	335.07	344.93	349.87	357.26	364.66	369.29	374.22	376.68	379.15	381.62	384.08	389.01	393.95	401.34	408.43	418.30
Sharp Health Plan	Performance	HMO A	341.91	343.28	350.12	358.32	371.66	382.60	388.07	396.27	404.48	409.61	415.08	417.81	420.55	423.28	426.02	431.49	436.96	445.17	453.03	463.97
Sharp Health Plan	Premier	HMO B	327.59	328.90	335.45	343.31	356.09	366.57	371.81	379.68	387.54	392.45	397.69	400.31	402.94	405.56	408.18	413.42	418.66	426.52	434.06	444.54
Sharp Health Plan	Performance	HMO D	366.75	368.22	375.55	384.35	398.66	410.39	416.26	425.06	433.87	439.37	445.23	448.17	451.10	454.04	456.97	462.84	468.71	477.51	485.94	497.68
UnitedHealthcare	SignatureValue	HMO A	360.63	362.07	369.29	377.94	392.00	403.54	409.32	417.97	426.63	432.03	437.80	440.69	443.57	446.46	449.34	455.12	460.89	469.54	477.83	489.37
UnitedHealthcare	Alliance	HMO B	320.29	321.57	327.98	335.66	348.16	358.40	363.53	371.22	378.90	383.71	388.83	391.39	393.96	396.52	399.08	404.21	409.33	417.02	424.38	434.63
UnitedHealthcare	SignatureValue	HMO F	416.12	417.78	426.11	436.09	452.32	465.64	472.30	482.28	492.27	498.51	505.17	508.50	511.83	515.16	518.49	525.14	531.80	541.79	551.36	564.67
UnitedHealthcare	Alliance	HMO G	369.57	371.05	378.44	387.31	401.72	413.55	419.46	428.33	437.20	442.74	448.66	451.61	454.57	457.53	460.48	466.40	472.31	481.18	489.68	501.51
UnitedHealthcare	SignatureValue	HMO H	382.42	383.95	391.60	400.78	415.69	427.93	434.05	443.22	452.40	458.14	464.26	467.32	470.38	473.44	476.50	482.61	488.73	497.91	506.71	518.94
UnitedHealthcare	Alliance	HMO J	339.64	341.00	347.79	355.94	369.19	380.06	385.49	393.64	401.79	406.89	412.32	415.04	417.76	420.47	423.19	428.63	434.06	442.21	450.02	460.89
UnitedHealthcare	Harmony	HMO L	284.41	285.55	291.24	298.06	309.15	318.25	322.81	329.63	336.46	340.72	345.27	347.55	349.82	352.10	354.37	358.93	363.48	370.30	376.84	385.94
UnitedHealthcare	Harmony	HMO M	328.17	329.48	336.05	343.92	356.72	367.22	372.47	380.35	388.23	393.15	398.40	401.02	403.65	406.27	408.90	414.15	419.40	427.28	434.83	445.33
UnitedHealthcare	Harmony	HMO N	301.59	302.80	308.83	316.07	327.83	337.48	342.30	349.54	356.78	361.30	366.13	368.54	370.96	373.37	375.78	380.61	385.43	392.67	399.61	409.26
UnitedHealthcare	Alliance	HMO O	315.43	316.69	323.00	330.57	342.87	352.97	358.01	365.58	373.15	377.89	382.93	385.46	387.98	390.50	393.03	398.07	403.12	410.69	417.94	428.04
UnitedHealthcare	Harmony	HMO P	280.09	281.21	286.81	293.53	304.46	313.42	317.90	324.62	331.35	335.55	340.03	342.27	344.51	346.75	348.99	353.47	357.96	364.68	371.12	380.08
UnitedHealthcare	SignatureValue	HMO Q	355.16	356.58	363.68	372.21	386.06	397.42	403.11	411.63	420.15	425.48	431.16	434.01	436.85	439.69	442.53	448.21	453.89	462.42	470.59	481.95
Western Health	Full	HMO A	372.90	374.39	381.85	390.80	405.35	417.28	423.25	432.19	441.14	446.74	452.70	455.69	458.67	461.65	464.64	470.60	476.57	485.52	494.10	506.03
Western Health	Full	HMO B	389.52	391.08	398.87	408.22	423.41	435.88	442.11	451.46	460.81	466.65	472.88	476.00	479.11	482.23	485.35	491.58	497.81	507.16	516.12	528.58
Western Health	Full	HMO C	354.65	356.07	363.17	371.68	385.51	396.86	402.53	411.04	419.56	424.88	430.55	433.39	436.22	439.06	441.90	447.57	453.25	461.76	469.92	481.27
Western Health	Full	HMO D	340.94	342.31	349.13	357.31	370.61	381.52	386.97	395.15	403.34	408.45	413.91	416.63	419.36	422.09	424.82	430.27	435.73	443.91	451.75	462.66

CARRIER	NETWORK	PLAN	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	494.57	511.20	531.03	553.33	578.82	603.96	632.28	660.25	691.05	722.20	755.83	789.46	825.93	862.75	902.04	921.51	960.81	994.80	1017.10	1045.07	1062.06
Anthem Blue Cross	CaliforniaCare HMO	HMO B	536.88	554.94	576.47	600.68	628.35	655.63	686.38	716.74	750.17	783.99	820.50	857.01	896.60	936.56	979.22	1000.36	1043.02	1079.91	1104.12	1134.48	1152.93
Anthem Blue Cross	Priority Select HMO	HMO C	423.84	438.10	455.09	474.20	496.04	517.58	541.85	565.82	592.22	618.92	647.74	676.56	707.81	739.36	773.04	789.72	823.40	852.53	871.64	895.61	910.17
Anthem Blue Cross	Advantage PPO	PPO A	615.78	636.50	661.19	688.95	720.69	751.99	787.25	822.07	860.42	899.21	941.09	982.96	1028.36	1074.21	1123.13	1147.38	1196.30	1238.62	1266.39	1301.21	1322.37
Anthem Blue Cross	Select PPO	PPO B	570.44	589.63	612.50	638.22	667.62	696.61	729.28	761.54	797.06	832.99	871.78	910.58	952.63	995.10	1040.42	1062.88	1108.21	1147.41	1173.13	1205.39	1224.99
Anthem Blue Cross	Select PPO	PPO C	593.17	613.12	636.90	663.65	694.22	724.37	758.34	791.88	828.82	866.18	906.52	946.86	990.59	1034.75	1081.88	1105.23	1152.36	1193.13	1219.88	1253.42	1273.80
Anthem Blue Cross	Select PPO	PPO D	554.85	573.51	595.76	620.78	649.37	677.57	709.35	740.72	775.28	810.23	847.96	885.69	926.60	967.90	1011.99	1033.83	1077.92	1116.05	1141.07	1172.45	1191.51
Anthem Blue Cross	Prudent Buyer - Small Group	PPO E	609.19	629.69	654.11	681.58	712.97	743.94	778.82	813.27	851.21	889.58	931.01	972.44	1017.35	1062.70	1111.11	1135.09	1183.49	1225.36	1252.83	1287.28	1308.21
Cigna + Oscar	LocalPlus	EPO C	543.35	561.63	583.41	607.91	635.91	663.53	694.64	725.37	759.21	793.43	830.38	867.33	907.39	947.84	991.01	1012.41	1055.58	1092.92	1117.42	1148.14	1166.81
Cigna + Oscar	LocalPlus	EPO D	526.76	544.49	565.60	589.36	616.51	643.28	673.44	703.23	736.04	769.22	805.04	840.86	879.70	918.91	960.77	981.51	1023.36	1059.56	1083.31	1113.10	1131.20
Cigna + Oscar	LocalPlus	EPO E	538.19	556.30	577.87	602.14	629.88	657.23	688.05	718.49	752.01	785.91	822.51	859.10	898.78	938.85	981.61	1002.80	1045.56	1082.55	1106.82	1137.25	1155.75
Health Net	WholeCare	HMO A	536.10	554.14	575.63	599.80	627.43	654.68	685.38	715.70	749.08	782.85	819.31	855.77	895.29	935.20	977.80	998.90	1041.50	1078.34	1102.52	1132.83	1151.25
Health Net	WholeCare	HMO B	525.42	543.10	564.16	587.86	614.94	641.64	671.73	701.44	734.16	767.26	802.99	838.72	877.46	916.58	958.32	979.01	1020.76	1056.86	1080.56	1110.27	1128.33
Health Net	WholeCare	HMO C	531.81	549.70	571.02	595.00	622.41	649.44	679.90	709.97	743.09	776.59	812.75	848.92	888.13	927.72	969.98	990.91	1033.17	1069.71	1093.70	1123.77	1142.04
Health Net	Salud HMO y Mas	HMO D	454.95	470.25	488.49	509.01	532.45	555.58	581.63	607.35	635.69	664.35	695.28	726.22	759.76	793.63	829.78	847.69	883.84	915.10	935.62	961.35	976.98
Health Net	Full	HMO E	562.16	581.08	603.61	628.96	657.94	686.51	718.70	750.49	785.50	820.91	859.14	897.37	938.82	980.67	1025.33	1047.47	1092.13	1130.77	1156.12	1187.91	1207.23
Health Net	Full	HMO F	533.00	550.94	572.30	596.34	623.81	650.90	681.42	711.56	744.76	778.33	814.58	850.82	890.12	929.80	972.15	993.13	1035.49	1072.11	1096.15	1126.29	1144.59
Health Net	Full	HMO G	577.34	596.77	619.91	645.95	675.70	705.05	738.11	770.76	806.71	843.08	882.34	921.60	964.17	1007.15	1053.02	1075.75	1121.63	1161.30	1187.34	1219.99	1239.81
Kaiser Permanente	Full	HMO B	494.98	511.63	531.47	553.79	579.30	604.46	632.81	660.80	691.62	722.80	756.46	790.12	826.62	863.47	902.79	922.28	961.61	995.62	1017.95	1045.94	1062.93
Kaiser Permanente	Full	HMO C	523.63	541.25	562.24	585.85	612.84	639.45	669.44	699.05	731.66	764.65	800.25	835.86	874.47	913.45	955.06	975.67	1017.28	1053.26	1076.88	1106.49	1124.49
Kaiser Permanente	Full	HMO D	466.04	481.72	500.41	521.42	545.44	569.13	595.82	622.17	651.19	680.55	712.24	743.94	778.30	812.99	850.02	868.37	905.40	937.43	958.44	984.80	1000.80
Kaiser Permanente	Full	HMO E	430.63	445.12	462.38	481.80	503.99	525.88	550.54	574.89	601.71	628.84	658.12	687.40	719.15	751.21	785.43	802.38	836.60	866.19	885.61	909.96	924.75
Sharp Health Plan	Performance	HMO A	477.65	493.72	512.87	534.41	559.02	583.30	610.65	637.66	667.41	697.50	729.98	762.46	797.68	833.23	871.19	889.99	927.94	960.77	982.31	1009.32	1025.73
Sharp Health Plan	Premier	HMO B	457.64	473.04	491.39	512.02	535.61	558.87	585.08	610.96	639.46	668.28	699.40	730.53	764.27	798.34	834.70	852.72	889.08	920.53	941.17	967.05	982.77
Sharp Health Plan	Performance	HMO D	512.35	529.59	550.13	573.23	599.64	625.68	655.02	683.99	715.90	748.17	783.01	817.85	855.63	893.77	934.48	954.65	995.36	1030.57	1053.67	1082.65	1100.25
UnitedHealthcare	SignatureValue	HMO A	503.80	520.75	540.95	563.66	589.63	615.23	644.09	672.57	703.95	735.69	769.95	804.20	841.35	878.86	918.89	938.72	978.75	1013.37	1036.09	1064.58	1081.89
UnitedHealthcare	Alliance	HMO B	447.45	462.50	480.44	500.61	523.67	546.41	572.04	597.34	625.21	653.39	683.82	714.25	747.24	780.55	816.10	833.71	869.27	900.01	920.19	945.50	960.87
UnitedHealthcare	SignatureValue	HMO F	581.32	600.88	624.18	650.40	680.36	709.90	743.19	776.06	812.27	848.88	888.42	927.95	970.81	1014.08	1060.27	1083.16	1129.35	1169.30	1195.51	1228.39	1248.36
UnitedHealthcare	Alliance	HMO G	516.29	533.66	554.36	577.64	604.25	630.49	660.05	689.25	721.40	753.92	789.03	824.14	862.21	900.64	941.66	961.99	1003.01	1038.49	1061.77	1090.97	1108.71
UnitedHealthcare	SignatureValue	HMO H	534.24	552.21	573.63	597.72	625.26	652.41	683.00	713.21	746.48	780.14	816.47	852.80	892.19	931.96	974.41	995.44	1037.89	1074.60	1098.69	1128.90	1147.26
UnitedHealthcare	Alliance	HMO J	474.48	490.44	509.46	530.86	555.31	579.43	606.60	633.43	662.98	692.87	725.13	757.40	792.38	827.70	865.40	884.08	921.78	954.39	975.79	1002.62	1018.92
UnitedHealthcare	Harmony	HMO L	397.32	410.69	426.62	444.53	465.01	485.20	507.96	530.42	555.17	580.20	607.22	634.23	663.53	693.11	724.68	740.32	771.89	799.19	817.11	839.58	853.23
UnitedHealthcare	Harmony	HMO M	458.45	473.88	492.26	512.93	536.56	559.86	586.11	612.04	640.59	669.47	700.64	731.82	765.62	799.75	836.18	854.23	890.65	922.16	942.83	968.76	984.51
UnitedHealthcare	Harmony	HMO N	421.32	435.50	452.39	471.39	493.10	514.51	538.64	562.47	588.70	615.24	643.89	672.55	703.61	734.97	768.45	785.04	818.52	847.47	866.47	890.29	904.77
UnitedHealthcare	Alliance	HMO O	440.66	455.48	473.15	493.02	515.73	538.12	563.36	588.28	615.72	643.48	673.44	703.41	735.90	768.70	803.72	821.06	856.08	886.36	906.23	931.15	946.29
UnitedHealthcare	Harmony	HMO P	391.29	404.45	420.14	437.78	457.95	477.83	500.24	522.37	546.74	571.38	597.99	624.60	653.45	682.58	713.67	729.07	760.16	787.05	804.70	826.83	840.27
UnitedHealthcare	SignatureValue	HMO Q	496.16	512.85	532.74	555.12	580.69	605.90	634.32	662.37	693.27	724.53	758.27	792.01	828.59	865.52	904.95	924.48	963.90	998.00	1020.37	1048.43	1065.48
Western Health	Full	HMO A	520.95	538.47	559.35	582.85	609.70	636.17	666.01	695.46	727.91	760.72	796.15	831.57	869.98	908.77	950.16	970.67	1012.06	1047.86	1071.35	1100.81	1118.71
Western Health	Full	HMO B	544.16	562.47	584.29	608.83	636.87	664.53	695.69	726.46	760.35	794.63	831.63	868.64	908.76	949.27	992.51	1013.93	1057.17	1094.56	1119.10	1149.87	1168.57
Western Health	Full	HMO C	495.45	512.12	531.98	554.32	579.86	605.04	633.41	661.43	692.29	723.49	757.19	790.88	827.41	864.29	903.66	923.17	962.53	996.58	1018.92	1046.94	1063.96
Western Health	Full	HMO D	476.30	492.32	511.42	532.90	557.44	581.65	608.93	635.86	665.52	695.53	727.92	760.31	795.42	830.88	868.73	887.48	925.32	958.05	979.53	1006.47	1022.83

Platinum

CARRIER	NETWORK	PLAN	0-14	15	16	17	18	19	20	21	22	23
Anthem Blue Cross	Select HMO	HMO A	309.50	337.01	347.53	358.04	369.37	380.70	392.43	404.57	404.57	404.57
Cigna + Oscar	LocalPlus	EPO C	352.46	383.79	395.77	407.75	420.65	433.55	446.91	460.74	460.74	460.74
Cigna + Oscar	LocalPlus	EPO D	345.60	376.32	388.07	399.82	412.47	425.12	438.22	451.77	451.77	451.77
Cigna + Oscar	LocalPlus	EPO E	335.43	365.24	376.64	388.04	400.32	412.60	425.31	438.47	438.47	438.47
Health Net	WholeCare	HMO C	296.52	322.88	332.96	343.03	353.89	364.74	375.98	387.61	387.61	387.61
Health Net	Salud HMO y Mas	HMO D	252.65	275.11	283.69	292.28	301.53	310.77	320.35	330.26	330.26	330.26
Health Net	Full	HMO E	319.84	348.27	359.14	370.01	381.72	393.43	405.55	418.09	418.09	418.09
Health Net	WholeCare	HMO F	305.21	332.34	342.71	353.08	364.26	375.43	387.00	398.97	398.97	398.97
Health Net	Salud HMO y Mas	HMO G	261.10	284.30	293.18	302.05	311.61	321.16	331.06	341.30	341.30	341.30
Health Net	Full	HMO H	329.21	358.48	369.66	380.85	392.90	404.95	417.43	430.34	430.34	430.34
Kaiser Permanente	Full	HMO A	320.56	347.81	358.23	368.65	379.87	377.10	388.73	400.75	400.75	400.75
Kaiser Permanente	Full	HMO B	315.00	341.76	351.99	362.22	373.24	370.27	381.68	393.48	393.48	393.48
Sharp Health Plan	Premier	HMO A	282.65	307.78	317.38	326.99	337.34	347.68	358.40	369.48	369.48	369.48
Sharp Health Plan	Performance	HMO B	304.58	331.66	342.01	352.36	363.51	374.66	386.21	398.15	398.15	398.15
Sharp Health Plan	Premier	HMO C	278.68	303.45	312.93	322.40	332.60	342.80	353.36	364.29	364.29	364.29
UnitedHealthcare	SignatureValue	HMO A	335.54	365.37	376.77	388.18	400.46	412.74	425.46	438.62	438.62	438.62
UnitedHealthcare	Alliance	HMO C	298.01	324.50	334.62	344.75	355.66	366.57	377.86	389.55	389.55	389.55
UnitedHealthcare	SignatureValue	HMO E	363.35	395.65	408.00	420.35	433.65	446.95	460.72	474.97	474.97	474.97
UnitedHealthcare	Alliance	HMO G	322.70	351.38	362.35	373.32	385.13	396.94	409.18	421.83	421.83	421.83
UnitedHealthcare	Harmony	HMO H	264.62	288.14	297.14	306.13	315.82	325.50	335.53	345.91	345.91	345.91
UnitedHealthcare	Harmony	HMO I	286.55	312.03	321.76	331.50	341.99	352.48	363.34	374.58	374.58	374.58
UnitedHealthcare	Alliance	HMO J	293.19	319.25	329.21	339.18	349.91	360.64	371.75	383.25	383.25	383.25
UnitedHealthcare	Harmony	HMO K	260.34	283.48	292.33	301.17	310.70	320.23	330.10	340.31	340.31	340.31
UnitedHealthcare	SignatureValue	HMO L	330.11	359.46	370.68	381.90	393.98	406.06	418.57	431.52	431.52	431.52
Western Health	Full	HMO A	324.22	353.04	364.06	375.08	386.94	398.81	411.10	423.82	423.82	423.82
Western Health	Full	HMO B	331.85	361.35	372.63	383.91	396.05	408.20	420.78	433.79	433.79	433.79
Western Health	Full	HMO C	320.56	349.06	359.95	370.85	382.58	394.31	406.46	419.03	419.03	419.03

CARRIER	NETWORK	PLAN	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43
Anthem Blue Cross	Select HMO	HMO A	404.57	406.19	414.28	423.99	439.77	452.71	459.19	468.90	478.61	484.67	491.15	494.38	497.62	500.86	504.09	510.57	517.04	526.75	536.06	549.00
Cigna + Oscar	LocalPlus	EPO C	460.74	462.58	471.79	482.85	500.82	515.56	522.94	533.99	545.05	551.96	559.33	563.02	566.71	570.39	574.08	581.45	588.82	599.88	610.48	625.22
Cigna + Oscar	LocalPlus	EPO D	451.77	453.58	462.61	473.45	491.07	505.53	512.76	523.60	534.44	541.22	548.45	552.06	555.68	559.29	562.90	570.13	577.36	588.20	598.59	613.05
Cigna + Oscar	LocalPlus	EPO E	438.47	440.22	448.99	459.51	476.61	490.64	497.66	508.18	518.71	525.28	532.30	535.81	539.31	542.82	546.33	553.34	560.36	570.88	580.97	595.00
Health Net	WholeCare	HMO C	387.61	389.16	396.91	406.21	421.33	433.74	439.94	449.24	458.54	464.36	470.56	473.66	476.76	479.86	482.96	489.16	495.37	504.67	513.58	525.99
Health Net	Salud HMO y Mas	HMO D	330.26	331.58	338.19	346.11	358.99	369.56	374.85	382.77	390.70	395.65	400.94	403.58	406.22	408.86	411.50	416.79	422.07	430.00	437.59	448.16
Health Net	Full	HMO E	418.09	419.77	428.13	438.16	454.47	467.85	474.54	484.57	494.60	500.88	507.57	510.91	514.25	517.60	520.94	527.63	534.32	544.36	553.97	567.35
Health Net	WholeCare	HMO F	398.97	400.56	408.54	418.12	433.68	446.44	452.83	462.40	471.98	477.96	484.34	487.54	490.73	493.92	497.11	503.49	509.88	519.45	528.63	541.40
Health Net	Salud HMO y Mas	HMO G	341.30	342.67	349.49	357.68	370.99	381.92	387.38	395.57	403.76	408.88	414.34	417.07	419.80	422.53	425.26	430.72	436.18	444.37	452.22	463.15
Health Net	Full	HMO H	430.34	432.06	440.67	451.00	467.78	481.55	488.44	498.77	509.09	515.55	522.44	525.88	529.32	532.76	536.21	543.09	549.98	560.31	570.20	583.97
Kaiser Permanente	Full	HMO A	400.75	402.35	410.37	419.98	435.61	448.44	454.85	464.47	474.09	480.10	486.51	489.71	492.92	496.13	499.33	505.74	512.16	521.77	530.99	543.82
Kaiser Permanente	Full	HMO B	393.48	395.05	402.92	412.37	427.71	440.30	446.60	456.04	465.49	471.39	477.69	480.83	483.98	487.13	490.28	496.57	502.87	512.31	521.36	533.95
Sharp Health Plan	Premier	HMO A	369.48	370.96	378.35	387.22	401.62	413.45	419.36	428.23	437.09	442.64	448.55	451.50	454.46	457.42	460.37	466.28	472.20	481.06	489.56	501.38
Sharp Health Plan	Performance	HMO B	398.15	399.74	407.71	417.26	432.79	445.53	451.90	461.46	471.01	476.98	483.35	486.54	489.72	492.91	496.09	502.47	508.84	518.39	527.55	540.29
Sharp Health Plan	Premier	HMO C	364.29	365.75	373.03	381.78	395.98	407.64	413.47	422.21	430.96	436.42	442.25	445.16	448.08	450.99	453.91	459.73	465.56	474.31	482.68	494.34
UnitedHealthcare	SignatureValue	HMO A	438.62	440.37	449.15	459.67	476.78	490.82	497.83	508.36	518.89	525.47	532.48	535.99	539.50	543.01	546.52	553.54	560.56	571.08	581.17	595.21
UnitedHealthcare	Alliance	HMO C	389.55	391.11	398.90	408.25	423.44	435.91	442.14	451.49	460.84	466.68	472.91	476.03	479.15	482.26	485.38	491.61	497.84	507.19	516.15	528.62
UnitedHealthcare	SignatureValue	HMO E	474.97	476.87	486.37	497.77	516.29	531.49	539.09	550.49	561.89	569.01	576.61	580.41	584.21	588.01	591.81	599.41	607.01	618.41	629.34	644.53
UnitedHealthcare	Alliance	HMO G	421.83	423.52	431.95	442.08	458.53	472.03	478.78	488.90	499.02	505.35	512.10	515.48	518.85	522.23	525.60	532.35	539.10	549.22	558.92	572.42
UnitedHealthcare	Harmony	HMO H	345.91	347.29	354.21	362.51	376.00	387.07	392.61	400.91	409.21	414.40	419.93	422.70	425.47	428.24	431.00	436.54	442.07	450.37	458.33	469.40
UnitedHealthcare	Harmony	HMO I	374.58	376.08	383.57	392.56	407.17	419.16	425.15	434.14	443.13	448.75	454.74	457.74	460.73	463.73	466.73	472.72	478.71	487.70	496.32	508.31
UnitedHealthcare	Alliance	HMO J	383.25	384.78	392.45	401.65	416.59	428.86	434.99	444.19	453.38	459.13	465.27	468.33	471.40	474.46	477.53	483.66	489.79	498.99	507.81	520.07
UnitedHealthcare	Harmony	HMO K	340.31	341.67	348.48	356.64	369.92	380.81	386.25	394.42	402.59	407.69	413.14	415.86	418.58	421.30	424.03	429.47	434.92	443.08	450.91	461.80
UnitedHealthcare	SignatureValue	HMO L	431.52	433.25	441.88	452.23	469.06	482.87	489.78	500.13	510.49	516.96	523.87	527.32	530.77	534.22	537.67	544.58	551.48	561.84	571.76	585.57
Western Health	Full	HMO A	423.82	425.51	433.99	444.16	460.69	474.25	481.03	491.20	501.37	507.73	514.51	517.90	521.29	524.68	528.07	534.86	541.64	551.81	561.56	575.12
Western Health	Full	HMO B	433.79	435.53	444.21	454.62	471.54	485.42	492.36	502.77	513.18	519.69	526.63	530.10	533.57	537.04	540.51	547.45	554.39	564.80	574.78	588.66
Western Health	Full	HMO C	419.03	420.71	429.09	439.15	455.49	468.90	475.60	485.66	495.72	502.00	508.71	512.06	515.41	518.76	522.12	528.82	535.53	545.58	555.22	568.63

CARRIER	NETWORK	PLAN	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	565.18	584.20	606.86	632.34	661.47	690.20	722.56	754.52	789.72	825.32	863.76	902.19	943.86	985.94	1030.84	1053.10	1098.00	1136.84	1162.33	1194.29	1213.71
Cigna + Oscar	LocalPlus	EPO C	643.65	665.30	691.10	720.13	753.30	786.02	822.88	859.27	899.36	939.90	983.67	1027.44	1074.90	1122.82	1173.96	1199.30	1250.44	1294.67	1323.70	1360.09	1382.21
Cigna + Oscar	LocalPlus	EPO D	631.12	652.36	677.65	706.12	738.64	770.72	806.86	842.55	881.85	921.61	964.53	1007.45	1053.98	1100.96	1151.11	1175.96	1226.10	1269.47	1297.93	1333.62	1355.31
Cigna + Oscar	LocalPlus	EPO E	612.54	633.15	657.70	685.32	716.89	748.02	783.10	817.74	855.89	894.47	936.13	977.78	1022.94	1068.54	1117.21	1141.33	1190.00	1232.09	1259.71	1294.35	1315.40
Health Net	WholeCare	HMO C	541.49	559.71	581.41	605.83	633.74	661.26	692.27	722.89	756.61	790.72	827.55	864.37	904.29	944.60	987.63	1008.95	1051.97	1089.18	1113.60	1144.22	1162.83
Health Net	Salud HMO y Mas	HMO D	461.37	476.90	495.39	516.20	539.98	563.42	589.84	615.94	644.67	673.73	705.11	736.48	770.50	804.84	841.50	859.67	896.33	928.03	948.84	974.93	990.78
Health Net	Full	HMO E	584.08	603.73	627.14	653.48	683.58	713.27	746.71	779.74	816.12	852.91	892.63	932.35	975.41	1018.89	1065.30	1088.30	1134.71	1174.84	1201.18	1234.21	1254.27
Health Net	WholeCare	HMO F	557.35	576.11	598.45	623.58	652.31	680.63	712.55	744.07	778.78	813.89	851.79	889.69	930.79	972.28	1016.56	1038.51	1082.79	1121.09	1146.23	1177.75	1196.91
Health Net	Salud HMO y Mas	HMO G	476.80	492.84	511.95	533.45	558.03	582.26	609.56	636.53	666.22	696.25	728.68	761.10	796.26	831.75	869.63	888.41	926.29	959.06	980.56	1007.52	1023.90
Health Net	Full	HMO H	601.19	621.41	645.51	672.62	703.61	734.16	768.59	802.59	840.03	877.90	918.78	959.66	1003.99	1048.74	1096.51	1120.18	1167.95	1209.26	1236.37	1270.37	1291.02
Kaiser Permanente	Full	HMO A	559.85	578.68	601.12	626.37	655.22	683.68	715.74	747.40	782.26	817.53	855.60	893.67	934.95	976.62	1021.11	1043.15	1087.63	1126.10	1151.35	1183.01	1202.25
Kaiser Permanente	Full	HMO B	549.69	568.19	590.22	615.01	643.34	671.28	702.76	733.84	768.07	802.70	840.08	877.46	917.99	958.91	1002.59	1024.23	1067.91	1105.68	1130.47	1161.55	1180.44
Sharp Health Plan	Premier	HMO A	516.16	533.53	554.22	577.50	604.10	630.33	659.89	689.08	721.22	753.74	788.84	823.94	862.00	900.42	941.44	961.76	1002.77	1038.24	1061.52	1090.70	1108.44
Sharp Health Plan	Performance	HMO B	556.22	574.93	597.23	622.31	650.98	679.24	711.10	742.55	777.19	812.23	850.05	887.87	928.88	970.29	1014.49	1036.38	1080.58	1118.80	1143.88	1175.34	1194.45
Sharp Health Plan	Premier	HMO C	508.91	526.03	546.44	569.39	595.61	621.48	650.62	679.40	711.09	743.15	777.76	812.37	849.89	887.77	928.21	948.25	988.68	1023.65	1046.61	1075.38	1092.87
UnitedHealthcare	SignatureValue	HMO A	612.75	633.37	657.93	685.56	717.14	748.29	783.38	818.03	856.19	894.78	936.45	978.12	1023.30	1068.92	1117.60	1141.73	1190.41	1232.52	1260.16	1294.81	1315.86
UnitedHealthcare	Alliance	HMO C	544.20	562.51	584.33	608.87	636.91	664.57	695.74	726.51	760.40	794.68	831.69	868.70	908.82	949.33	992.57	1014.00	1057.24	1094.64	1119.18	1149.95	1168.65
UnitedHealthcare	SignatureValue	HMO E	663.53	685.86	712.46	742.38	776.58	810.30	848.30	885.82	927.14	968.94	1014.06	1059.18	1108.11	1157.50	1210.22	1236.35	1289.07	1334.67	1364.59	1402.11	1424.91
UnitedHealthcare	Alliance	HMO G	589.30	609.12	632.75	659.32	689.69	719.64	753.39	786.71	823.41	860.53	900.61	940.68	984.13	1028.00	1074.82	1098.02	1144.85	1185.34	1211.92	1245.24	1265.49
UnitedHealthcare	Harmony	HMO H	483.24	499.49	518.87	540.66	565.56	590.12	617.80	645.12	675.22	705.66	738.52	771.38	807.01	842.98	881.38	900.40	938.80	972.01	993.80	1021.13	1037.73
UnitedHealthcare	Harmony	HMO I	523.29	540.89	561.87	585.47	612.44	639.03	669.00	698.59	731.18	764.14	799.73	835.31	873.90	912.85	954.43	975.03	1016.61	1052.57	1076.17	1105.76	1123.74
UnitedHealthcare	Alliance	HMO J	535.40	553.41	574.88	599.02	626.61	653.82	684.48	714.76	748.10	781.83	818.24	854.65	894.12	933.98	976.52	997.60	1040.14	1076.93	1101.08	1131.35	1149.75
UnitedHealthcare	Harmony	HMO K	475.41	491.41	510.47	531.90	556.41	580.57	607.79	634.68	664.29	694.23	726.56	758.89	793.94	829.34	867.11	885.83	923.60	956.27	977.71	1004.60	1020.93
UnitedHealthcare	SignatureValue	HMO L	602.83	623.11	647.28	674.47	705.54	736.17	770.69	804.78	842.33	880.30	921.30	962.29	1006.74	1051.61	1099.51	1123.25	1171.15	1212.57	1239.76	1273.85	1294.56
Western Health	Full	HMO A	592.07	611.99	635.72	662.42	692.94	723.03	756.93	790.42	827.29	864.58	904.85	945.11	988.76	1032.84	1079.88	1103.19	1150.24	1190.92	1217.62	1251.10	1271.45
Western Health	Full	HMO B	606.01	626.40	650.69	678.02	709.25	740.05	774.76	809.03	846.77	884.94	926.15	967.36	1012.04	1057.16	1105.31	1129.17	1177.32	1218.96	1246.29	1280.56	1301.38
Western Health	Full	HMO C	585.39	605.09	628.55	654.95	685.12	714.87	748.39	781.50	817.95	854.83	894.64	934.45	977.61	1021.19	1067.70	1090.75	1137.26	1177.49	1203.88	1236.99	1257.10

Health Care Service Plan rates will vary by county

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USE EMPLOYER ZIP CODE FOR RATING

AREA 19

04/01/22 - 06/01/22

Bronze		AGE -->	0-14	15	16	17	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	Prudent Buyer - Small Group	PPO A	282.34	307.44	317.03	326.63	336.96	347.29	358.00	369.07	369.07	369.07	369.07	370.55	377.93	386.79	401.18	412.99	418.89	427.75	436.61	442.15	448.05	451.00	453.96	456.91	459.86	465.77	471.67	480.53	489.02	500.83	515.59	532.94	553.61	576.86	603.43	629.63	659.16	688.32	720.42	752.90	787.96	823.03	861.04	899.42	940.39	960.69	1001.66	1037.09	1060.34	1089.49	1107.21
Anthem Blue Cross	Select PPO	PPO B	250.62	272.90	281.42	289.93	299.11	308.28	317.78	327.61	327.61	327.61	327.61	328.92	335.47	343.34	356.11	366.60	371.84	379.70	387.56	392.48	397.72	400.34	402.96	405.58	408.20	413.44	418.69	426.55	434.08	444.57	457.67	473.07	491.42	512.05	535.64	558.90	585.11	610.99	639.49	668.32	699.45	730.57	764.31	798.39	834.75	852.77	889.13	920.58	941.22	967.10	982.83
Anthem Blue Cross	Prudent Buyer - Small Group	EPO A	285.21	310.56	320.25	329.95	340.38	350.82	361.64	372.82	372.82	372.82	372.82	374.31	381.77	390.72	405.26	417.19	423.15	432.10	441.05	446.64	452.60	455.59	458.57	461.55	464.53	470.50	476.46	485.41	493.99	505.92	520.83	538.35	559.23	582.72	609.56	636.03	665.86	695.31	727.74	760.55	795.97	831.39	869.79	908.56	949.95	970.45	1011.83	1047.62	1071.11	1100.56	1118.46
Cigna + Oscar	LocalPlus	EPO C	210.59	229.31	236.47	243.63	251.34	259.04	267.03	275.29	275.29	275.29	275.29	276.39	281.89	288.50	299.23	308.04	312.45	319.06	325.66	329.79	334.20	336.40	338.60	340.80	343.01	347.41	351.81	358.42	364.75	373.56	384.57	397.51	412.93	430.27	450.09	469.64	491.66	513.41	537.36	561.58	587.73	613.89	642.24	670.87	701.43	716.57	747.12	773.55	790.89	812.64	825.86
Cigna + Oscar	LocalPlus	EPO D	203.59	221.69	228.61	235.52	242.98	250.43	258.15	266.13	266.13	266.13	266.13	267.19	272.52	278.90	289.28	297.80	302.06	308.44	314.83	318.82	323.08	325.21	327.34	329.47	331.60	335.86	340.11	346.50	352.62	361.14	371.78	384.29	399.19	415.96	435.12	454.02	475.31	496.33	519.48	542.90	568.19	593.47	620.88	648.56	678.10	692.74	722.28	747.82	764.59	785.61	798.39
Health Net	CommunityCare	HMO A	214.95	234.06	241.36	248.67	256.54	264.40	272.55	280.98	280.98	280.98	280.98	282.10	287.72	294.47	305.43	314.42	318.91	325.66	332.40	336.61	341.11	343.36	345.61	347.85	350.10	354.60	359.09	365.84	372.30	381.29	392.53	405.74	421.47	439.17	459.40	479.35	501.83	524.03	548.47	573.20	599.89	626.59	655.53	684.75	715.94	731.39	762.58	789.56	807.26	829.45	842.94
Kaiser Permanente	Full	HMO A	205.10	222.08	228.58	235.07	242.07	235.07	242.32	249.81	249.81	249.81	249.81	250.81	255.81	261.80	271.54	279.54	283.54	289.53	295.53	299.27	303.27	305.27	307.27	309.27	311.26	315.26	319.26	325.25	331.00	338.99	348.99	360.73	374.72	390.45	408.44	426.18	446.16	465.90	487.63	509.61	533.35	557.08	582.81	608.79	636.52	650.26	677.99	701.97	717.71	737.44	749.43
Kaiser Permanente	Full	HMO B	201.44	218.11	224.48	230.85	237.71	230.58	237.69	245.04	245.04	245.04	245.04	246.02	250.92	256.80	266.35	274.20	278.12	284.00	289.88	293.55	297.47	299.43	301.39	303.35	305.32	309.24	313.16	319.04	324.67	332.51	342.32	353.83	367.55	382.99	400.63	418.03	437.63	456.99	478.31	499.87	523.15	546.43	571.67	597.15	624.35	637.83	665.03	688.55	703.99	723.35	735.12
Kaiser Permanente	Full	HMO C	193.78	209.76	215.87	221.98	228.56	221.15	227.97	235.02	235.02	235.02	235.02	235.96	240.66	246.30	255.47	262.99	266.75	272.39	278.03	281.55	285.31	287.19	289.07	290.95	292.83	296.60	300.36	306.00	311.40	318.92	328.32	339.37	352.53	367.34	384.26	400.94	419.75	438.31	458.76	479.44	501.77	524.09	548.30	572.74	598.83	611.76	637.84	660.41	675.21	693.78	705.06
Sharp Health Plan	Premier	HMO A	181.79	197.95	204.12	210.30	216.96	223.61	230.50	237.63	237.63	237.63	237.63	238.58	243.33	249.04	258.30	265.91	269.71	275.41	281.12	284.68	288.48	290.38	292.28	294.19	296.09	299.89	303.69	309.39	314.86	322.46	331.97	343.14	356.45	371.42	388.53	405.40	424.41	443.18	463.85	484.77	507.34	529.91	554.39	579.10	605.48	618.55	644.93	667.74	682.71	701.48	712.89
Sharp Health Plan	Performance	HMO B	200.32	218.13	224.94	231.75	239.08	246.41	254.00	261.86	261.86	261.86	261.86	262.91	268.14	274.43	284.64	293.02	297.21	303.50	309.78	313.71	317.90	319.99	322.09	324.18	326.28	330.47	334.66	340.94	346.96	355.34	365.82	378.13	392.79	409.29	428.14	446.73	467.68	488.37	511.15	534.19	559.07	583.95	610.92	638.15	667.22	681.62	710.69	735.83	752.32	773.01	785.58
Western Health	Full	HMO B	223.32	243.17	250.76	258.35	266.53	274.70	283.17	291.93	291.93	291.93	291.93	293.09	298.93	305.94	317.32	326.67	331.34	338.34	345.35	349.73	354.40	356.73	359.07	361.40	363.74	368.41	373.08	380.09	386.80	396.14	407.82	421.54	437.89	456.28	477.30	498.03	521.38	544.44	569.84	595.53	623.26	651.00	681.06	711.42	743.83	759.88	792.29	820.31	838.70	861.77	875.78
Western Health	Full	HMO C	229.09	249.46	257.24	265.03	273.41	281.80	290.48	299.47	299.47	299.47	299.47	300.67	306.66	313.84	325.52	335.11	339.90	347.08	354.27	358.76	363.55	365.95	368.35	370.74	373.14	377.93	382.72	389.91	396.80	406.38	418.36	432.43	449.20	468.07	489.63	510.89	534.85	558.51	584.56	610.92	639.37	667.81	698.66	729.80	763.05	779.52	812.76	841.51	860.37	884.03	898.41

Silver		AGE -->	0-14	15	16	17	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	217.80	237.16	244.57	251.97	259.94	267.91	276.17	284.71	284.71	284.71	284.71	285.85	291.54	298.38	309.48	318.59	323.15	329.98	336.81	341.08	345.64	347.92	350.19	352.47	354.75	359.30	363.86	370.69	377.24	386.35	397.74	411.12	427.07	445.00	465.50	485.72	508.49	530.98	555.75	580.81	607.86	634.90	664.23	693.84	725.44	741.10	772.70	800.04	817.97	840.46	854.13
Anthem Blue Cross	CaliforniaCare HMO	HMO B	253.73	276.28	284.90	293.53	302.81	312.10	321.72	331.67	331.67	331.67	331.67	333.00	339.63	347.59	360.53	371.14	376.45	384.41	392.37	397.34	402.65	405.30	407.95	410.61	413.26	418.57	423.87	431.83	439.46	450.08	463.34	478.93	497.51	518.40	542.28	565.83	592.36	618.56	647.42	676.61	708.12	739.62	773.79	808.28	845.10	863.34	900.15	931.99	952.89	979.09	995.01
Anthem Blue Cross	Priority Select HMO	HMO C	217.11	236.41	243.79	251.17	259.12	267.07	275.30	283.81	283.81	283.81	283.81	284.95	290.62	297.43	308.50	317.58	322.12	328.94	335.75	340.00	344.55	346.82	349.09	351.36	353.63	358.17	362.71	369.52	376.05	385.13	396.48	409.82	425.72	443.60	464.03	484.18	506.88	529.31	554.00	578.97	605.93	632.90	662.13	691.64	723.15	738.76	770.26	797.51	815.39	837.81	851.43
Anthem Blue Cross	Advantage PPO	PPO A	315.81	343.89	354.62	365.35	376.91	388.47	400.45	412.83	412.83	412.83	412.83	414.48	422.74	432.65	448.75	461.96	468.56	478.47	488.38	494.57	501.18	504.48	507.78	511.08	514.39	520.99	527.60	537.50	547.00	560.21	576.72	596.13	619.25	645.25	674.98	704.29	737.31	769.93	805.84	842.17	881.39	920.61	963.13	1006.07	1051.89	1074.60	1120.42	1160.05	1186.06	1218.67	1238.49
Anthem Blue Cross	Select PPO	PPO B	277.35	302.00	311.43	320.86	331.01	341.16	351.67	362.55	362.55	362.55	362.55	364.00	371.25	379.95	394.09	405.69	411.49	420.20	428.90	434.33	440.14	443.04	445.94	448.84	451.74	457.54	463.34	472.04	480.38	491.98	506.48	523.52	543.83	566.67	592.77	618.51	647.51	676.16	707.70	739.60	774.04	808.49	845.83	883.53	923.78	943.72	983.96	1018.77	1041.61	1070.25	1087.65
Anthem Blue Cross	Prudent Buyer - Small Group	PPO C	312.44	340.21	350.83	361.45	372.89	384.32	396.17	408.42	408.42	408.42	408.42	410.05	418.22	428.02	443.95	457.02	463.56	473.36	483.16	489.29	495.82	499.09	502.36	505.62	508.89	515.43	521.96	531.76	541.16	554.23	570.56	589.76	612.63	638.36	667.77	696.76	729.44	761.70	797.24	833.18	871.98	910.78	952.84	995.32	1040.65	1063.12	1108.45	1147.66	1173.39	1205.66	1225.26
Anthem Blue Cross	Prudent Buyer - Small Group	EPO A	305.21	332.34	342.72	353.09	364.26	375.43	387.00	398.97	398.97	398.97	398.97	400.57	408.55	418.12	433.68	446.45	452.83	462.41	471.98	477.97	484.35	487.54	490.73	493.92	497.12	503.50	509.88	519.46	528.64	541.40	557.36	576.11	598.46	623.59	652.32	680.64	712.56	744.08	778.79	813.90	851.80	889.70	930.80	972.29	1016.58	1038.52	1082.80	1121.11	1146.24	1177.76	1196.91
Anthem Blue Cross	Prudent Buyer - Small Group	EPO B	305.33	332.48	342.85	353.23	364.41	375.58	387.16	399.13	399.13	399.13	399.13	400.73	408.71	418.29	433.85	446.63	453.01	462.59	472.17	478.16	484.54	487.74	490.93	494.12	497.32	503.70	510.09	519.67	528.85	541.62	557.58	576.34	598.70	623.84	652.58	680.92	712.85	744.38	779.10	814.23	852.14	890.06	931.17	972.68	1016.98	1038.94	1083.24	1121.56	1146.70	1178.23	1197.39
Cigna + Oscar	LocalPlus	EPO C	270.08	294.09	303.27	312.45	322.34	332.22	342.46	353.05	353.05	353.05	353.05	354.46	361.52	370.00	383.77	395.06	400.71	409.19	417.66	422.96	428.60	431.43	434.25	437.08	439.90	445.55	451.20	459.67	467.79	479.09	493.21	509.81	529.58	551.82	577.24	602.30	630.55	658.44	689.16	720.22	753.76	787.30	823.67	860.39	899.57	918.99	958.18	992.07	1014.32	1042.21	1059.15
Cigna + Oscar	LocalPlus	EPO D	264.46	287.97	296.96	305.95	315.63	325.31	335.33	345.70	345.70	345.70	345.70	347.09	354.00	362.30	375.78	386.84	392.37	400.67	408.97	414.15	419.68	422.45	425.22	427.98	430.75	436.28	441.81	450.11	458.06	469.12	482.95	499.20	518.56	540.34	565.23	589.77	617.43	644.74	674.81	705.24	738.08	770.92	806.53	842.48	880.85	899.87	938.24	971.43	993.21	1020.52	1037.11
Cigna + Oscar	LocalPlus	EPO E	257.69	280.60	289.35	298.11	307.54	316.97	326.74	336.85	336.85	336.85	336.85	338.20	344.93	353.02	366.15	376.93	382.32	390.41	398.49	403.55	408.93	411.63	414.32	417.02	419.71	425.10	430.49	438.58	446.33	457.10	470.58	486.41	505.27	526.50	550.75	574.66	601.61	628.22	657.53	687.17	719.17	751.17	785.87	820.90	858.29	876.82	914.21	946.55	967.77	994.38	1010.55
Health Net	WholeCare	HMO A	241.03	262.46	270.65	278.84	287.66	296.48	305.62	315.07	315.07	315.07	315.07	316.33	322.63	330.20	342.48	352.57	357.61	365.17	372.73	377.46	382.50	385.02	387.54	390.06	392.58	397.62	402.66	410.22	417.47	427.55	440.16	454.97	472.61	492.46	515.14	537.51	562.72	587.61	615.02	642.75	672.68	702.61	735.06	767.83	802.81	820.13	855.11	885.35	905.20	930.09	945.21
Health Net	CommunityCare	HMO C	235.35	256.27	264.27	272.27	280.89	289.50	298.42	307.65	307.65	307.65	307.65	308.88	315.04	322.42	334.42	344.26	349.18	356.57	363.95	368.57	373.49	375.95	378.41	380.87	383.33	388.26	393.18	400.56	407.64	417.48	429.79	444.25	461.48	480.86	503.01	524.85	549.47	573.77	600.54	627.61	656.84	686.06	717.75	749.75	783.90	800.82	834.97	864.50	883.88	908.19	922.95
Kaiser Permanente	Full	HMO A	234.19	253.77	261.25	268.73	276.79	270.86	279.21	287.85	287.85	287.85	287.85	289.00	294.75	301.66	312.89	322.10	326.70	333.61	340.52	344.84	349.44	351.75	354.05	356.35	358.66	363.26	367.87	374.78	381.40	390.61	402.12	415.65	431.77	449.90	470.63	491.06	514.09	536.83	561.87	587.21	614.55	641.90	671.54	701.48	733.43	749.26	781.21	808.85	826.98	849.72	863.55
Kaiser Permanente	Full	HMO B	238.33	258.27	265.90	273.52	281.73	275.95	284.46	293.25	293.25	293.25	293.25	294.43	300.29	307.33	318.77	328.15	332.84	339.88	346.92	351.32	356.01	358.36	360.70	363.05	365.40	370.09	374.78	381.82	388.56	397.95	409.68	423.46	439.88	458.36	479.47	500.29	523.75	546.92	572.43	598.24	626.10	653.96	684.16	714.66	747.21	763.34	795.89	824.05	842.52	865.69	879.75
Kaiser Permanente	Full	HMO C	236.57	256.36	263.92	271.49	279.63	273.79	282.23	290.96	290.96	290.96	290.96	292.12	297.94	304.92	316.27	325.58	330.24	337.22	344.20	348.57	353.22	355.55	357.88	360.21	362.53	367.19	371.84	378.83	385.52	394.83	406.47	420.14	436.44	454.77	475.72	496.37	519.65	542.64	567.95	593.55	621.19	648.83	678.80	709.06	741.36	757.36	789.66	817.59	835.92	858.91	872.88
Kaiser Permanente	Full	HMO D	221.56	240.01	247.06	254.11	261.71	255.32	263.19	271.33	271.33	271.33	271.33	272.41	277.84	284.35	294.93	303.62	307.96	314.47	320.98	325.05	329.39	331.56	333.73	335.90	338.07	342.42	346.76	353.27	359.51	368.19	379.04	391.80	406.99	424.08	443.62	462.88	484.59	506.03	529.63	553.51	579.28	605.06	633.01	661.22	691.34	706.27	736.38	762.43	779.52	800.96	813.99
Kaiser Permanente	Full	HMO E	231.06	250.35	257.73	265.11	273.05	267.01	275.24	283.75	283.75	283.75	283.75	284.89	290.56	297.37	308.44	317.52	322.06	328.87	335.68	339.93	344.47	346.74	349.01	351.28	353.55	358.09	362.63	369.44	375.97	385.05	396.40	409.74	425.63	443.50	463.93	484.08	506.78	529.20	553.88	578.85	605.81	632.76	661.99	691.50	723.00	738.60	770.10	797.34	815.22	837.63	851.25
Sharp Health Plan	Premier	HMO A	203.65	221.75	228.67	235.60	243.05	250.50	258.22	266.21	266.21	266.21	266.21	267.27	272.60	278.99	289.37	297.89	302.15	308.54	314.93	318.92	323.18	325.31	327.44	329.57	331.70	335.96	340.22	346.61	352.73	361.25	371.90	384.41	399.32	416.09	435.25	454.15	475.45	496.48	519.64	543.07	568.36	593.65	621.07	648.75	678.30	692.94	722.49	748.05	764.82	785.85	798.63
Sharp Health Plan	Performance	HMO B	216.16	235.37	242.72	250.07	257.98	265.89	274.08	282.56	282.56	282.56	282.56	283.69	289.34	296.12	307.14	316.18	320.71	327.49	334.27	338.51	343.03	345.29	347.55	349.81	352.07	356.59	361.11	367.89	374.39	383.43	394.74	408.02	423.84	441.64	461.99	482.05	504.65	526.97	551.56	576.42	603.27	630.11	659.21	688.60	719.96	735.50	766.87	793.99	811.79	834.12	847.68
Sharp Health Plan	Premier	HMO C	199.18	216.88	223.65	230.42	237.71	245.00	252.55	260.36	260.36	260.36	260.36	261.40	266.61	272.86	283.01	291.34	295.51	301.76	308.01	311.91	316.08	318.16	320.24	322.33	324.41	328.57	332.74	338.99	344.98	353.31	363.72	375.96	390.54	406.94	425.69	444.17	465.00	485.57	508.22	531.13	555.87	580.60	607.42	634.50	663.40	677.72	706.62	731.61	748.01	768.58	781.08
UnitedHealthcare	SignatureValue	HMO A	268.82	292.72	301.85	310.99	320.83	330.67	340.86	351.40	351.40	351.40	351.40	352.81	359.83	368.27	381.97	393.22	398.84	407.27	415.71	420.98	426.60	429.41	432.22	435.03	437.84	443.47	449.09	457.52	465.61	476.85	490.91	507.42	527.10	549.24	574.54	599.49	627.60	655.36	685.93	716.86	750.24	783.62	819.82	856.36	895.37	914.69	953.70	987.43	1009.57	1037.33	1054.20
UnitedHealthcare	Alliance	HMO E	231.84	252.45	260.33	268.21	276.69	285.18	293.97	303.06	303.06	303.06	303.06	304.27	310.33	317.61	329.43	339.12	343.97	351.25	358.52	363.07	367.91	370.34	372.76	375.19	377.61	382.46	387.31	394.58	401.55	411.25	423.37	437.62	454.59	473.68	495.50	517.02	541.27	565.21	591.57	618.24	647.03	675.82	707.04	738.56	772.20	788.87	822.50	851.60	870.69	894.63	909.18
UnitedHealthcare	Harmony	HMO F	223.88	243.78	251.39	259.00	267.19	275.38	283.87	292.65	292.65	292.65	292.65	293.82	299.67	306.70	318.11	327.48	332.16	339.18	346.20	350.59	355.28	357.62	359.96	362.30	364.64	369.32	374.01	381.03	387.76	397.13	408.83	422.59	438.98	457.41	478.48	499.26	522.67	545.79	571.25	597.01	624.81	652.61	682.75	713.19	745.67	761.77	794.25	822.35	840.78	863.90	877.95
UnitedHealthcare	Harmony	HMO G	198.29	215.91	222.65	229.39	236.65	243.91	251.42	259.20	259.20	259.20	259.20	260.24	265.42	271.64	281.75	290.04	294.19	300.41	306.63	310.52	314.67	316.74	318.82	320.89	322.96	327.11	331.26	337.48	343.44	351.73	362.10	374.28	388.80	405.13	423.79	442.20	462.93	483.41	505.96	528.77	553.39	578.02	604.71	631.67	660.44	674.70	703.47	728.35	744.68	765.16	777.60
Western Health	Full	HMO A	246.14	268.02	276.38	284.75	293.76	302.77	312.10	321.75	321.75	321.75	321.75	323.04	329.47	337.19	349.74	360.04	365.18	372.91	380.63	385.45	390.60	393.18	395.75	398.32	400.90	406.05	411.19	418.92	426.32	436.61	449.48	464.60	482.62	502.89	526.06	548.90	574.64	600.06	628.05	656.37	686.93	717.50	750.64	784.10	819.81	837.51	873.23	904.11	924.38	949.80	965.25
Western Health	Full	HMO B	258.40	281.37	290.15	298.94	308.39	317.85	327.65	337.78	337.78	337.78	337.78	339.13	345.89	353.99	367.17	377.98	383.38	391.49	399.59	404.66	410.06	412.77	415.47	418.17	420.87	426.28	431.68	439.79	447.56	458.37	471.88	487.75	506.67	527.95	552.27	576.25	603.27	629.96	659.35	689.07	721.16	753.25	788.04	823.17	860.66	879.24	916.73	949.16	970.44	997.13	1013.34
Western Health	Full	HMO C	241.30	262.75	270.95	279.16	287.99	296.82	305.97	315.43	315.43	315.43	315.43	316.69	323.00	330.57	342.87	352.97	358.01	365.58	373.15	377.89	382.93	385.46	387.98	390.50	393.03	398.07	403.12	410.69	417.95	428.04	440.66	455.48	473.15	493.02	515.73	538.12	563.36	588.28	615.72	643.48	673.44	703.41	735.90	768.70	803.72	821.07	856.08	886.36	906.23	931.15	946.29

Health Care Service Plan rates will vary by county

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Continued

Gold		AGE -->	0-14	15	16	17	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	266.37	290.04	299.10	308.15	317.90	327.65	337.74	348.19	348.19	348.19	348.19	349.58	356.55	364.90	378.48	389.62	395.20	403.55	411.91	417.13	422.70	425.49	428.27	431.06	433.84	439.42	444.99	453.34	461.35	472.49	486.42	502.79	522.29	544.22	569.29	594.01	621.87	649.37	679.67	710.31	743.39	776.46	812.33	848.54	887.19	906.34	944.99	978.41	1000.35	1027.86	1044.57
Anthem Blue Cross	CaliforniaCare HMO	HMO B	310.29	337.87	348.42	358.96	370.32	381.68	393.44	405.61	405.61	405.61	405.61	407.23	415.34	425.08	440.90	453.88	460.37	470.10	479.84	485.92	492.41	495.66	498.90	502.15	505.39	511.88	518.37	528.10	537.43	550.41	566.64	585.70	608.42	633.97	663.17	691.97	724.42	756.46	791.75	827.44	865.98	904.51	946.29	988.47	1033.49	1055.80	1100.83	1139.76	1165.32	1197.36	1216.83
Anthem Blue Cross	Priority Select HMO	HMO C	265.49	289.09	298.12	307.14	316.86	326.57	336.64	347.05	347.05	347.05	347.05	348.44	355.38	363.71	377.24	388.35	393.90	402.23	410.56	415.77	421.32	424.10	426.87	429.65	432.42	437.98	443.53	451.86	459.84	470.95	484.83	501.14	520.58	542.44	567.43	592.07	619.83	647.25	677.44	707.98	740.95	773.92	809.67	845.76	884.28	903.37	941.89	975.21	997.07	1024.49	1041.15
Anthem Blue Cross	Advantage PPO	PPO A	372.80	405.94	418.61	431.28	444.92	458.57	472.70	487.32	487.32	487.32	487.32	489.27	499.02	510.71	529.72	545.31	553.11	564.80	576.50	583.81	591.61	595.51	599.40	603.30	607.20	615.00	622.79	634.49	645.70	661.29	680.79	703.69	730.98	761.68	796.77	831.37	870.35	908.85	951.25	994.13	1040.43	1086.72	1136.92	1187.60	1241.69	1268.49	1322.59	1369.37	1400.07	1438.57	1461.96
Anthem Blue Cross	Select PPO	PPO B	314.81	342.79	353.49	364.19	375.71	387.23	399.16	411.51	411.51	411.51	411.51	413.16	421.39	431.26	447.31	460.48	467.06	476.94	486.82	492.99	499.57	502.87	506.16	509.45	512.74	519.33	525.91	535.79	545.25	558.42	574.88	594.22	617.27	643.19	672.82	702.04	734.96	767.47	803.27	839.48	878.57	917.67	960.05	1002.85	1048.53	1071.16	1116.84	1156.34	1182.27	1214.78	1234.53
Anthem Blue Cross	Select PPO	PPO C	327.34	356.44	367.57	378.69	390.67	402.65	415.06	427.90	427.90	427.90	427.90	429.61	438.17	448.44	465.13	478.82	485.67	495.94	506.21	512.62	519.47	522.89	526.32	529.74	533.16	540.01	546.86	557.13	566.97	580.66	597.78	617.89	641.85	668.81	699.62	730.00	764.23	798.03	835.26	872.92	913.57	954.22	998.29	1042.79	1090.29	1113.82	1161.32	1202.40	1229.36	1263.16	1283.70
Anthem Blue Cross	Select PPO	PPO D	306.20	333.42	343.82	354.23	365.44	376.64	388.25	400.26	400.26	400.26	400.26	401.86	409.87	419.47	435.08	447.89	454.30	463.90	473.51	479.51	485.92	489.12	492.32	495.52	498.72	505.13	511.53	521.14	530.34	543.15	559.16	577.98	600.39	625.61	654.43	682.84	714.86	746.48	781.31	816.53	854.56	892.58	933.81	975.43	1019.86	1041.88	1086.31	1124.73	1149.95	1181.57	1200.78
Anthem Blue Cross	Prudent Buyer - Small Group	PPO E	368.80	401.58	414.12	426.65	440.15	453.65	467.63	482.09	482.09	482.09	482.09	484.02	493.66	505.23	524.03	539.46	547.17	558.74	570.31	577.54	585.26	589.11	592.97	596.83	600.68	608.40	616.11	627.68	638.77	654.20	673.48	696.14	723.14	753.51	788.22	822.45	861.01	899.10	941.04	983.46	1029.26	1075.06	1124.72	1174.85	1228.37	1254.88	1308.39	1354.67	1385.04	1423.13	1446.27
Cigna + Oscar	LocalPlus	EPO C	298.76	325.32	335.48	345.63	356.57	367.50	378.83	390.54	390.54	390.54	390.54	392.10	399.92	409.29	424.52	437.02	443.27	452.64	462.01	467.87	474.12	477.24	480.37	483.49	486.62	492.86	499.11	508.49	517.47	529.97	545.59	563.94	585.81	610.42	638.54	666.27	697.51	728.36	762.34	796.71	833.81	870.91	911.14	951.75	995.10	1016.58	1059.93	1097.42	1122.03	1152.88	1171.63
Cigna + Oscar	LocalPlus	EPO D	289.65	315.39	325.24	335.08	345.68	356.28	367.26	378.62	378.62	378.62	378.62	380.14	387.71	396.80	411.56	423.68	429.74	438.82	447.91	453.59	459.65	462.68	465.71	468.73	471.76	477.82	483.88	492.97	501.68	513.79	528.94	546.73	567.93	591.79	619.05	645.93	676.22	706.13	739.07	772.39	808.36	844.33	883.33	922.70	964.73	985.56	1027.58	1063.93	1087.78	1117.69	1135.87
Cigna + Oscar	LocalPlus	EPO E	295.93	322.24	332.29	342.35	353.18	364.01	375.23	386.84	386.84	386.84	386.84	388.39	396.12	405.41	420.49	432.87	439.06	448.34	457.63	463.43	469.62	472.72	475.81	478.91	482.00	488.19	494.38	503.66	512.56	524.94	540.41	558.59	580.26	604.63	632.48	659.95	690.89	721.45	755.11	789.15	825.90	862.65	902.49	942.72	985.66	1006.94	1049.88	1087.01	1111.38	1141.95	1160.51
Health Net	WholeCare	HMO A	276.52	301.10	310.50	319.89	330.02	340.14	350.62	361.46	361.46	361.46	361.46	362.91	370.14	378.81	392.91	404.48	410.26	418.94	427.61	433.03	438.82	441.71	444.60	447.49	450.38	456.17	461.95	470.63	478.94	490.51	504.96	521.95	542.19	564.97	590.99	616.66	645.57	674.13	705.58	737.39	771.72	806.06	843.29	880.89	921.01	940.89	981.01	1015.71	1038.48	1067.04	1084.38
Health Net	WholeCare	HMO B	271.01	295.10	304.31	313.52	323.44	333.36	343.64	354.26	354.26	354.26	354.26	355.68	362.77	371.27	385.08	396.42	402.09	410.59	419.09	424.41	430.08	432.91	435.74	438.58	441.41	447.08	452.75	461.25	469.40	480.74	494.91	511.56	531.40	553.71	579.22	604.37	632.72	660.70	691.52	722.70	756.35	790.01	826.50	863.34	902.66	922.15	961.47	995.48	1017.80	1045.79	1062.78
Health Net	WholeCare	HMO C	274.31	298.69	308.01	317.34	327.38	337.42	347.81	358.57	358.57	358.57	358.57	360.01	367.18	375.78	389.77	401.24	406.98	415.58	424.19	429.57	435.31	438.17	441.04	443.91	446.78	452.52	458.25	466.86	475.11	486.58	500.92	517.78	537.86	560.45	586.26	611.72	640.41	668.74	699.93	731.49	765.55	799.61	836.55	873.84	913.64	933.36	973.16	1007.59	1030.18	1058.50	1075.71
Health Net	Salud HMO y Mas	HMO D	245.56	267.39	275.73	284.08	293.07	302.05	311.36	320.99	320.99	320.99	320.99	322.28	328.70	336.40	348.92	359.19	364.33	372.03	379.73	384.55	389.68	392.25	394.82	397.39	399.96	405.09	410.23	417.93	425.31	435.59	448.42	463.51	481.49	501.71	524.82	547.61	573.29	598.65	626.58	654.82	685.32	715.81	748.87	782.26	817.89	835.54	871.17	901.99	922.21	947.57	962.97
Health Net	Full	HMO E	293.45	319.54	329.51	339.49	350.23	360.97	372.09	383.60	383.60	383.60	383.60	385.13	392.81	402.01	416.97	429.25	435.39	444.59	453.80	459.55	465.69	468.76	471.83	474.90	477.97	484.10	490.24	499.45	508.27	520.55	535.89	553.92	575.40	599.57	627.19	654.42	685.11	715.41	748.79	782.54	818.99	855.43	894.94	934.83	977.41	998.51	1041.09	1077.92	1102.08	1132.39	1150.80
Health Net	Full	HMO F	278.23	302.96	312.42	321.88	332.06	342.24	352.79	363.70	363.70	363.70	363.70	365.16	372.43	381.16	395.35	406.98	412.80	421.53	430.26	435.72	441.54	444.45	447.35	450.26	453.17	458.99	464.81	473.54	481.91	493.54	508.09	525.19	545.55	568.47	594.65	620.48	649.57	678.31	709.95	741.95	776.51	811.06	848.52	886.34	926.72	946.72	987.09	1022.01	1044.92	1073.65	1091.10
Health Net	Full	HMO G	301.38	328.17	338.41	348.65	359.69	370.72	382.14	393.96	393.96	393.96	393.96	395.54	403.41	412.87	428.23	440.84	447.14	456.60	466.05	471.96	478.27	481.42	484.57	487.72	490.87	497.18	503.48	512.94	522.00	534.60	550.36	568.88	590.94	615.76	644.12	672.09	703.61	734.73	769.01	803.68	841.10	878.53	919.11	960.08	1003.81	1025.48	1069.21	1107.03	1131.85	1162.97	1181.88
Kaiser Permanente	Full	HMO B	279.34	302.93	311.95	320.96	330.68	326.40	336.46	346.86	346.86	346.86	346.86	348.25	355.19	363.51	377.04	388.14	393.69	402.02	410.34	415.54	421.09	423.87	426.64	429.42	432.19	437.74	443.29	451.62	459.59	470.69	484.57	500.87	520.30	542.15	567.12	591.75	619.50	646.90	677.08	707.60	740.55	773.51	809.23	845.31	883.81	902.89	941.39	974.69	996.54	1023.94	1040.58
Kaiser Permanente	Full	HMO C	294.70	319.65	329.19	338.74	349.01	345.29	355.94	366.94	366.94	366.94	366.94	368.41	375.75	384.56	398.87	410.61	416.48	425.29	434.09	439.60	445.47	448.41	451.34	454.28	457.21	463.08	468.95	477.76	486.20	497.94	512.62	529.87	550.42	573.53	599.95	626.01	655.36	684.35	716.27	748.57	783.43	818.29	856.08	894.24	934.97	955.16	995.89	1031.11	1054.23	1083.22	1100.82
Kaiser Permanente	Full	HMO D	263.83	286.04	294.53	303.02	312.17	307.32	316.79	326.59	326.59	326.59	326.59	327.89	334.43	342.26	355.00	365.45	370.68	378.52	386.35	391.25	396.48	399.09	401.70	404.32	406.93	412.15	417.38	425.22	432.73	443.18	456.24	471.59	489.88	510.46	533.97	557.16	583.29	609.09	637.50	666.24	697.27	728.29	761.93	795.90	832.15	850.11	886.36	917.71	938.29	964.09	979.77
Kaiser Permanente	Full	HMO E	244.84	265.36	273.21	281.06	289.51	283.97	292.72	301.77	301.77	301.77	301.77	302.98	309.01	316.26	328.02	337.68	342.51	349.75	356.99	361.52	366.35	368.76	371.18	373.59	376.01	380.83	385.66	392.90	399.85	409.50	421.57	435.76	452.66	471.67	493.39	514.82	538.96	562.80	589.06	615.61	644.28	672.95	704.03	735.41	768.91	785.51	819.00	847.97	866.99	890.83	905.31
Sharp Health Plan	Performance	HMO A	261.56	284.81	293.70	302.59	312.16	321.74	331.65	341.91	341.91	341.91	341.91	343.28	350.12	358.32	371.66	382.60	388.07	396.27	404.48	409.61	415.08	417.81	420.55	423.28	426.02	431.49	436.96	445.17	453.03	463.97	477.65	493.72	512.87	534.41	559.02	583.30	610.65	637.66	667.41	697.50	729.98	762.46	797.68	833.23	871.19	889.99	927.94	960.77	982.31	1009.32	1025.73
Sharp Health Plan	Premier	HMO B	250.61	272.88	281.40	289.92	299.09	308.26	317.76	327.59	327.59	327.59	327.59	328.90	335.45	343.31	356.09	366.57	371.81	379.68	387.54	392.45	397.69	400.31	402.94	405.56	408.18	413.42	418.66	426.52	434.06	444.54	457.64	473.04	491.39	512.02	535.61	558.87	585.08	610.96	639.46	668.28	699.40	730.53	764.27	798.34	834.70	852.72	889.08	920.53	941.17	967.05	982.77
Sharp Health Plan	Performance	HMO D	280.56	305.50	315.04	324.57	334.84	345.11	355.75	366.75	366.75	366.75	366.75	368.22	375.55	384.35	398.66	410.39	416.26	425.06	433.87	439.37	445.23	448.17	451.10	454.04	456.97	462.84	468.71	477.51	485.94	497.68	512.35	529.59	550.13	573.23	599.64	625.68	655.02	683.99	715.90	748.17	783.01	817.85	855.63	893.77	934.48	954.65	995.36	1030.57	1053.67	1082.65	1100.25
UnitedHealthcare	SignatureValue	HMO A	294.62	320.81	330.83	340.84	351.62	362.41	373.58	385.13	385.13	385.13	385.13	386.67	394.37	403.62	418.64	430.96	437.12	446.37	455.61	461.39	467.55	470.63	473.71	476.79	479.87	486.03	492.20	501.44	510.30	522.62	538.03	556.13	577.70	601.96	629.69	657.03	687.84	718.27	751.77	785.67	822.25	858.84	898.51	938.56	981.31	1002.49	1045.24	1082.22	1106.48	1136.90	1155.39
UnitedHealthcare	Alliance	HMO B	254.10	276.69	285.33	293.96	303.26	312.56	322.20	332.16	332.16	332.16	332.16	333.49	340.13	348.10	361.06	371.69	377.00	384.97	392.95	397.93	403.24	405.90	408.56	411.21	413.87	419.19	424.50	432.47	440.11	450.74	464.03	479.64	498.24	519.17	543.08	566.66	593.24	619.48	648.38	677.61	709.16	740.72	774.93	809.47	846.34	864.61	901.48	933.37	954.30	980.54	996.48
UnitedHealthcare	SignatureValue	HMO F	339.96	370.18	381.73	393.29	405.73	418.17	431.06	444.39	444.39	444.39	444.39	446.17	455.06	465.72	483.05	497.27	504.38	515.05	525.71	532.38	539.49	543.04	546.60	550.15	553.71	560.82	567.93	578.60	588.82	603.04	620.81	641.70	666.59	694.58	726.58	758.13	793.68	828.79	867.45	906.56	948.77	990.99	1036.76	1082.98	1132.31	1156.75	1206.07	1248.74	1276.73	1311.84	1333.17
UnitedHealthcare	Alliance	HMO G	293.19	319.26	329.22	339.19	349.92	360.65	371.76	383.26	383.26	383.26	383.26	384.79	392.46	401.66	416.60	428.87	435.00	444.20	453.40	459.15	465.28	468.34	471.41	474.48	477.54	483.67	489.81	499.00	507.82	520.08	535.41	553.43	574.89	599.04	626.63	653.84	684.50	714.78	748.12	781.85	818.26	854.67	894.15	934.00	976.55	997.63	1040.17	1076.96	1101.11	1131.38	1149.78
UnitedHealthcare	SignatureValue	HMO H	312.43	340.20	350.82	361.43	372.87	384.30	396.15	408.40	408.40	408.40	408.40	410.03	418.20	428.00	443.93	457.00	463.53	473.34	483.14	489.26	495.80	499.06	502.33	505.60	508.87	515.40	521.94	531.74	541.13	554.20	570.53	589.73	612.60	638.33	667.73	696.73	729.40	761.67	797.20	833.14	871.93	910.73	952.80	995.27	1040.60	1063.07	1108.40	1147.60	1173.33	1205.60	1225.20
UnitedHealthcare	Alliance	HMO J	269.46	293.41	302.57	311.72	321.59	331.45	341.66	352.23	352.23	352.23	352.23	353.64	360.68	369.14	382.87	394.15	399.78	408.23	416.69	421.97	427.61	430.43	433.24	436.06	438.88	444.51	450.15	458.60	466.70	477.98	492.07	508.62	528.35	550.54	575.90	600.90	629.08	656.91	687.55	718.55	752.01	785.47	821.75	858.38	897.48	916.85	955.95	989.77	1011.96	1039.78	1056.69
UnitedHealthcare	Harmony	HMO L	245.37	267.18	275.52	283.86	292.84	301.83	311.13	320.75	320.75	320.75	320.75	322.03	328.45	336.15	348.66	358.92	364.05	371.75	379.45	384.26	389.39	391.96	394.52	397.09	399.65	404.79	409.92	417.62	424.99	435.26	448.09	463.16	481.13	501.33	524.43	547.20	572.86	598.20	626.10	654.33	684.80	715.27	748.31	781.67	817.27	834.91	870.52	901.31	921.51	946.85	962.25
UnitedHealthcare	Harmony	HMO M	283.12	308.28	317.91	327.53	337.89	348.25	358.99	370.09	370.09	370.09	370.09	371.57	378.97	387.85	402.29	414.13	420.05	428.93	437.82	443.37	449.29	452.25	455.21	458.17	461.13	467.05	472.98	481.86	490.37	502.21	517.02	534.41	555.14	578.45	605.10	631.37	660.98	690.22	722.42	754.98	790.14	825.30	863.42	901.91	942.99	963.34	1004.42	1039.95	1063.27	1092.51	1110.27
UnitedHealthcare	Harmony	HMO N	260.19	283.32	292.16	301.01	310.53	320.05	329.92	340.12	340.12	340.12	340.12	341.48	348.28	356.45	369.71	380.59	386.04	394.20	402.36	407.46	412.91	415.63	418.35	421.07	423.79	429.23	434.67	442.84	450.66	461.54	475.15	491.13	510.18	531.61	556.10	580.24	607.45	634.32	663.91	693.84	726.16	758.47	793.50	828.87	866.63	885.33	923.09	955.74	977.16	1004.03	1020.36
UnitedHealthcare	Alliance	HMO O	250.25	272.49	281.00	289.50	298.66	307.82	317.31	327.12	327.12	327.12	327.12	328.43	334.97	342.82	355.58	366.05	371.28	379.13	386.98	391.89	397.12	399.74	402.36	404.97	407.59	412.83	418.06	425.91	433.43	443.90	456.99	472.36	490.68	511.29	534.84	558.07	584.24	610.08	638.54	667.32	698.40	729.48	763.17	797.19	833.50	851.49	887.80	919.21	939.82	965.66	981.36
UnitedHealthcare	Harmony	HMO P	241.65	263.13	271.34	279.55	288.40	297.24	306.40	315.88	315.88	315.88	315.88	317.14	323.46	331.04	343.36	353.47	358.52	366.10	373.69	378.42	383.48	386.01	388.53	391.06	393.59	398.64	403.69	411.28	418.54	428.65	441.28	456.13	473.82	493.72	516.46	538.89	564.16	589.12	616.60	644.40	674.40	704.41	736.95	769.80	804.86	822.24	857.30	887.62	907.52	932.48	947.64
UnitedHealthcare	SignatureValue	HMO Q	290.16	315.95	325.81	335.67	346.29	356.91	367.91	379.29	379.29	379.29	379.29	380.81	388.39	397.50	412.29	424.43	430.49	439.60	448.70	454.39	460.46	463.49	466.53	469.56	472.60	478.66	484.73	493.84	502.56	514.70	529.87	547.69	568.94	592.83	620.14	647.07	677.41	707.38	740.37	773.75	809.78	845.82	884.88	924.33	966.43	987.29	1029.39	1065.80	1089.70	1119.66	1137.87
Western Health	Full	HMO A	285.27	310.63	320.32	330.02	340.46	350.90	361.72	372.90	372.90	372.90	372.90	374.39	381.85	390.80	405.35	417.28	423.25	432.19	441.14	446.74	452.70	455.69	458.67	461.65	464.64	470.60	476.57	485.52	494.10	506.03	520.95	538.47	559.35	582.85	609.70	636.17	666.01	695.46	727.91	760.72	796.15	831.57	869.98	908.77	950.16	970.67	1012.06	1047.86	1071.35	1100.81	1118.71
Western Health	Full	HMO B	297.99	324.47	334.60	344.73	355.64	366.54	377.84	389.52	389.52	389.52	389.52	391.08	398.87	408.22	423.41	435.88	442.11	451.46	460.81	466.65	472.88	476.00	479.11	482.23	485.35	491.58	497.81	507.16	516.12	528.58	544.16	562.47	584.29	608.83	636.87	664.53	695.69	726.46	760.35	794.63	831.63	868.64	908.76	949.27	992.51	1013.93	1057.17	1094.56	1119.10	1149.87	1168.57
Western Health	Full	HMO C	271.31	295.43	304.65	313.87	323.80	333.73	344.01	354.65	354.65	354.65	354.65	356.07	363.17	371.68	385.51	396.86	402.53	411.04	419.56	424.88	430.55	433.39	436.22	439.06	441.90	447.57	453.25	461.76	469.92	481.27	495.45	512.12	531.98	554.32	579.86	605.04	633.41	661.43	692.29	723.49	757.19	790.88	827.41	864.29	903.66	923.17	962.53	996.58	1018.92	1046.94	1063.96
Western Health	Full	HMO D	260.82	284.01	292.87	301.74	311.28	320.83	330.72	340.94	340.94	340.94	340.94	342.31	349.13	357.31	370.61	381.52	386.97	395.15	403.34	408.45	413.91	416.63	419.36	422.09	424.82	430.27	435.73	443.91	451.75	462.66	476.30	492.32	511.42	532.90	557.44	581.65	608.93	635.86	665.52	695.53	727.92	760.31	795.42	830.88	868.73	887.48	925.32	958.05	979.53	1006.47	1022.83

Platinum		AGE -->	0-14	15	16	17	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	304.38	331.43	341.78	352.12	363.26	374.41	385.94	397.88	397.88	397.88	397.88	399.47	407.43	416.98	432.50	445.23	451.59	461.14	470.69	476.66	483.03	486.21	489.39	492.58	495.76	502.12	508.49	518.04	527.19	539.92	555.84	574.54	596.82	621.89	650.53	678.78	710.61	742.05	776.66	811.68	849.47	887.27	928.25	969.63	1013.80	1035.68	1079.85	1118.04	1143.11	1174.54	1193.64
Cigna + Oscar	LocalPlus	EPO C	353.92	385.38	397.41	409.43	422.39	435.34	448.76	462.64	462.64	462.64	462.64	464.49	473.74	484.84	502.89	517.69	525.09	536.20	547.30	554.24	561.64	565.34	569.04	572.74	576.45	583.85	591.25	602.35	612.99	627.80	646.30	668.05	693.96	723.10	756.41	789.26	826.27	862.82	903.07	943.78	987.73	1031.68	1079.33	1127.45	1178.80	1204.24	1255.60	1300.01	1329.16	1365.71	1387.91
Cigna + Oscar	LocalPlus	EPO D	347.03	377.88	389.67	401.47	414.17	426.87	440.02	453.63	453.63	453.63	453.63	455.45	464.52	475.41	493.10	507.62	514.87	525.76	536.65	543.45	550.71	554.34	557.97	561.60	565.23	572.49	579.74	590.63	601.06	615.58	633.73	655.05	680.45	709.03	741.69	773.90	810.19	846.03	885.49	925.41	968.51	1011.60	1058.33	1105.50	1155.86	1180.81	1231.16	1274.71	1303.29	1339.13	1360.90
Cigna + Oscar	LocalPlus	EPO E	336.81	366.75	378.20	389.64	401.97	414.30	427.07	440.27	440.27	440.27	440.27	442.04	450.84	461.41	478.58	492.67	499.71	510.28	520.85	527.45	534.49	538.02	541.54	545.06	548.58	555.63	562.67	573.24	583.36	597.45	615.06	635.76	660.41	688.15	719.85	751.11	786.33	821.11	859.42	898.16	939.99	981.81	1027.16	1072.95	1121.82	1146.04	1194.91	1237.17	1264.91	1299.69	1320.82
Health Net	WholeCare	HMO C	279.30	304.13	313.62	323.11	333.33	343.56	354.14	365.10	365.10	365.10	365.10	366.56	373.86	382.62	396.86	408.54	414.39	423.15	431.91	437.39	443.23	446.15	449.07	451.99	454.91	460.75	466.59	475.36	483.75	495.44	510.04	527.20	547.65	570.65	596.93	622.86	652.06	680.91	712.67	744.80	779.48	814.17	851.77	889.74	930.27	950.35	990.87	1025.92	1048.92	1077.77	1095.30
Health Net	Salud HMO y Mas	HMO D	249.03	271.16	279.63	288.09	297.21	306.32	315.76	325.53	325.53	325.53	325.53	326.83	333.34	341.15	353.85	364.26	369.47	377.28	385.10	389.98	395.19	397.79	400.40	403.00	405.61	410.81	416.02	423.84	431.32	441.74	454.76	470.06	488.29	508.80	532.24	555.35	581.39	607.11	635.43	664.07	695.00	725.92	759.45	793.31	829.44	847.34	883.48	914.73	935.24	960.95	976.59
Health Net	Full	HMO E	304.89	331.99	342.36	352.72	363.88	375.04	386.60	398.55	398.55	398.55	398.55	400.15	408.12	417.68	433.23	445.98	452.36	461.92	471.49	477.47	483.84	487.03	490.22	493.41	496.60	502.97	509.35	518.92	528.08	540.84	556.78	575.51	597.83	622.94	651.63	679.93	711.82	743.30	777.98	813.05	850.91	888.77	929.82	971.27	1015.51	1037.43	1081.67	1119.93	1145.04	1176.53	1195.65
Health Net	WholeCare	HMO F	287.48	313.04	322.81	332.58	343.10	353.62	364.52	375.79	375.79	375.79	375.79	377.30	384.81	393.83	408.49	420.51	426.53	435.54	444.56	450.20	456.21	459.22	462.23	465.23	468.24	474.25	480.26	489.28	497.93	509.95	524.98	542.65	563.69	587.37	614.42	641.10	671.17	700.86	733.55	766.62	802.32	838.02	876.73	915.81	957.52	978.19	1019.90	1055.98	1079.66	1109.34	1127.37
Health Net	Salud HMO y Mas	HMO G	257.35	280.23	288.98	297.72	307.14	316.56	326.32	336.41	336.41	336.41	336.41	337.75	344.48	352.56	365.68	376.44	381.82	389.90	397.97	403.02	408.40	411.09	413.78	416.47	419.17	424.55	429.93	438.00	445.74	456.51	469.96	485.77	504.61	525.81	550.03	573.91	600.83	627.40	656.67	686.27	718.23	750.19	784.84	819.83	857.17	875.67	913.01	945.31	966.50	993.08	1009.23
Health Net	Full	HMO H	313.83	341.72	352.39	363.05	374.54	386.03	397.92	410.23	410.23	410.23	410.23	411.87	420.07	429.92	445.92	459.05	465.61	475.46	485.30	491.45	498.02	501.30	504.58	507.86	511.15	517.71	524.27	534.12	543.55	556.68	573.09	592.37	615.34	641.19	670.73	699.85	732.67	765.08	800.77	836.87	875.84	914.81	957.07	999.73	1045.26	1067.83	1113.36	1152.74	1178.59	1211.00	1230.69
Kaiser Permanente	Full	HMO A	314.12	340.79	350.99	361.19	372.18	369.17	380.55	392.32	392.32	392.32	392.32	393.89	401.74	411.15	426.45	439.01	445.28	454.70	464.12	470.00	476.28	479.42	482.55	485.69	488.83	495.11	501.39	510.80	519.83	532.38	548.07	566.51	588.48	613.20	641.44	669.30	700.69	731.68	765.81	800.33	837.61	874.88	915.28	956.09	999.63	1021.21	1064.76	1102.42	1127.14	1158.13	1176.96
Kaiser Permanente	Full	HMO B	308.67	334.87	344.88	354.90	365.68	362.48	373.65	385.21	385.21	385.21	385.21	386.75	394.45	403.70	418.72	431.05	437.21	446.45	455.70	461.48	467.64	470.72	473.80	476.88	479.97	486.13	492.29	501.54	510.40	522.72	538.13	556.24	577.81	602.08	629.81	657.16	687.98	718.41	751.92	785.82	822.41	859.01	898.69	938.75	981.50	1002.69	1045.45	1082.43	1106.70	1137.13	1155.63
Sharp Health Plan	Premier	HMO A	282.65	307.78	317.38	326.99	337.34	347.68	358.40	369.48	369.48	369.48	369.48	370.96	378.35	387.22	401.62	413.45	419.36	428.23	437.09	442.64	448.55	451.50	454.46	457.42	460.37	466.28	472.20	481.06	489.56	501.38	516.16	533.53	554.22	577.50	604.10	630.33	659.89	689.08	721.22	753.74	788.84	823.94	862.00	900.42	941.44	961.76	1002.77	1038.24	1061.52	1090.70	1108.44
Sharp Health Plan	Performance	HMO B	304.58	331.66	342.01	352.36	363.51	374.66	386.21	398.15	398.15	398.15	398.15	399.74	407.71	417.26	432.79	445.53	451.90	461.46	471.01	476.98	483.35	486.54	489.72	492.91	496.09	502.47	508.84	518.39	527.55	540.29	556.22	574.93	597.23	622.31	650.98	679.24	711.10	742.55	777.19	812.23	850.05	887.87	928.88	970.29	1014.49	1036.38	1080.58	1118.80	1143.88	1175.34	1194.45
Sharp Health Plan	Premier	HMO C	278.68	303.45	312.93	322.40	332.60	342.80	353.36	364.29	364.29	364.29	364.29	365.75	373.03	381.78	395.98	407.64	413.47	422.21	430.96	436.42	442.25	445.16	448.08	450.99	453.91	459.73	465.56	474.31	482.68	494.34	508.91	526.03	546.44	569.39	595.61	621.48	650.62	679.40	711.09	743.15	777.76	812.37	849.89	887.77	928.21	948.25	988.68	1023.65	1046.61	1075.38	1092.87
UnitedHealthcare	SignatureValue	HMO A	358.34	390.19	402.37	414.55	427.67	440.78	454.37	468.42	468.42	468.42	468.42	470.29	479.66	490.90	509.17	524.16	531.66	542.90	554.14	561.17	568.66	572.41	576.16	579.90	583.65	591.15	598.64	609.88	620.66	635.65	654.38	676.40	702.63	732.14	765.87	799.12	836.60	873.60	914.36	955.58	1000.08	1044.58	1092.82	1141.54	1193.53	1219.30	1271.29	1316.26	1345.77	1382.78	1405.26
UnitedHealthcare	Alliance	HMO C	309.05	336.52	347.03	357.53	368.84	380.15	391.87	403.99	403.99	403.99	403.99	405.61	413.69	423.38	439.14	452.06	458.53	468.22	477.92	483.98	490.44	493.68	496.91	500.14	503.37	509.84	516.30	525.99	535.29	548.21	564.37	583.36	605.99	631.44	660.52	689.21	721.53	753.44	788.59	824.14	862.52	900.90	942.51	984.52	1029.37	1051.59	1096.43	1135.21	1160.66	1192.58	1211.97
UnitedHealthcare	SignatureValue	HMO E	388.04	422.53	435.72	448.91	463.11	477.31	492.02	507.24	507.24	507.24	507.24	509.27	519.41	531.59	551.37	567.60	575.72	587.89	600.06	607.67	615.79	619.85	623.91	627.96	632.02	640.14	648.25	660.43	672.09	688.32	708.61	732.45	760.86	792.82	829.34	865.35	905.93	946.00	990.13	1034.77	1082.96	1131.15	1183.39	1236.14	1292.45	1320.35	1376.65	1425.34	1457.30	1497.37	1521.72
UnitedHealthcare	Alliance	HMO G	334.66	364.41	375.79	387.16	399.41	411.66	424.35	437.47	437.47	437.47	437.47	439.22	447.97	458.47	475.53	489.53	496.53	507.03	517.53	524.09	531.09	534.59	538.09	541.59	545.09	552.09	559.09	569.59	579.65	593.65	611.15	631.71	656.21	683.77	715.26	746.32	781.32	815.88	853.94	892.44	934.00	975.56	1020.62	1066.11	1114.67	1138.73	1187.29	1229.29	1256.85	1291.41	1312.41
UnitedHealthcare	Harmony	HMO H	298.43	324.96	335.10	345.25	356.17	367.09	378.41	390.11	390.11	390.11	390.11	391.67	399.47	408.84	424.05	436.53	442.77	452.14	461.50	467.35	473.59	476.71	479.84	482.96	486.08	492.32	498.56	507.92	516.90	529.38	544.98	563.32	585.17	609.74	637.83	665.53	696.74	727.56	761.49	795.82	832.88	869.95	910.13	950.70	994.00	1015.46	1058.76	1096.21	1120.79	1151.60	1170.33
UnitedHealthcare	Harmony	HMO I	323.16	351.88	362.87	373.85	385.68	397.51	409.76	422.43	422.43	422.43	422.43	424.12	432.57	442.71	459.18	472.70	479.46	489.60	499.73	506.07	512.83	516.21	519.59	522.97	526.35	533.11	539.87	550.00	559.72	573.24	590.13	609.99	633.65	660.26	690.67	720.67	754.46	787.83	824.58	861.76	901.89	942.02	985.53	1029.46	1076.35	1099.59	1146.48	1187.03	1213.64	1247.01	1267.29
UnitedHealthcare	Alliance	HMO J	304.05	331.08	341.41	351.74	362.87	374.00	385.53	397.45	397.45	397.45	397.45	399.04	406.99	416.53	432.03	444.75	451.11	460.64	470.18	476.15	482.50	485.68	488.86	492.04	495.22	501.58	507.94	517.48	526.62	539.34	555.24	573.92	596.18	621.21	649.83	678.05	709.85	741.24	775.82	810.80	848.56	886.31	927.25	968.59	1012.70	1034.56	1078.68	1116.83	1141.87	1173.27	1192.35
UnitedHealthcare	Harmony	HMO K	293.60	319.70	329.68	339.65	350.40	361.15	372.28	383.79	383.79	383.79	383.79	385.33	393.00	402.21	417.18	429.46	435.60	444.81	454.02	459.78	465.92	468.99	472.06	475.13	478.20	484.34	490.48	499.69	508.52	520.80	536.15	554.19	575.69	599.86	627.50	654.75	685.45	715.77	749.16	782.93	819.39	855.85	895.38	935.30	977.90	999.01	1041.61	1078.45	1102.63	1132.95	1151.37
UnitedHealthcare	SignatureValue	HMO L	352.54	383.88	395.86	407.84	420.75	433.65	447.01	460.84	460.84	460.84	460.84	462.68	471.90	482.96	500.93	515.68	523.05	534.11	545.17	552.09	559.46	563.15	566.83	570.52	574.21	581.58	588.95	600.01	610.61	625.36	643.79	665.45	691.26	720.29	753.47	786.19	823.06	859.47	899.56	940.11	983.89	1027.67	1075.14	1123.07	1174.22	1199.57	1250.72	1294.96	1323.99	1360.40	1382.52
Western Health	Full	HMO A	324.22	353.04	364.06	375.08	386.94	398.81	411.10	423.82	423.82	423.82	423.82	425.51	433.99	444.16	460.69	474.25	481.03	491.20	501.37	507.73	514.51	517.90	521.29	524.68	528.07	534.86	541.64	551.81	561.56	575.12	592.07	611.99	635.72	662.42	692.94	723.03	756.93	790.42	827.29	864.58	904.85	945.11	988.76	1032.84	1079.88	1103.19	1150.24	1190.92	1217.62	1251.10	1271.45
Western Health	Full	HMO B	331.85	361.35	372.63	383.91	396.05	408.20	420.78	433.79	433.79	433.79	433.79	435.53	444.21	454.62	471.54	485.42	492.36	502.77	513.18	519.69	526.63	530.10	533.57	537.04	540.51	547.45	554.39	564.80	574.78	588.66	606.01	626.40	650.69	678.02	709.25	740.05	774.76	809.03	846.77	884.94	926.15	967.36	1012.04	1057.16	1105.31	1129.17	1177.32	1218.96	1246.29	1280.56	1301.38
Western Health	Full	HMO C	320.56	349.06	359.95	370.85	382.58	394.31	406.46	419.03	419.03	419.03	419.03	420.71	429.09	439.15	455.49	468.90	475.60	485.66	495.72	502.00	508.71	512.06	515.41	518.76	522.12	528.82	535.53	545.58	555.22	568.63	585.39	605.09	628.55	654.95	685.12	714.87	748.39	781.50	817.95	854.83	894.64	934.45	977.61	1021.19	1067.70	1090.75	1137.26	1177.49	1203.88	1236.99	1257.10

Health Care Service Plan rates will vary by county

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