

# Western Health Advantage

2018Q4 Rate Filing - Rating Areas 1 and 3  
Colusa, El Dorado, Placer, Sacramento and Yolo County  
Small Group Rates by Age and Plan

Plan Name	Gateway 30 Platinum 90 HMO	Gateway 70 Platinum 90 HMO	Gateway 4010 Gold 80 HMO	Gateway 2000 Gold 80 HDHP HMO	Gateway 1500 Silver 70 HDHP HMO	Gateway 6500 Bronze 60 HDHP HMO
<b>Age Band</b>						
0-14	\$268.68	\$255.30	\$229.99	\$220.95	\$232.03	\$169.78
15	\$292.56	\$278.00	\$250.43	\$240.59	\$252.65	\$184.87
16	\$301.70	\$286.67	\$258.25	\$248.10	\$260.54	\$190.64
17	\$310.83	\$295.35	\$266.06	\$255.61	\$268.42	\$196.41
18	\$320.66	\$304.69	\$274.48	\$263.69	\$276.92	\$202.62
19	\$330.50	\$314.04	\$282.90	\$271.78	\$285.41	\$208.84
20	\$340.68	\$323.72	\$291.62	\$280.16	\$294.20	\$215.27
21	\$351.22	\$333.73	\$300.64	\$288.82	\$303.30	\$221.93
22	\$351.22	\$333.73	\$300.64	\$288.82	\$303.30	\$221.93
23	\$351.22	\$333.73	\$300.64	\$288.82	\$303.30	\$221.93
24	\$351.22	\$333.73	\$300.64	\$288.82	\$303.30	\$221.93
25	\$352.62	\$335.06	\$301.84	\$289.98	\$304.52	\$222.82
26	\$359.65	\$341.74	\$307.85	\$295.75	\$310.58	\$227.26
27	\$368.08	\$349.75	\$315.07	\$302.68	\$317.86	\$232.58
28	\$381.77	\$362.76	\$326.79	\$313.95	\$329.69	\$241.24
29	\$393.01	\$373.44	\$336.41	\$323.19	\$339.40	\$248.34
30	\$398.63	\$378.78	\$341.22	\$327.81	\$344.25	\$251.89
31	\$407.06	\$386.79	\$348.44	\$334.74	\$351.53	\$257.22
32	\$415.49	\$394.80	\$355.65	\$341.68	\$358.81	\$262.54
33	\$420.76	\$399.81	\$360.16	\$346.01	\$363.36	\$265.87
34	\$426.38	\$405.15	\$364.97	\$350.63	\$368.21	\$269.42
35	\$429.19	\$407.82	\$367.38	\$352.94	\$370.64	\$271.20
36	\$432.00	\$410.49	\$369.78	\$355.25	\$373.06	\$272.97
37	\$434.81	\$413.16	\$372.19	\$357.56	\$375.49	\$274.75
38	\$437.62	\$415.83	\$374.59	\$359.87	\$377.92	\$276.53
39	\$443.24	\$421.17	\$379.40	\$364.49	\$382.77	\$280.08
40	\$448.86	\$426.51	\$384.21	\$369.11	\$387.62	\$283.63
41	\$457.29	\$434.51	\$391.43	\$376.04	\$394.90	\$288.95
42	\$465.36	\$442.19	\$398.34	\$382.69	\$401.88	\$294.06
43	\$476.60	\$452.87	\$407.96	\$391.93	\$411.58	\$301.16
44	\$490.65	\$466.22	\$419.99	\$403.48	\$423.72	\$310.04
45	\$507.16	\$481.90	\$434.12	\$417.06	\$437.97	\$320.47
46	\$526.83	\$500.59	\$450.95	\$433.23	\$454.96	\$332.90
47	\$548.95	\$521.62	\$469.89	\$451.43	\$474.06	\$346.88
48	\$574.24	\$545.65	\$491.54	\$472.22	\$495.90	\$362.86
49	\$599.18	\$569.34	\$512.88	\$492.73	\$517.44	\$378.61
50	\$627.27	\$596.04	\$536.94	\$515.83	\$541.70	\$396.37
51	\$655.02	\$622.40	\$560.69	\$538.65	\$565.66	\$413.90
52	\$685.58	\$651.44	\$586.84	\$563.78	\$592.05	\$433.21
53	\$716.48	\$680.81	\$613.30	\$589.19	\$618.74	\$452.74
54	\$749.85	\$712.51	\$641.86	\$616.63	\$647.55	\$473.82
55	\$783.22	\$744.21	\$670.42	\$644.07	\$676.37	\$494.90
56	\$819.39	\$778.59	\$701.38	\$673.82	\$707.61	\$517.76
57	\$855.92	\$813.30	\$732.65	\$703.86	\$739.15	\$540.84
58	\$894.90	\$850.34	\$766.02	\$735.92	\$772.82	\$565.48
59	\$914.22	\$868.70	\$782.55	\$751.80	\$789.50	\$577.68
60	\$953.20	\$905.74	\$815.92	\$783.86	\$823.17	\$602.32
61	\$986.92	\$937.78	\$844.79	\$811.59	\$852.28	\$623.62
62	\$1,009.05	\$958.80	\$863.73	\$829.78	\$871.39	\$637.61
63	\$1,036.79	\$985.17	\$887.48	\$852.60	\$895.35	\$655.14
64 and over	\$1,053.65	\$1,001.19	\$901.91	\$866.46	\$909.90	\$665.79

**A SEPERATE \$20.00 MONTHLY ADMINISTRATION FEE WILL BE ADDED TO CALCULATE YOUR TOTAL MONTHLY RATE**

# Western Health Advantage

2018Q4 Rate Filing - Rating Area 2

Marin, Napa and Sonoma County

Small Group Rates by Age and Plan

Plan Name	Gateway 30 Platinum 90 HMO	Gateway 70 Platinum 90 HMO	Gateway 4010 Gold 80 HMO	Gateway 2000 Gold 80 HDHP HMO	Gateway 1500 Silver 70 HDHP HMO	Gateway 6500 Bronze 60 HDHP HMO
<b>Age Band</b>						
0-14	\$279.52	\$265.60	\$239.26	\$229.86	\$241.38	\$176.62
15	\$304.36	\$289.21	\$260.53	\$250.29	\$262.84	\$192.32
16	\$313.86	\$298.23	\$268.66	\$258.10	\$271.04	\$198.33
17	\$323.36	\$307.26	\$276.79	\$265.91	\$279.25	\$204.33
18	\$333.59	\$316.98	\$285.55	\$274.33	\$288.08	\$210.79
19	\$343.82	\$326.70	\$294.31	\$282.74	\$296.92	\$217.26
20	\$354.42	\$336.77	\$303.38	\$291.45	\$306.07	\$223.95
21	\$365.38	\$347.19	\$312.76	\$300.47	\$315.53	\$230.88
22	\$365.38	\$347.19	\$312.76	\$300.47	\$315.53	\$230.88
23	\$365.38	\$347.19	\$312.76	\$300.47	\$315.53	\$230.88
24	\$365.38	\$347.19	\$312.76	\$300.47	\$315.53	\$230.88
25	\$366.84	\$348.57	\$314.01	\$301.67	\$316.80	\$231.80
26	\$374.15	\$355.52	\$320.26	\$307.68	\$323.11	\$236.42
27	\$382.92	\$363.85	\$327.77	\$314.89	\$330.68	\$241.96
28	\$397.17	\$377.39	\$339.97	\$326.61	\$342.99	\$250.97
29	\$408.86	\$388.50	\$349.98	\$336.22	\$353.08	\$258.35
30	\$414.71	\$394.06	\$354.98	\$341.03	\$358.13	\$262.05
31	\$423.47	\$402.39	\$362.49	\$348.24	\$365.70	\$267.59
32	\$432.24	\$410.72	\$369.99	\$355.45	\$373.28	\$273.13
33	\$437.72	\$415.93	\$374.68	\$359.96	\$378.01	\$276.59
34	\$443.57	\$421.48	\$379.69	\$364.77	\$383.06	\$280.29
35	\$446.49	\$424.26	\$382.19	\$367.17	\$385.58	\$282.13
36	\$449.42	\$427.04	\$384.69	\$369.57	\$388.11	\$283.98
37	\$452.34	\$429.82	\$387.19	\$371.98	\$390.63	\$285.83
38	\$455.26	\$432.59	\$389.70	\$374.38	\$393.16	\$287.68
39	\$461.11	\$438.15	\$394.70	\$379.19	\$398.20	\$291.37
40	\$466.96	\$443.70	\$399.70	\$384.00	\$403.25	\$295.06
41	\$475.72	\$452.04	\$407.21	\$391.21	\$410.83	\$300.60
42	\$484.13	\$460.02	\$414.40	\$398.12	\$418.08	\$305.91
43	\$495.82	\$471.13	\$424.41	\$407.73	\$428.18	\$313.30
44	\$510.44	\$485.02	\$436.92	\$419.75	\$440.80	\$322.54
45	\$527.61	\$501.34	\$451.62	\$433.87	\$455.63	\$333.39
46	\$548.07	\$520.78	\$469.14	\$450.70	\$473.30	\$346.32
47	\$571.09	\$542.65	\$488.84	\$469.63	\$493.18	\$360.86
48	\$597.40	\$567.65	\$511.36	\$491.26	\$515.90	\$377.49
49	\$623.34	\$592.30	\$533.57	\$512.60	\$538.30	\$393.88
50	\$652.57	\$620.07	\$558.59	\$536.63	\$563.54	\$412.35
51	\$681.43	\$647.50	\$583.29	\$560.37	\$588.47	\$430.59
52	\$713.22	\$677.71	\$610.50	\$586.51	\$615.92	\$450.68
53	\$745.37	\$708.26	\$638.03	\$612.95	\$643.69	\$470.99
54	\$780.09	\$741.24	\$667.74	\$641.50	\$673.67	\$492.93
55	\$814.80	\$774.22	\$697.45	\$670.04	\$703.64	\$514.86
56	\$852.43	\$809.98	\$729.66	\$700.99	\$736.14	\$538.64
57	\$890.43	\$846.09	\$762.19	\$732.24	\$768.98	\$562.65
58	\$930.99	\$884.63	\$796.91	\$765.59	\$803.96	\$588.28
59	\$951.08	\$903.72	\$814.11	\$782.12	\$821.34	\$600.98
60	\$991.64	\$942.26	\$848.82	\$815.47	\$856.36	\$626.61
61	\$1,026.72	\$975.59	\$878.85	\$844.31	\$886.65	\$648.77
62	\$1,049.74	\$997.46	\$898.55	\$863.24	\$906.53	\$663.32
63	\$1,078.60	\$1,024.89	\$923.26	\$886.98	\$931.46	\$681.55
64 and over	\$1,096.14	\$1,041.56	\$938.27	\$901.40	\$946.59	\$692.64

**A SEPERATE \$20.00 MONTHLY ADMINISTRATION FEE WILL BE ADDED TO CALCULATE YOUR TOTAL MONTHLY RATE**

# Western Health Advantage

2018Q4 Rate Filing - Rating Areas 4 and 8

San Francisco and San Mateo County

Small Group Rates by Age and Plan

Plan Name	Gateway 30 Platinum 90 HMO	Gateway 70 Platinum 90 HMO	Gateway 4010 Gold 80 HMO	Gateway 2000 Gold 80 HDHP HMO	Gateway 1500 Silver 70 HDHP HMO	Gateway 6500 Bronze 60 HDHP HMO
<b>Age Band</b>						
0-14	\$323.12	\$307.03	\$276.59	\$265.72	\$279.04	\$204.18
15	\$351.84	\$334.32	\$301.17	\$289.34	\$303.84	\$222.33
16	\$362.83	\$344.76	\$310.57	\$298.37	\$313.33	\$229.27
17	\$373.81	\$355.19	\$319.97	\$307.40	\$322.81	\$236.20
18	\$385.63	\$366.43	\$330.10	\$317.12	\$333.03	\$243.68
19	\$397.46	\$377.67	\$340.22	\$326.85	\$343.24	\$251.15
20	\$409.71	\$389.31	\$350.70	\$336.92	\$353.82	\$258.89
21	\$422.38	\$401.35	\$361.55	\$347.34	\$364.76	\$266.90
22	\$422.38	\$401.35	\$361.55	\$347.34	\$364.76	\$266.90
23	\$422.38	\$401.35	\$361.55	\$347.34	\$364.76	\$266.90
24	\$422.38	\$401.35	\$361.55	\$347.34	\$364.76	\$266.90
25	\$424.07	\$402.95	\$363.00	\$348.73	\$366.22	\$267.97
26	\$432.52	\$410.98	\$370.23	\$355.68	\$373.51	\$273.30
27	\$442.66	\$420.61	\$378.91	\$364.01	\$382.27	\$279.71
28	\$459.13	\$436.27	\$393.01	\$377.56	\$396.49	\$290.12
29	\$472.65	\$449.11	\$404.58	\$388.68	\$408.17	\$298.66
30	\$479.40	\$455.53	\$410.36	\$394.23	\$414.00	\$302.93
31	\$489.54	\$465.16	\$419.04	\$402.57	\$422.76	\$309.33
32	\$499.68	\$474.80	\$427.71	\$410.91	\$431.51	\$315.74
33	\$506.01	\$480.82	\$433.14	\$416.12	\$436.98	\$319.74
34	\$512.77	\$487.24	\$438.92	\$421.67	\$442.82	\$324.01
35	\$516.15	\$490.45	\$441.81	\$424.45	\$445.74	\$326.15
36	\$519.53	\$493.66	\$444.71	\$427.23	\$448.65	\$328.28
37	\$522.91	\$496.87	\$447.60	\$430.01	\$451.57	\$330.42
38	\$526.29	\$500.08	\$450.49	\$432.79	\$454.49	\$332.55
39	\$533.05	\$506.50	\$456.28	\$438.35	\$460.33	\$336.83
40	\$539.80	\$512.92	\$462.06	\$443.90	\$466.16	\$341.10
41	\$549.94	\$522.56	\$470.74	\$452.24	\$474.92	\$347.50
42	\$559.66	\$531.79	\$479.05	\$460.23	\$483.31	\$353.64
43	\$573.17	\$544.63	\$490.62	\$471.34	\$494.98	\$362.18
44	\$590.07	\$560.68	\$505.09	\$485.24	\$509.57	\$372.86
45	\$609.92	\$579.55	\$522.08	\$501.56	\$526.71	\$385.40
46	\$633.57	\$602.02	\$542.33	\$521.01	\$547.14	\$400.35
47	\$660.18	\$627.31	\$565.10	\$542.90	\$570.12	\$417.16
48	\$690.59	\$656.21	\$591.14	\$567.90	\$596.38	\$436.38
49	\$720.58	\$684.70	\$616.81	\$592.57	\$622.28	\$455.33
50	\$754.37	\$716.81	\$645.73	\$620.35	\$651.46	\$476.68
51	\$787.74	\$748.52	\$674.29	\$647.79	\$680.28	\$497.76
52	\$824.49	\$783.43	\$705.75	\$678.01	\$712.01	\$520.98
53	\$861.66	\$818.75	\$737.56	\$708.58	\$744.11	\$544.47
54	\$901.78	\$856.88	\$771.91	\$741.58	\$778.76	\$569.83
55	\$941.91	\$895.01	\$806.26	\$774.57	\$813.41	\$595.18
56	\$985.42	\$936.35	\$843.50	\$810.35	\$850.98	\$622.67
57	\$1,029.34	\$978.09	\$881.10	\$846.47	\$888.92	\$650.43
58	\$1,076.23	\$1,022.64	\$921.23	\$885.03	\$929.41	\$680.06
59	\$1,099.46	\$1,044.71	\$941.12	\$904.13	\$949.47	\$694.74
60	\$1,146.34	\$1,089.26	\$981.25	\$942.69	\$989.96	\$724.36
61	\$1,186.89	\$1,127.79	\$1,015.96	\$976.03	\$1,024.97	\$749.98
62	\$1,213.50	\$1,153.08	\$1,038.73	\$997.91	\$1,047.95	\$766.80
63	\$1,246.87	\$1,184.78	\$1,067.30	\$1,025.35	\$1,076.77	\$787.88
64 and over	\$1,267.14	\$1,204.05	\$1,084.65	\$1,042.02	\$1,094.28	\$800.69

**A SEPERATE \$20.00 MONTHLY ADMINISTRATION FEE WILL BE ADDED TO CALCULATE YOUR TOTAL MONTHLY RATE**

# Western Health Advantage

2018Q4 Rate Filing - Rating Area 5

Contra Costa County

Small Group Rates by Age and Plan

Plan Name	Gateway 30 Platinum 90 HMO	Gateway 70 Platinum 90 HMO	Gateway 4010 Gold 80 HMO	Gateway 2000 Gold 80 HDHP HMO	Gateway 1500 Silver 70 HDHP HMO	Gateway 6500 Bronze 60 HDHP HMO
<b>Age Band</b>						
0-14	\$297.39	\$282.58	\$254.56	\$244.56	\$256.82	\$187.92
15	\$323.83	\$307.70	\$277.19	\$266.30	\$279.65	\$204.62
16	\$333.93	\$317.31	\$285.84	\$274.61	\$288.38	\$211.01
17	\$344.04	\$326.91	\$294.49	\$282.92	\$297.11	\$217.40
18	\$354.93	\$337.25	\$303.81	\$291.87	\$306.51	\$224.27
19	\$365.81	\$347.60	\$313.13	\$300.82	\$315.91	\$231.15
20	\$377.08	\$358.31	\$322.78	\$310.09	\$325.64	\$238.28
21	\$388.75	\$369.39	\$332.76	\$319.68	\$335.71	\$245.64
22	\$388.75	\$369.39	\$332.76	\$319.68	\$335.71	\$245.64
23	\$388.75	\$369.39	\$332.76	\$319.68	\$335.71	\$245.64
24	\$388.75	\$369.39	\$332.76	\$319.68	\$335.71	\$245.64
25	\$390.30	\$370.87	\$334.09	\$320.96	\$337.06	\$246.63
26	\$398.08	\$378.25	\$340.75	\$327.36	\$343.77	\$251.54
27	\$407.41	\$387.12	\$348.73	\$335.03	\$351.83	\$257.44
28	\$422.57	\$401.53	\$361.71	\$347.50	\$364.92	\$267.02
29	\$435.01	\$413.35	\$372.36	\$357.72	\$375.66	\$274.88
30	\$441.23	\$419.26	\$377.68	\$362.84	\$381.03	\$278.81
31	\$450.56	\$428.12	\$385.67	\$370.51	\$389.09	\$284.70
32	\$459.89	\$436.99	\$393.65	\$378.18	\$397.15	\$290.60
33	\$465.72	\$442.53	\$398.65	\$382.98	\$402.18	\$294.28
34	\$471.94	\$448.44	\$403.97	\$388.09	\$407.56	\$298.21
35	\$475.05	\$451.39	\$406.63	\$390.65	\$410.24	\$300.18
36	\$478.16	\$454.35	\$409.29	\$393.21	\$412.93	\$302.14
37	\$481.27	\$457.30	\$411.96	\$395.77	\$415.61	\$304.11
38	\$484.38	\$460.26	\$414.62	\$398.32	\$418.30	\$306.07
39	\$490.60	\$466.17	\$419.94	\$403.44	\$423.67	\$310.00
40	\$496.82	\$472.08	\$425.27	\$408.55	\$429.04	\$313.93
41	\$506.15	\$480.94	\$433.25	\$416.23	\$437.10	\$319.83
42	\$515.09	\$489.44	\$440.91	\$423.58	\$444.82	\$325.48
43	\$527.53	\$501.26	\$451.56	\$433.81	\$455.56	\$333.34
44	\$543.08	\$516.04	\$464.87	\$446.60	\$468.99	\$343.17
45	\$561.35	\$533.40	\$480.51	\$461.62	\$484.77	\$354.71
46	\$583.12	\$554.08	\$499.14	\$479.52	\$503.57	\$368.47
47	\$607.61	\$577.36	\$520.10	\$499.66	\$524.72	\$383.94
48	\$635.60	\$603.95	\$544.06	\$522.68	\$548.89	\$401.63
49	\$663.20	\$630.18	\$567.69	\$545.38	\$572.73	\$419.07
50	\$694.30	\$659.73	\$594.31	\$570.95	\$599.58	\$438.72
51	\$725.01	\$688.91	\$620.60	\$596.21	\$626.11	\$458.13
52	\$758.83	\$721.05	\$649.55	\$624.02	\$655.31	\$479.50
53	\$793.04	\$753.55	\$678.83	\$652.15	\$684.86	\$501.11
54	\$829.97	\$788.65	\$710.44	\$682.52	\$716.75	\$524.45
55	\$866.91	\$823.74	\$742.05	\$712.89	\$748.64	\$547.79
56	\$906.95	\$861.78	\$776.33	\$745.82	\$783.22	\$573.09
57	\$947.38	\$900.20	\$810.94	\$779.07	\$818.13	\$598.64
58	\$990.53	\$941.20	\$847.87	\$814.55	\$855.40	\$625.90
59	\$1,011.91	\$961.52	\$866.17	\$832.13	\$873.86	\$639.41
60	\$1,055.06	\$1,002.52	\$903.11	\$867.62	\$911.13	\$666.68
61	\$1,092.38	\$1,037.98	\$935.06	\$898.31	\$943.35	\$690.26
62	\$1,116.87	\$1,061.26	\$956.02	\$918.45	\$964.50	\$705.74
63	\$1,147.58	\$1,090.44	\$982.31	\$943.70	\$991.03	\$725.14
64 and over	\$1,166.24	\$1,108.17	\$998.28	\$959.04	\$1,007.13	\$736.92

**A SEPERATE \$20.00 MONTHLY ADMINISTRATION FEE WILL BE ADDED TO CALCULATE YOUR TOTAL MONTHLY RATE**

# Western Health Advantage

2018Q4 Rate Filing - Rating Area 6

Alemeda County

Small Group Rates by Age and Plan

Plan Name	Gateway 30 Platinum 90 HMO	Gateway 70 Platinum 90 HMO	Gateway 4010 Gold 80 HMO	Gateway 2000 Gold 80 HDHP HMO	Gateway 1500 Silver 70 HDHP HMO	Gateway 6500 Bronze 60 HDHP HMO
<b>Age Band</b>						
0-14	\$319.06	\$303.17	\$273.11	\$262.38	\$275.53	\$201.61
15	\$347.42	\$330.12	\$297.38	\$285.70	\$300.02	\$219.53
16	\$358.26	\$340.42	\$306.67	\$294.62	\$309.39	\$226.38
17	\$369.11	\$350.73	\$315.95	\$303.53	\$318.75	\$233.23
18	\$380.79	\$361.82	\$325.95	\$313.14	\$328.84	\$240.61
19	\$392.46	\$372.92	\$335.94	\$322.74	\$338.92	\$247.99
20	\$404.56	\$384.41	\$346.29	\$332.69	\$349.37	\$255.64
21	\$417.07	\$396.30	\$357.00	\$342.97	\$360.17	\$263.54
22	\$417.07	\$396.30	\$357.00	\$342.97	\$360.17	\$263.54
23	\$417.07	\$396.30	\$357.00	\$342.97	\$360.17	\$263.54
24	\$417.07	\$396.30	\$357.00	\$342.97	\$360.17	\$263.54
25	\$418.74	\$397.89	\$358.43	\$344.35	\$361.61	\$264.60
26	\$427.08	\$405.81	\$365.57	\$351.21	\$368.82	\$269.87
27	\$437.09	\$415.33	\$374.14	\$359.44	\$377.46	\$276.19
28	\$453.36	\$430.78	\$388.06	\$372.81	\$391.51	\$286.47
29	\$466.70	\$443.46	\$399.49	\$383.79	\$403.03	\$294.90
30	\$473.38	\$449.80	\$405.20	\$389.28	\$408.80	\$299.12
31	\$483.39	\$459.31	\$413.77	\$397.51	\$417.44	\$305.45
32	\$493.39	\$468.83	\$422.34	\$405.74	\$426.09	\$311.77
33	\$499.65	\$474.77	\$427.69	\$410.88	\$431.49	\$315.72
34	\$506.32	\$481.11	\$433.40	\$416.37	\$437.25	\$319.94
35	\$509.66	\$484.28	\$436.26	\$419.12	\$440.13	\$322.05
36	\$513.00	\$487.45	\$439.12	\$421.86	\$443.01	\$324.16
37	\$516.33	\$490.62	\$441.97	\$424.60	\$445.89	\$326.27
38	\$519.67	\$493.79	\$444.83	\$427.35	\$448.78	\$328.37
39	\$526.34	\$500.13	\$450.54	\$432.83	\$454.54	\$332.59
40	\$533.02	\$506.47	\$456.25	\$438.32	\$460.30	\$336.81
41	\$543.03	\$515.99	\$464.82	\$446.55	\$468.95	\$343.13
42	\$552.62	\$525.10	\$473.03	\$454.44	\$477.23	\$349.19
43	\$565.97	\$537.78	\$484.46	\$465.52	\$488.76	\$357.63
44	\$582.65	\$553.63	\$498.74	\$479.14	\$503.16	\$368.17
45	\$602.25	\$572.26	\$515.51	\$495.26	\$520.09	\$380.55
46	\$625.61	\$594.45	\$535.51	\$514.46	\$540.26	\$395.31
47	\$651.88	\$619.42	\$558.00	\$536.07	\$562.95	\$411.92
48	\$681.91	\$647.96	\$583.70	\$560.76	\$588.88	\$430.89
49	\$711.52	\$676.09	\$609.05	\$585.11	\$614.46	\$449.60
50	\$744.89	\$707.80	\$637.61	\$612.55	\$643.27	\$470.69
51	\$777.84	\$739.10	\$665.81	\$639.65	\$671.72	\$491.51
52	\$814.12	\$773.58	\$696.87	\$669.49	\$703.06	\$514.43
53	\$850.82	\$808.46	\$728.29	\$699.67	\$734.75	\$537.63
54	\$890.45	\$846.11	\$762.20	\$732.25	\$768.97	\$562.66
55	\$930.07	\$883.76	\$796.12	\$764.83	\$803.19	\$587.70
56	\$973.03	\$924.57	\$832.89	\$800.16	\$840.28	\$614.84
57	\$1,016.40	\$965.79	\$870.02	\$835.83	\$877.74	\$642.25
58	\$1,062.70	\$1,009.78	\$909.65	\$873.90	\$917.72	\$671.51
59	\$1,085.64	\$1,031.58	\$929.28	\$892.76	\$937.53	\$686.00
60	\$1,131.93	\$1,075.57	\$968.91	\$930.83	\$977.51	\$715.25
61	\$1,171.97	\$1,113.61	\$1,003.18	\$963.76	\$1,012.09	\$740.55
62	\$1,198.24	\$1,138.58	\$1,025.67	\$985.37	\$1,034.78	\$757.16
63	\$1,231.19	\$1,169.89	\$1,053.88	\$1,012.46	\$1,063.23	\$777.98
64 and over	\$1,251.21	\$1,188.90	\$1,071.00	\$1,028.91	\$1,080.51	\$790.62

**A SEPERATE \$20.00 MONTHLY ADMINISTRATION FEE WILL BE ADDED TO CALCULATE YOUR TOTAL MONTHLY RATE**

# Western Health Advantage

2018Q4 Rate Filing - Rating Area 7

Santa Clara County

Small Group Rates by Age and Plan

Plan Name	Gateway 30 Platinum 90 HMO	Gateway 70 Platinum 90 HMO	Gateway 4010 Gold 80 HMO	Gateway 2000 Gold 80 HDHP HMO	Gateway 1500 Silver 70 HDHP HMO	Gateway 6500 Bronze 60 HDHP HMO
<b>Age Band</b>						
0-14	\$327.73	\$311.41	\$280.53	\$269.50	\$283.02	\$207.09
15	\$356.86	\$339.09	\$305.46	\$293.46	\$308.17	\$225.49
16	\$368.00	\$349.67	\$315.00	\$302.62	\$317.79	\$232.53
17	\$379.13	\$360.26	\$324.53	\$311.78	\$327.41	\$239.57
18	\$391.13	\$371.65	\$334.80	\$321.64	\$337.77	\$247.15
19	\$403.12	\$383.05	\$345.07	\$331.51	\$348.13	\$254.73
20	\$415.55	\$394.86	\$355.70	\$341.72	\$358.86	\$262.58
21	\$428.40	\$407.07	\$366.70	\$352.29	\$369.96	\$270.70
22	\$428.40	\$407.07	\$366.70	\$352.29	\$369.96	\$270.70
23	\$428.40	\$407.07	\$366.70	\$352.29	\$369.96	\$270.70
24	\$428.40	\$407.07	\$366.70	\$352.29	\$369.96	\$270.70
25	\$430.11	\$408.70	\$368.17	\$353.70	\$371.44	\$271.78
26	\$438.68	\$416.84	\$375.50	\$360.75	\$378.84	\$277.20
27	\$448.96	\$426.61	\$384.30	\$369.20	\$387.72	\$283.69
28	\$465.67	\$442.48	\$398.61	\$382.94	\$402.14	\$294.25
29	\$479.38	\$455.51	\$410.34	\$394.21	\$413.98	\$302.91
30	\$486.23	\$462.02	\$416.21	\$399.85	\$419.90	\$307.25
31	\$496.52	\$471.79	\$425.01	\$408.31	\$428.78	\$313.74
32	\$506.80	\$481.56	\$433.81	\$416.76	\$437.66	\$320.24
33	\$513.22	\$487.67	\$439.31	\$422.05	\$443.21	\$324.30
34	\$520.08	\$494.18	\$445.18	\$427.68	\$449.13	\$328.63
35	\$523.51	\$497.44	\$448.11	\$430.50	\$452.09	\$330.80
36	\$526.93	\$500.69	\$451.04	\$433.32	\$455.05	\$332.96
37	\$530.36	\$503.95	\$453.98	\$436.14	\$458.01	\$335.13
38	\$533.79	\$507.21	\$456.91	\$438.96	\$460.97	\$337.29
39	\$540.64	\$513.72	\$462.78	\$444.59	\$466.89	\$341.62
40	\$547.50	\$520.23	\$468.65	\$450.23	\$472.81	\$345.96
41	\$557.78	\$530.00	\$477.45	\$458.68	\$481.68	\$352.45
42	\$567.63	\$539.37	\$485.88	\$466.79	\$490.19	\$358.68
43	\$581.34	\$552.39	\$497.62	\$478.06	\$502.03	\$367.34
44	\$598.48	\$568.67	\$512.28	\$492.15	\$516.83	\$378.17
45	\$618.61	\$587.81	\$529.52	\$508.71	\$534.22	\$390.89
46	\$642.60	\$610.60	\$550.05	\$528.44	\$554.94	\$406.05
47	\$669.59	\$636.25	\$573.16	\$550.63	\$578.24	\$423.11
48	\$700.43	\$665.56	\$599.56	\$576.00	\$604.88	\$442.60
49	\$730.85	\$694.46	\$625.59	\$601.01	\$631.15	\$461.82
50	\$765.12	\$727.02	\$654.93	\$629.19	\$660.74	\$483.47
51	\$798.97	\$759.18	\$683.90	\$657.02	\$689.97	\$504.86
52	\$836.24	\$794.60	\$715.80	\$687.67	\$722.16	\$528.41
53	\$873.94	\$830.42	\$748.07	\$718.67	\$754.71	\$552.23
54	\$914.64	\$869.09	\$782.91	\$752.14	\$789.86	\$577.95
55	\$955.33	\$907.76	\$817.75	\$785.61	\$825.01	\$603.66
56	\$999.46	\$949.69	\$855.52	\$821.90	\$863.11	\$631.55
57	\$1,044.01	\$992.03	\$893.65	\$858.53	\$901.59	\$659.70
58	\$1,091.56	\$1,037.21	\$934.36	\$897.64	\$942.65	\$689.75
59	\$1,115.13	\$1,059.60	\$954.53	\$917.01	\$963.00	\$704.64
60	\$1,162.68	\$1,104.78	\$995.23	\$956.12	\$1,004.06	\$734.68
61	\$1,203.81	\$1,143.86	\$1,030.43	\$989.94	\$1,039.58	\$760.67
62	\$1,230.79	\$1,169.51	\$1,053.54	\$1,012.13	\$1,062.89	\$777.72
63	\$1,264.64	\$1,201.67	\$1,082.51	\$1,039.96	\$1,092.11	\$799.11
64 and over	\$1,285.20	\$1,221.20	\$1,100.10	\$1,056.87	\$1,109.87	\$812.10

**A SEPERATE \$20.00 MONTHLY ADMINISTRATION FEE WILL BE ADDED TO CALCULATE YOUR TOTAL MONTHLY RATE**