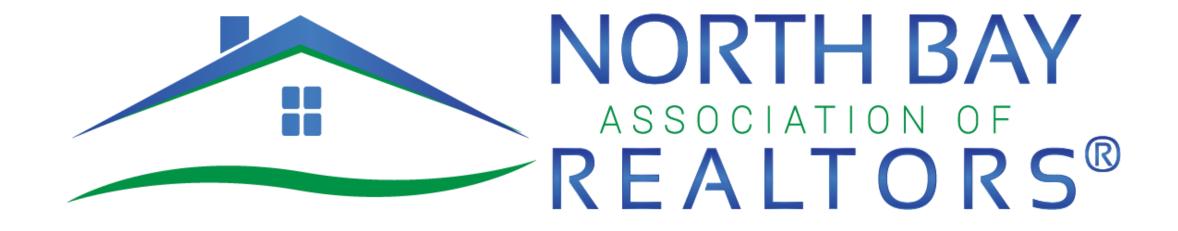
2022-2023 Member Benefit Program





Broker Contact



USI Insurance Services, LLC.
Ames Grenz Insurance Services, Inc
3435 American River Drive Suite C
Sacramento, CA 95864
(916) 486-2900

Robert Ford
Broker
robert.ford@usi.com
CA Lic. 0C88047

Kirstin Corrigan
Account Representative
kirstin.corrigan@usi.com
CA Lic. 4206749

Billing Contact

American River Benefit Administrators
3435 American River Drive Suite B
Sacramento, CA 95864
(916) 486-1262

American River Benefit Administrators



Benefit Plans

12/01/2022-11/30/2023

Kaiser Permanente	Platinum 90 HMO 0/10 + Child Dental Alt	Platinum 90 HMO 0/20 + Child Dental
Benefit	In Network	In Network
Individual / Family Deductible	\$0 / \$0	\$0 / \$0
Individual / Family OOP Max	\$3,000 / \$6,000	\$4,500 / \$9,000
Co-insurance	0%	0%
PC/Specialist	\$10/\$20	\$20/\$30
Inpatient Hospital	\$500/admit	\$250/day up to 5 days
Lab/X-Ray	\$20/\$40	\$20/\$30
Emergency Room	\$200 (waived if admitted)	\$150 (waived if admitted)
Urgent Care	\$10	\$20
Rx Generic / RX Brand	\$5 / \$15	\$5 / \$20

Kaiser Permanente	Gold 80 HMO 250/35 + Child Dental	Gold 80 HMO 1000/40 + Child Dental Alt	
Benefit	In Network	In Network	
Individual / Family Deductible	\$250 / \$500	\$1,000 / \$2,000	
Individual / Family OOP Max	\$7,800 (incl ded) / \$15,600 (incl ded)	\$7,800 (incl ded) / \$15,600 (incl ded)	
Co-insurance	0%	0%	
PC/Specialist	\$35/\$55 ded waived	\$40/\$60 ded waived	
Inpatient Hospital	\$600/day after ded up to 5 days	\$600/day after ded up to 5 days	
Lab/X-Ray	\$35/\$55 ded waived	\$30/\$60 ded waived	
Emergency Room	\$250 (waived if admitted) after ded	\$350 (waived if admitted) ded waived	
Urgent Care	\$35 ded waived	\$40 ded waived	
Rx Generic / RX Brand	\$15 ded waived / \$40 ded waived	\$20 ded waived / \$50 after \$250	

Effective Date: 12-01-2022

USI Insurance Services, LLC CA License: 0G11911



Benefit Plans

12/01/2022-11/30/2023

Kaiser Permanente Silver 70 HMO 1650/5 Child Dental Alt		Silver 70 HMO 2250/55 + Child Dental	Silver 70 HDHP HMO 2500/20% + Child Dental	
Benefit	In Network	In Network	In Network	
Individual / Family Deductible	\$1,650 / \$3,300	\$2,250 / \$4,500	\$2,500 ind only; \$2,800 ind w/family / \$5,000 Family	
Individual / Family COD May	\$8,200 (incl ded) /	\$8,200 (incl ded) /	\$6,850 (incl ded) /	
Individual / Family OOP Max	\$16,400 (incl ded)	\$16,400 (incl ded)	\$13,700 (incl ded)	
Co-insurance	40%	30%	20%	
PC/Specialist	\$55/\$80 ded waived	\$55/\$90 ded waived	20% after ded	
Inpatient Hospital	40% after ded 30% after ded		20% after ded	
Lab/X-Ray	\$30/\$75 ded waived	\$55/\$90 ded waived	20% after ded	
Emergency Room	40% after ded	30% after ded	20% after ded	
Urgent Care \$55 ded waived		\$55 ded waived	20% after ded	
Rx Generic / RX Brand	\$20 ded waived / \$75 after \$350	\$17 ded waived / \$80 after \$300	20% after ded; \$250 max/script	

Kaiser Permanente	Bronze 60 HMO 6300/65 + Child Dental	Bronze 60 HDHP HMO 7000/0% + Child Dental	
Benefit	In Network	In Network	
Individual / Family Deductible	\$6,300 / \$12,600	\$7,000 / \$14,000	
Individual / Family OOP Max	\$8,200 (incl ded) / \$16,400 (incl ded)	\$7,000 (incl ded) / \$14,000 (incl ded)	
Co-insurance	40%	0%	
PC/Specialist	\$65/\$95 ded waived 1st 3 visits	0% after ded	
Inpatient Hospital	40% after ded	0% after ded	
Lab/X-Ray	\$40 ded waived/40% after ded	0% after ded	
Emergency Room	40% after ded	0% after ded	
Urgent Care	\$65 ded waived 1st 3 visits	0% after ded	
Rx Generic / RX Brand	\$18 after \$500 / 40% after \$500; \$500 max/script	0% after ded	

Effective Date: 12-01-2022 USI Insurance Services, LLC CA



Benefit Plans

12/01/2022-11/30/2023

Western Health Advantage	GATEWAY 30 Platinum 90 GATEWAY 70 Platinum 90 HMO		GATEWAY 4010 Gold 80 HMO
Benefit	In Network	In Network	In Network
Individual / Family Deductible	\$0 / \$0	\$0 / \$0	\$1000 / \$2000
Individual / Family OOP Max	\$4,000 / \$8,000	\$4,000 / \$8,000	\$6,750 (incl ded) / \$13,500 (inc ded)
Co-insurance	0%	30%	0%
PC/Specialist	\$30/\$30	\$20/\$20	\$40/\$40 ded waived
Inpatient Hospital	\$300/day; 3 days/admit 30%		\$500/day after ded; 5 days/admit
Lab/X-Ray	No charge	No charge	No charge/\$40 ded waived
Emergency Room	\$150 (waived if admitted)	\$150 (waived if admitted) \$150 (waived if admitted)	
Urgent Care	\$50	\$50	\$50 ded waived
Rx Generic / RX Brand / RX Non- Formulary	\$5 / \$30 / \$50	\$5 / \$30 / \$50	\$10 ded waived / \$50 after \$500 / \$75 after \$500

Western Health Advantage GATEWAY 5020 Silver 70 HMO		GATEWAY 7000 Bronze 60 HDHP HMO	GATEWAY 2400 Gold 80 HDHP HMO	
Benefit	In Network	In Network	In Network	
Individual / Family Deductible	\$2,000 / \$4,000	\$7,000 /\$14,000	\$2,400 ind only; \$2,800 ind w/family / \$4800 Family	
Individual / Family OOP Max	\$7,800 (incl ded) / \$15,600 (incl ded)	\$7,000 (incl ded) / \$14,000 (incl ded)	\$4,800 (incl ded) / \$9,600 (incl ded)	
Co-insurance	30%	0%	0%	
PC/Specialist	\$50/\$50 ded waived 0% after ded		0% after ded	
Inpatient Hospital	ent Hospital 30% after ded		0% after ded	
ab/X-Ray \$50/\$80 ded waived		0% after ded	0% after ded	
Emergency Room	30% after ded	0% after ded	0% after ded	
Urgent Care	\$50 ded waived	0% after ded	0% after ded	
Rx Generic / RX Brand / RX Non- Formulary	\$25 ded waived / \$50 after \$500 / \$75 after \$500	0% after ded	0% after ded	

Effective Date: 12-01-2022

USI Insurance Services, LLC CA License: 0G11911

Delta Dental Plan Options through the Associations

Effective Date: December 01, 2022 - November 30, 2023

Insurance Carrier	DeltaCare USA	Delta Dental
Plan Name	Plan 11B	Fee For Service
Plan Type	НМО	DPO
Provider Network	DeltaCare USA Network ONLY	PPO or Premier Network
Calendar Year Maximum	Unlimited	\$1,000
Deductible:	None	Single \$50/Family \$ 150
Waived for Preventive	Not Applicable	Yes
Diagnostic		<u>"Delta Pays"</u> (A)
Office Visit	\$20 copay	\$26.00
Periodic Oral Evaluation	No Charge	\$17.00
Comprehensive Oral Evaluation	No Charge	\$22.00
Bitewing X-rays	No Charge	\$12.00 - \$26.00
Other X-rays	No Charge	\$5.00 - \$50.00
Preventive		<u>"Delta Pays"</u> (A)
Cleanings Adult	No Charge	\$40.00
	Additional Cleanings: \$45.00	Not Applicable
Child through Age 13	No Charge	\$32.00
	Additional Cleanings: \$35.00	Not Applicable
		<u>"Delta Pays"</u> (A)
Restorative	No Charge - \$240 copay	\$53.00 - \$148.00
Oral Surgery	No Charge - \$110 copay	\$26.00 - \$175.00
Endodontics (Root Canals)	No Charge - \$250 copay	\$50 . 00 - \$402 . 00
Periodontics (Deep Cleaning)	\$80 copay - \$280 copay	\$39 . 00 - \$448.00
		<u>"Delta Pays"</u> (A)
Waiting Period	None	None
Crowns	\$55 copay - \$240 copay	\$343.00 - \$391.00
Prosthodontics, Removable	\$20 copay - \$210 copay	\$255.00 - \$676.00
Prosthodontics, Fixed	\$40 copay - \$240 copay	\$191.00 - \$605.00
Orthodontia		
Pretreatment/Post Treatment	\$200 copay / \$70 copay	
Limited Treatment Child to 19	\$950 copay	NOT COVERED
Limited Treatment 19 to Adult	\$1,150 copay	NOI COVERED
Comprehensive Treatment Child to 19	\$1,700 copay	
Comprehensive Treatment 19 to Adult	\$1,900 copay	
	Monthly Premium Rate	
Subscriber Only	\$38.80	\$55.84
Subscriber+1	\$5 8. 47	\$98.45
Subscriber+2 or more	\$82.42	\$129.24

⁽A) For each procedure, you are responsible for the portion of the dentist's fee that is more than the amount listed in the "Delta Dental Pays" column.

Cypress Ancillary Benefits

Association Dental Options

Effective Date: December 01, 2022 - November 30, 2023

Plan Name	Cypress DHMO CA7740	\$1,500 PPO (MAC)	\$1,500 PPO (UCR)	
Plan Type	DHMO	DPO (MAC)	DPO (UCR)	
Provider Network	Administered by MIB	CEN / PPO / Out-of-Network	CEN / PPO / Out-of-Network	
Calendar Year Maximum	Unlimited	\$1,500 / \$1,500 / \$1,500	\$1,500 / \$1,500 / \$1,500	
Deductible:	None	\$25 /\$50 / \$50	\$25 /\$50 / \$50	
		Max 3 per family	Max 3 per family	
Waived for Preventive	Not Applicable	Yes / Yes / Yes	Yes / Yes / Yes	
<u>Preventive Services</u>	No waiting period	No waiting period	No waiting period	
Office Visit	\$0 copay			
Comprehensive Oral Evaluation	D0150 - \$0 copay			
Intraoral, periapical, add'l radiographic image	D0230 - \$0 copay	100% / 100% / 100% (MAC)	100% / 100% / 100% (UCR)	
Bitewing X-rays	D0274 - \$0 copay	100% / 100% / 100% (IVIAC)	100% / 100% / 100% (OCK)	
Other X-rays (Panoramic images)	D0330 - \$0 copay			
Cleanings	D1110 - \$0 copay			
Basic Services	No waiting period	No waiting period	No waiting period	
Fillings (Amalgam, 2 surfaces)	D2150 - \$10 copay			
Fillings (composite, 2 surfaces, anterior)	D2331 - \$10 copay			
Fillings (Composite, 2 surfaces, posterior)	D2392 - \$65 copay	90% / 80% / 80% (MAC)	90% / 80% / 80% (UCR)	
Root canal, molar (excluding final restoration)	D3330 - \$125 copay			
Periodontal scaling/planning	D4341 - \$25 copay			
Major Services	No waiting period	No waiting period (1)	No waiting period (1)	
Crown, porcelain fused to high noble metal	D2750 - \$145 copay			
Crown, resin with high noble metal	D6720 - \$145 copay	60% / 50% / 50% (MAC)	60% / 50% / 50% (UCR)	
Complete denture, maxillary	D5110 - \$200 copay	00% / 30% / 30% (WIAC)	00% / 30% / 30% (OCK)	
Surgical removal of erupted tooth	D7210 - \$25 copay			
<u>Orthodontia</u>	No waiting period			
Comprehensive treatment of children	D8080 - \$1,600 copay	Not Covered	Not Covered	
Comprehensive treatment of adults	D8090 - \$2,100 copay			
Monthly Premium Rate	Cypress DHMO CA7740	\$1,500 PPO (MAC)	\$1,500 PPO (UCR)	
Subscriber Only	\$28.93	\$45.85	\$54.90	
Subscriber+Spouse	\$41.86	\$83.64	\$98.83	
Subscriber+Child(ren)	\$39.80	\$82.61	\$118.17	
Subscriber+Family	\$56.91	\$130.57	\$151.32	

CEN: Cypress Exclusive Network is not available in all areas. Cypress does not guarantee that all services can be rendered by a CEN provider MAC: Benefits are paid using fee schedules, less coinsurance and deductibles

UCR: Benefits are paid at the 90th percentile on the Usual, Customary, and Reasonable (UCR), less coinsurance and deductible

Association Vision Plan

Effective December 1, 2022 to November 30, 2023

Vision Benefit	VSP Vision Care
	In-Network
Co-Pay Exams	\$10
Co-Pay Material	\$25
Exam	One Every 12 months
Lenses (per pair)	Once every 12 months
Frames	Once every 24 months
Frame Retail Allowance	\$150.00
Contact Lenses	Once every 12 months
*Contact lenses are in lieu of frames	Up to \$150.00
Rates	VSP Vision Care
Employee Only	\$8.40
Employee / Spouse	\$15.84
Employee / Children	\$16.85
Family	\$26.33
Administered th	rough Cypress Ancillary Benefits



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

Small Business medical plan rates

	Platinum 90	Platinum 90	Gold 80	Gold 80
Age on 2022	HMO 0/10	HMO 0/20	HMO 250/35	HMO 1000/40
effective date	+ Child Dental Alt	+ Child Dental	+ Child Dental	+ Child Dental Alt
0-14 ¹	\$357.92	\$351.68	\$318.07	\$300.30
15¹	\$388.49	\$381.70	\$345.10	\$325.75
16¹	\$400.18	\$393.18	\$355.44	\$335.48
171	\$411.87	\$404.66	\$365.77	\$345.21
18¹	\$424.46	\$417.02	\$376.90	\$355.69
19	\$423.06	\$415.39	\$374.04	\$352.18
20	\$436.10	\$428.19	\$385.57	\$363.03
21	\$449.58	\$441.43	\$397.49	\$374.26
22	\$449.58	\$441.43	\$397.49	\$374.26
23	\$449.58	\$441.43	\$397.49	\$374.26
24	\$449.58	\$441.43	\$397.49	\$374.26
25	\$451.38	\$443.20	\$399.08	\$375.75
26	\$460.37	\$452.03	\$407.03	\$383.24
27	\$471.16	\$462.62	\$416.57	\$392.22
28	\$488.70	\$479.84	\$432.07	\$406.82
29	\$503.09	\$493.96	\$444.79	\$418.79
30	\$510.28	\$501.02	\$451.15	\$424.78
31	\$521.07	\$511.62	\$460.69	\$433.76
32	\$531.86	\$522.21	\$470.23	\$442.75
33	\$538.60	\$528.83	\$476.20	\$448.36
34	\$545.80	\$535.90	\$482.56	\$454.35
35	\$549.39	\$539.43	\$485.74	\$457.34
36	\$552.99	\$542.96	\$488.92	\$460.34
37	\$556.59	\$546.49	\$492.10	\$463.33
38	\$560.18	\$550.02	\$495.28	\$466.33
39	\$567.38	\$557.09	\$501.64	\$472.31
40	\$574.57	\$564.15	\$508.00	\$478.30
41	\$585.36	\$574.74	\$517.54	\$487.28
42	\$595.70	\$584.90	\$526.68	\$495.89
43	\$610.09	\$599.02	\$539.40	\$507.87
44	\$628.07	\$616.68	\$555.30	\$522.84
45	\$649.20	\$637.43	\$573.98	\$540.43
46	\$674.38	\$662.15	\$596.24	\$561.39
47	\$702.70	\$689.96	\$621.28	\$584.97
48	\$735.07	\$721.74	\$649.90	\$611.91
49	\$766.99	\$753.08	\$678.12	\$638.48
50	\$802.96	\$788.40	\$709.92	\$668.42
51	\$838.48	\$823.27	\$741.32	\$697.99
52	\$877.59	\$861.67	\$775.91	\$730.55
53	\$917.15	\$900.52	\$810.89	\$763.49
54	\$959.86	\$942.46	\$848.65	\$799.04
55	\$1,002.57	\$984.39	\$886.41	\$834.59
56	\$1,048.88	\$1,029.86	\$927.35	\$873.14
57	\$1,095.64	\$1,075.77	\$968.69	\$912.07
58	\$1,145.54	\$1,124.77	\$1,012.81	\$953.61
59	\$1,170.27	\$1,149.05	\$1,034.67	\$974.19
60	\$1,220.17	\$1,198.04	\$1,078.80	\$1,015.74
61	\$1,263.33	\$1,240.42	\$1,116.95	\$1,051.66
62	\$1,291.66	\$1,268.23	\$1,142.00	\$1,075.24
63	\$1,327.17	\$1,303.10	\$1,173.40	\$1,104.81
64+	\$1,348.74	\$1,324.29	\$1,192.47	\$1,122.78

¹HMO 0-14, 15, 16, 17 and 18 age rates include the cost of \$13.99 for Child Dental coverage.

Counties: Marin, Napa, Solano, Sonoma, Alameda

Note: Some counties only cover certain zip codes



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

Small Business medical plan rates

Age on 2022	Silver 70	Silver 70	Silver 70	Bronze 60	Bronze 60
effective date	HMO 1650/55 + Child Dental Alt	HMO 2250/55 + Child Dental	HDHP HMO 2500/20% + Child Dental	HMO 6300/65 + Child Dental	HDHP HMO 7000/0 + Child Dental
2.4.1					
0-14 ¹ 15 ¹	\$271.07	\$269.06	\$251.85	\$232.99	\$220.02
	\$293.93	\$291.73	\$273.00	\$252.46	\$238.34
16¹ 17¹	\$302.66 \$311.40	\$300.40 \$309.07	\$281.08 \$289.16	\$259.90 \$267.34	\$245.34 \$252.34
	• • • • • • • • • • • • • • • • • • • •		,		
18¹	\$320.81	\$318.41	\$297.87	\$275.36	\$259.88
19	\$316.23	\$313.75	\$292.59	\$269.38	\$253.43
20 21	\$325.98	\$323.42	\$301.60	\$277.69	\$261.24
21	\$336.06 \$336.06	\$333.43	\$310.93	\$286.27	\$269.32
23	\$336.06	\$333.43 \$333.43	\$310.93 \$310.93	\$286.27 \$286.27	\$269.32 \$269.32
23	\$336.06	\$333.43 \$333.43	11.11.	\$286.27	\$269.32 \$269.32
25	\$335.06	\$333.43 \$334.76	\$310.93 \$312.17	\$286.27 \$287.42	\$269.32 \$270.40
26	\$337.40 \$344.12	\$334.76 \$341.43	·	\$287.42 \$293.14	\$270.40 \$275.79
27	\$352.19	\$341.43	\$318.39 \$325.86	\$300.02	\$282.25
28	\$352.19 \$365.30	\$349.43 \$362.43	\$325.86 \$337.98	\$300.02 \$311.18	\$282.25 \$292.76
29	\$376.05	\$373.10	\$347.93	\$320.34	\$301.37
30	\$376.05	\$373.10	\$352.91	\$324.92	\$305.68
31	\$389.49	\$376.44	\$352.91	\$324.92	\$312.15
32	\$397.56	\$394.44	\$367.83	\$338.66	\$318.61
33	\$402.60	\$399.44	\$372.50	\$342.96	\$322.65
34	\$402.80	\$404.78	\$377.47	\$347.54	\$326.96
35	\$407.96 \$410.66	\$404.76	\$377.47	\$347.54	\$329.11
36	\$413.35	\$410.11	\$382.45	\$352.12	\$331.27
37	\$415.35 \$416.04	\$410.11	\$384.93	\$352.12 \$354.41	\$333.42
38	\$418.73	\$415.45	\$387.42	\$354.41	\$335.58
39	\$416.73	\$420.78	\$392.39	\$361.28	\$339.89
40	\$429.48	\$426.12	\$397.37	\$365.86	\$344.20
41	\$437.55	\$434.12	\$404.83	\$372.73	\$350.66
42	\$445.28	\$441.79	\$411.98	\$379.31	\$356.85
43	\$456.03	\$452.46	\$421.93	\$388.47	\$365.47
44	\$469.47	\$465.80	\$434.37	\$399.92	\$376.25
45	\$485.27	\$481.47	\$448.98	\$413.38	\$388.90
46	\$504.09	\$500.14	\$466.40	\$429.41	\$403.99
47	\$525.26	\$521.14	\$485.99	\$447.45	\$420.95
48	\$549.46	\$545.15	\$508.37	\$468.06	\$440.34
49	\$573.32	\$568.82	\$530.45	\$488.38	\$459.47
50	\$600.20	\$595.50	\$555.32	\$511.29	\$481.01
51	\$626.75	\$621.84	\$579.89	\$533.90	\$502.29
52	\$655.99	\$650.85	\$606.94	\$558.81	\$525.72
53	\$685.56	\$680.19	\$634.30	\$584.00	\$549.42
54	\$717.49	\$711.86	\$663.84	\$611.19	\$575.01
55	\$749.41	\$743.54	\$693.38	\$638.39	\$600.59
56	\$784.02	\$777.88	\$725.40	\$667.88	\$628.33
57	\$818.97	\$812.56	\$757.74	\$697.65	\$656.34
58	\$856.28	\$849.57	\$792.25	\$729.43	\$686.24
59	\$874.76	\$867.91	\$809.35	\$745.17	\$701.05
60	\$912.06	\$904.92	\$843.87	\$776.95	\$730.94
61	\$944.32	\$936.93	\$873.72	\$804.43	\$756.80
62	\$965.50	\$957.93	\$893.30	\$822.47	\$773.77
63	\$992.04	\$984.27	\$917.87	\$845.08	\$795.04
64+	\$1,008.18	\$1,000.29	\$932.79	\$858.81	\$807.96

¹HMO 0-14, 15, 16, 17 and 18 age rates include the cost of \$13.99 for Child Dental coverage.

Counties: Marin, Napa, Solano, Sonoma, Alameda

Note: Some counties only cover certain zip codes



Monthly Rates for Small Group

REGION 2 — Renewal Date: 12/1/2022

	GATEWAY 30	GATEWAY 70	GATEWAY 4010	GATEWAY 5020	GATEWAY 2400	GATEWAY 7000
Age	Platinum 90	Platinum 90	Gold 80	Silver 70	Gold 80	Bronze 60
	HMO	HMO	HMO	HMO	HDHP HMO	HDHP HMO
0-14	302.06	286.95	260.95	225.94	250.97	215.87
15	328.92	312.46	284.14	246.03	273.28	235.06
16	339.18	322.21	293.01	253.71	281.81	242.39
17	349.45	331.97	301.88	261.39	290.34	249.73
18	360.50	342.47	311.43	269.66	299.52	257.63
19	371.56	352.97	320.98	277.93	308.71	265.53
20	383.01	363.85	330.88	286.49	318.22	273.71
21-24	394.86	375.10	341.11	295.35	328.06	282.18
25	396.44	376.60	342.47	296.53	329.38	283.31
26	404.33	384.11	349.30	302.44	335.94	288.95
27	413.81	393.11	357.48	309.53	343.81	295.72
28	429.21	407.74	370.79	321.05	356.61	306.73
29	441.84	419.74	381.70	330.50	367.10	315.76
30	448.16	425.74	387.16	335.22	372.35	320.27
31	457.64	434.74	395.35	342.31	380.23	327.05
32	467.11	443.75	403.53	349.40	388.10	333.82
33	473.04	449.37	408.65	353.83	393.02	338.05
34	479.36	455.38	414.11	358.56	398.27	342.57
35	482.51	458.38	416.84	360.92	400.89	344.82
36	485.67	461.38	419.57	363.28	403.52	347.08
37	488.83	464.38	422.29	365.64	406.14	349.34
38	491.99	467.38	425.02	368.01	408.77	351.60
39	498.31	473.38	430.48	372.73	414.02	356.11
40	504.63	479.38	435.94	377.46	419.27	360.62
41	514.10	488.38	444.12	384.55	427.14	367.40
42	523.18	497.01	451.97	391.34	434.69	373.89
43	535.82	509.02	462.89	400.79	445.18	382.92
44	551.61	524.02	476.53	412.61	458.31	394.20
45	570.17	541.65	492.56	426.49	473.73	407.47
46	592.28	562.65	511.66	443.03	492.10	423.27
47	617.16	586.29	533.15	461.63	512.77	441.05
48	645.59	613.29	557.71	482.90	536.39	461.36
49	673.62	639.93	581.93	503.87	559.68	481.40
50	705.21	669.93	609.22	527.50	585.92	503.97
51	736.41	699.57	636.17	550.83	611.84	526.26
52	770.76	732.20	665.85	576.53	640.38	550.81
53	805.51	765.21	695.86	602.52	669.25	575.65
54	843.02	800.85	728.27	630.57	700.42	602.45
55	880.53	836.48	760.67	658.63	731.58	629.26
56	921.20	875.12	795.81	689.05	765.37	658.32
57	962.26	914.13	831.28	719.77	799.49	687.67
58	1,006.09	955.76	869.15	752.56	835.91	718.99
59	1,027.81	976.39	887.91	768.80	853.95	734.51
60	1,071.64	1,018.03	925.77	801.58	890.37	765.83
61	1,109.55	1,054.04	958.52	829.94	921.86	792.92
62	1,134.42	1,077.67	980.01	848.54	942.53	810.70
63	1,165.62	1,107.31	1,006.96	871.88	968.45	832.99
64+	1,184.57	1,125.31	1,023.33	886.05	984.19	846.54

[•] Region 2 includes the following counties: Marin, Napa, Sonoma and Solano.

[•] Rating region is determined by the primary business location.
• Rate table is guaranteed for 12 months. Age rate adjustments will be captured at the group's next renewal.



USI Insurance Services, LLC. Ames Grenz Insurance Services, Inc 3435 American River Drive Suite C Sacramento, CA 95864 (916) 486-2900

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