

2022-2023 Member Benefit Program



Associated General Contractors of California



Broker Contact



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American River Benefit Administrators

For detailed plan information, forms and directories please visit <https://www.arbadmin.com/association-plans.html>



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 1650/55 + 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 OOP Max	\$8,200 (incl ded) / \$16,400 (incl ded)	\$8,200 (incl ded) / \$16,400 (incl ded)	\$6,850 (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 HMO	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 (incl 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)	\$300 (waived if admitted) after ded
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	30% after ded	0% after ded	0% after ded
Lab/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

Effective Date: 01/01/2023 - 12/31/2024

Delta Preferred Option Program A

Benefit / Service Plan Type	Plan Coverage PPO	
Category	Participating Dentist (PPO)	Non-Participating Dentist (Non-PPO)
<u>Diagnostic and Preventive Services</u> Oral Exam / X-rays / Cleanings	100% Coverage	Plan pays 80%
<u>Basic Services</u> Oral Surgery / Fillings Endodontics / Periodontics	Plan pays 80%	Plan pays 80%
<u>Restorative</u> Crowns / Dentures	Plan pays 50%	Plan pays 50%
<u>Deductible</u> Per patient per calendar year Per family per calendar year	\$50 \$150	
<u>Maximum(s)</u> Per patient per calendar year	\$1,500	
Spouse includes Domestic Partner Dependent Child Coverage	To Age 26	
Program A has no deductible for diagnostic and preventive benefits regardless of whether treatment is provided by a PPO dentist or non-PPO dentist.		

DeltaCare Plan CAA24

Benefit / Service Plan Type	Member Co-Payment HMO
Category	DMO Provider
<u>Diagnostic Services</u> Oral Exam and X-rays	No Charge
<u>Preventive Services</u> Cleaning - Adult Cleaning - Child	No Charge No Charge
<u>Restorative</u> One, Two and Three+ Surfaces	\$8 - \$14 copay
<u>Endodontics</u> Root Canal - One/Two/Three Canals	\$50/\$100/\$150 copay
<u>Periodontics</u> Gingivectomy - Per Tooth/Per Quadrant	\$25/\$125 copay
<u>Prosthodontics</u> Crown - Resin w/ High Noble Metal Complete Upper/Lower Denture	\$150 copay \$200 copay
Spouse includes Domestic Partner Dependent Child Coverage	To Age 26

Rates:	Delta Preferred Option Program A
Employee	\$89.14
Employee+Spouse	\$165.23
Employee+Child(ren)	\$165.09
Employee+Family	\$246.04

Rates:	DeltaCare HMO Plan CAA24
Employee	\$39.14
Employee+Spouse	\$65.60
Employee+Child(ren)	\$62.65
Employee+Family	\$90.70

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 Deductible:	Unlimited None	\$1,500 / \$1,500 / \$1,500 \$25 / \$50 / \$50 Max 3 per family	\$1,500 / \$1,500 / \$1,500 \$25 / \$50 / \$50 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		
Other X-rays (Panoramic images)	D0330 - \$0 copay		
Cleanings	D1110 - \$0 copay		
<u>Basic Services</u>	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		
<u>Major Services</u>	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		
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 through Cypress Ancillary Benefits	

AGC Life and Accident

Blue Shield Term Life		
Benefit Class	Term Life Face Amount	Monthly Cost
Employee Basic Group Term Life Benefit Amount Class 1	10,000	8.60
Employee Basic Group Term Life Benefit Amount Class 2	50,000	43.00
Employee Basic Group Term Life Benefit Amount Class 3	75,000	64.50
Employee Basic Group Term Life Benefit Amount Class 4	100,000	86.00

Cigna Personal Accident Insurance		
Benefit Amount	Employee Only Monthly Cost	Monthly Cost Employee and Family
150,000	10.25	13.25
100,000	7.75	9.75
50,000	5.25	6.25
25,000	4.00	4.50

Administrative fees have been added to the rate

For more detailed plan information and enrollment forms please visit:
<https://www.arbadmin.com/-agc.html>

Rate Regions

Rating Areas	County	Zip Codes
Area 1	Amador	95640, 95669
Area 1	Sutter	95626, 95645, 95659, 95668, 95674, 95676, 95836, 95837
Area 1	Yuba	95692, 95903, 95961
Area 2	Marin	94901, 94903, 94904, 94912, 94913, 94914, 94915, 94920, 94924, 94925, 94929, 94930, 94933, 94937, 94938, 94939, 94940, 94941, 94942, 94945, 94946, 94947, 94948, 94949, 94950, 94952, 94956, 94957, 94960, 94963, 94964, 94965, 94966, 94970, 94971, 94973, 94974, 94976, 94977, 94978, 94979
Area 2	Napa	All Zips
Area 2	Solano	All Zips
Area 2	Sonoma	94515, 94922, 94923, 94926, 94927, 94928, 94931, 94951, 94952, 94953, 94954, 94955, 94972, 94975, 94999, 95401, 95402, 95403, 95404, 95405, 95406, 95407, 95409, 95416, 95419, 95421, 95425, 95430, 95431, 95433, 95436, 95439, 95441, 95442, 95444, 95446, 95448, 95450, 95452, 95462, 95465, 95471, 95472, 95473, 95476, 95486, 95487, 95492
Area 3	El Dorado	95613, 95614, 95619, 95623, 95633, 95634, 95635, 95651, 95664, 95667, 95672, 95682, 95762
Area 3	Placer	95602, 95603, 95604, 95610, 95626, 95648, 95650, 95658, 95661, 95663, 95668, 95677, 95678, 95681, 95703, 95722, 95736, 95746, 95747, 95765
Area 3	Sacramento	94203, 94204, 94205, 94206, 94207, 94208, 94209, 94211, 94229, 94230, 94232, 94234, 94235, 94236, 94237, 94239, 94240, 94244, 94247, 94248, 94249, 94250, 94252, 94254, 94256, 94257, 94258, 94259, 94261, 94262, 94263, 94267, 94268, 94269, 94271, 94273, 94274, 94277, 94278, 94279, 94280, 94282, 94283, 94284, 94285, 94287, 94288, 94289, 94290, 94291, 94293, 94294, 94295, 94296, 94297, 94298, 94571, 95608, 95609, 95610, 95611, 95615, 95621, 95624, 95626, 95628, 95630, 95632, 95638, 95639, 95641, 95652, 95655, 95660, 95662, 95670, 95671, 95673, 95680, 95683, 95690, 95693, 95741, 95742, 95757, 95758, 95759, 95763, 95811, 95812, 95813, 95814, 95815, 95816, 95817, 95818, 95819, 95820, 95821, 95822, 95823, 95824, 95825, 95826, 95827, 95828, 95829, 95830, 95831, 95832, 95833, 95834, 95835, 95836, 95837, 95838, 95840, 95841, 95842, 95843, 95851, 95852, 95853, 95860, 95864, 95865, 95866, 95867, 95894, 95899
Area 3	Yolo	95605, 95607, 95612, 95615, 95616, 95617, 95618, 95645, 95691, 95694, 95695, 95697, 95698, 95776, 95798, 95799
Area 4	San Francisco	All Zips
Area 5	Contra Costa	All Zips
Area 6	Alameda	All Zips
Area 7	Santa Clara	94022, 94023, 94024, 94035, 94039, 94040, 94041, 94042, 94043, 94085, 94086, 94087, 94088, 94089, 94301, 94302, 94303, 94304, 94305, 94306, 94309, 94550, 95002, 95008, 95009, 95011, 95013, 95014, 95015, 95020, 95021, 95026, 95030, 95031, 95032, 95033, 95035, 95036, 95037, 95038, 95042, 95044, 95046, 95050, 95051, 95052, 95053, 95054, 95055, 95056, 95070, 95071, 95076, 95101, 95103, 95106, 95108, 95109, 95110, 95111, 95112, 95113, 95115, 95116, 95117, 95118, 95119, 95120, 95121, 95122, 95123, 95124, 95125, 95126, 95127, 95128, 95129, 95130, 95131, 95132, 95133, 95134, 95135, 95136, 95138, 95139, 95140, 95141, 95148, 95150, 95151, 95152, 95153, 95154, 95155, 95156, 95157, 95158, 95159, 95160, 95161, 95164, 95170, 95172, 95173, 95190, 95191, 95192, 95193, 95194, 95196
Area 8	San Mateo	94002, 94005, 94010, 94011, 94014, 94015, 94016, 94017, 94018, 94019, 94020, 94021, 94025, 94026, 94027, 94028, 94030, 94037, 94038, 94044, 94060, 94061, 94062, 94063, 94064, 94065, 94066, 94070, 94074, 94080, 94083, 94128, 94303, 94401, 94402, 94403, 94404, 94497
Area 9	Santa Cruz	95001, 95003, 95005, 95006, 95007, 95010, 95017, 95018, 95019, 95033, 95041, 95060, 95061, 95062, 95063, 95064, 95065, 95066, 95067, 95073, 95076, 95077
Area 10	Mariposa	93601, 93623, 93653
Area 10	San Joaquin	94514, 95201, 95202, 95203, 95204, 95205, 95206, 95207, 95208, 95209, 95210, 95211, 95212, 95213, 95215, 95219, 95220, 95227, 95230, 95231, 95234, 95236, 95237, 95240, 95241, 95242, 95253, 95258, 95267, 95269, 95296, 95297, 95304, 95320, 95330, 95336, 95337, 95361, 95366, 95376, 95377, 95378, 95385, 95391, 95632, 95686, 95690
Area 10	Stanislaus	95230, 95307, 95313, 95316, 95319, 95322, 95323, 95326, 95328, 95329, 95350, 95351, 95352, 95353, 95354, 95355, 95356, 95357, 95358, 95360, 95361, 95363, 95367, 95368, 95380, 95381, 95382, 95385, 95386, 95387, 95397
Area 10	Tulare	93238, 93261, 93618, 93631, 93646, 93654, 93666, 93673
Area 11	Fresno	93242, 93602, 93606, 93607, 93609, 93611, 93612, 93613, 93616, 93618, 93619, 93624, 93625, 93626, 93627, 93630, 93631, 93646, 93648, 93649, 93650, 93651, 93652, 93654, 93656, 93657, 93660, 93662, 93667, 93668, 93675, 93701, 93702, 93703, 93704, 93705, 93706, 93707, 93708, 93709, 93710, 93711, 93712, 93714, 93715, 93716, 93717, 93718, 93720, 93721, 93722, 93723, 93724, 93725, 93726, 93727, 93728, 93729, 93730, 93737, 93740, 93741, 93744, 93745, 93747, 93750, 93755, 93760, 93761, 93764, 93765, 93771, 93772, 93773, 93774, 93775, 93776, 93777, 93778, 93779, 93786, 93790, 93791, 93792, 93793, 93794, 93844, 93888
Area 11	Kings	93230, 93232, 93242, 93631, 93656
Area 11	Madera	93601, 93604, 93614, 93623, 93626, 93636, 93637, 93638, 93639, 93643, 93644, 93645, 93653, 93669, 93720
Area 12	Ventura	90265, 91304, 91307, 91311, 91319, 91320, 91358, 91359, 91360, 91361, 91362, 91377, 93001, 93002, 93003, 93004, 93005, 93006, 93007, 93009, 93010, 93011, 93012, 93015, 93016, 93020, 93021, 93022, 93030, 93031, 93032, 93033, 93034, 93035, 93036, 93040, 93041, 93042, 93043, 93044, 93060, 93061, 93062, 93063, 93064, 93065, 93066, 93094, 93099, 93252
Area 13	Imperial	92274, 92275
Area 14	Kern	93203, 93205, 93206, 93215, 93216, 93220, 93222, 93224, 93225, 93226, 93238, 93240, 93241, 93243, 93249, 93250, 93251, 93252, 93263, 93268, 93276, 93280, 93285, 93287, 93301, 93302, 93303, 93304, 93305, 93306, 93307, 93308, 93309, 93311, 93312, 93313, 93314, 93380, 93383, 93384, 93385, 93386, 93387, 93388, 93389, 93390, 93501, 93502, 93504, 93505, 93518, 93519, 93531, 93536, 93560, 93561, 93581

Area 15	Los Angeles	90601, 90602, 90603, 90604, 90605, 90606, 90607, 90608, 90609, 90610, 90623, 90630, 90631, 90637, 90638, 90639, 90640, 90650, 90651, 90652, 90660, 90661, 90662, 90670, 90671, 90701, 90702, 90703, 90706, 90707, 90710, 90711, 90712, 90713, 90714, 90715, 90716, 90717, 90723, 90731, 90732, 90733, 90734, 90744, 90745, 90746, 90747, 90748, 90749, 90755, 90801, 90802, 90803, 90804, 90805, 90806, 90807, 90808, 90809, 90810, 90813, 90814, 90815, 90822, 90831, 90832, 90833, 90840, 90842, 90844, 90846, 90847, 90848, 90853, 90895, 91001, 91003, 91006, 91007, 91008, 91009, 91010, 91011, 91012, 91016, 91017, 91020, 91021, 91023, 91024, 91025, 91030, 91031, 91040, 91041, 91042, 91043, 91046, 91066, 91077, 91101, 91102, 91103, 91104, 91105, 91106, 91107, 91108, 91109, 91110, 91114, 91115, 91116, 91117, 91118, 91121, 91123, 91124, 91125, 91126, 91129, 91182, 91184, 91185, 91188, 91189, 91199, 91201, 91202, 91203, 91204, 91205, 91206, 91207, 91208, 91209, 91210, 91214, 91221, 91222, 91224, 91225, 91226, 91501, 91502, 91503, 91504, 91505, 91506, 91507, 91508, 91510, 91521, 91522, 91523, 91526, 91702, 91706, 91711, 91714, 91715, 91716, 91722, 91723, 91724, 91731, 91732, 91733, 91734, 91735, 91740, 91741, 91744, 91745, 91746, 91747, 91748, 91749, 91750, 91754, 91755, 91756, 91759, 91765, 91766, 91767, 91768, 91769, 91770, 91771, 91772, 91773, 91775, 91776, 91778, 91780, 91788, 91789, 91790, 91791, 91792, 91793, 91801, 91802, 91803, 91804, 91896, 91899, 93510, 93532, 93534, 93535, 93536, 93539, 93543, 93544, 93550, 93551, 93552, 93553, 93560, 93563, 93584, 93586, 93590, 93591, 93599
Area 16	Los Angeles	90001, 90002, 90003, 90004, 90005, 90006, 90007, 90008, 90009, 90010, 90011, 90012, 90013, 90014, 90015, 90016, 90017, 90018, 90019, 90020, 90021, 90022, 90023, 90024, 90025, 90026, 90027, 90028, 90029, 90030, 90031, 90032, 90033, 90034, 90035, 90036, 90037, 90038, 90039, 90040, 90041, 90042, 90043, 90044, 90045, 90046, 90047, 90048, 90049, 90050, 90051, 90052, 90053, 90054, 90055, 90056, 90057, 90058, 90059, 90060, 90061, 90062, 90063, 90064, 90065, 90066, 90067, 90068, 90069, 90070, 90071, 90072, 90073, 90074, 90075, 90076, 90077, 90078, 90079, 90080, 90081, 90082, 90083, 90084, 90086, 90087, 90088, 90089, 90090, 90091, 90093, 90094, 90095, 90096, 90099, 90134, 90189, 90201, 90202, 90209, 90210, 90211, 90212, 90213, 90220, 90221, 90222, 90223, 90224, 90230, 90231, 90232, 90233, 90239, 90240, 90241, 90242, 90245, 90247, 90248, 90249, 90250, 90251, 90254, 90255, 90260, 90261, 90262, 90263, 90264, 90265, 90266, 90267, 90270, 90272, 90274, 90275, 90277, 90278, 90280, 90290, 90291, 90292, 90293, 90294, 90295, 90296, 90301, 90302, 90303, 90304, 90305, 90306, 90307, 90308, 90309, 90310, 90311, 90312, 90401, 90402, 90403, 90404, 90405, 90406, 90407, 90408, 90409, 90410, 90411, 90501, 90502, 90503, 90504, 90505, 90506, 90507, 90508, 90509, 90510, 91301, 91302, 91303, 91304, 91305, 91306, 91307, 91308, 91309, 91310, 91311, 91313, 91316, 91321, 91322, 91324, 91325, 91326, 91327, 91328, 91329, 91330, 91331, 91333, 91334, 91335, 91337, 91340, 91341, 91342, 91343, 91344, 91345, 91346, 91350, 91351, 91352, 91353, 91354, 91355, 91356, 91357, 91361, 91362, 91364, 91365, 91367, 91371, 91372, 91376, 91380, 91381, 91382, 91383, 91384, 91385, 91386, 91387, 91390, 91392, 91393, 91394, 91395, 91396, 91401, 91402, 91403, 91404, 91405, 91406, 91407, 91408, 91409, 91410, 91411, 91412, 91413, 91416, 91423, 91426, 91436, 91470, 91482, 91495, 91496, 91499, 91601, 91602, 91603, 91604, 91605, 91606, 91607, 91608, 91609, 91610, 91611, 91612, 91614, 91615, 91616, 91617, 91618, 93243
Area 17	Riverside	91752, 92201, 92202, 92203, 92210, 92211, 92220, 92223, 92230, 92234, 92235, 92236, 92240, 92241, 92247, 92248, 92253, 92254, 92255, 92258, 92260, 92261, 92262, 92263, 92264, 92270, 92274, 92276, 92282, 92320, 92324, 92373, 92399, 92501, 92502, 92503, 92504, 92505, 92506, 92507, 92508, 92509, 92513, 92514, 92516, 92517, 92518, 92519, 92521, 92522, 92530, 92531, 92532, 92543, 92544, 92545, 92546, 92548, 92551, 92552, 92553, 92554, 92555, 92556, 92557, 92562, 92563, 92564, 92567, 92570, 92571, 92572, 92581, 92582, 92583, 92584, 92585, 92586, 92587, 92589, 92590, 92591, 92592, 92593, 92595, 92596, 92599, 92860, 92877, 92878, 92879, 92880, 92881, 92882, 92883
Area 17	San Bernardino	91701, 91708, 91709, 91710, 91729, 91730, 91737, 91739, 91743, 91758, 91759, 91761, 91762, 91763, 91764, 91766, 91784, 91785, 91786, 92252, 92256, 92268, 92277, 92278, 92284, 92285, 92286, 92305, 92307, 92308, 92313, 92314, 92315, 92316, 92317, 92318, 92321, 92322, 92324, 92325, 92329, 92331, 92333, 92334, 92335, 92336, 92337, 92339, 92340, 92341, 92344, 92345, 92346, 92350, 92352, 92354, 92357, 92358, 92359, 92369, 92371, 92372, 92373, 92374, 92375, 92376, 92377, 92378, 92382, 92385, 92386, 92391, 92392, 92393, 92394, 92395, 92397, 92399, 92401, 92402, 92403, 92404, 92405, 92406, 92407, 92408, 92410, 92411, 92413, 92415, 92418, 92423, 92427, 92880
Area 18	Orange	90620, 90621, 90622, 90623, 90624, 90630, 90631, 90632, 90633, 90638, 90680, 90720, 90721, 90740, 90742, 90743, 92602, 92603, 92604, 92605, 92606, 92607, 92609, 92610, 92612, 92614, 92615, 92616, 92617, 92618, 92619, 92620, 92623, 92624, 92625, 92626, 92627, 92628, 92629, 92630, 92637, 92646, 92647, 92648, 92649, 92650, 92651, 92652, 92653, 92654, 92655, 92656, 92657, 92658, 92659, 92660, 92661, 92662, 92663, 92672, 92673, 92674, 92675, 92676, 92677, 92678, 92679, 92683, 92684, 92685, 92688, 92690, 92691, 92692, 92693, 92694, 92697, 92698, 92701, 92702, 92703, 92704, 92705, 92706, 92707, 92708, 92711, 92712, 92728, 92735, 92780, 92781, 92782, 92799, 92801, 92802, 92803, 92804, 92805, 92806, 92807, 92808, 92809, 92811, 92812, 92814, 92815, 92816, 92817, 92821, 92822, 92823, 92825, 92831, 92832, 92833, 92834, 92835, 92836, 92837, 92838, 92840, 92841, 92842, 92843, 92844, 92845, 92846, 92850, 92856, 92857, 92859, 92861, 92862, 92863, 92864, 92865, 92866, 92867, 92868, 92869, 92870, 92871, 92885, 92886, 92887, 92899
Area 19	San Diego	91901, 91902, 91903, 91908, 91909, 91910, 91911, 91912, 91913, 91914, 91915, 91916, 91917, 91921, 91931, 91932, 91933, 91935, 91941, 91942, 91943, 91944, 91945, 91946, 91950, 91951, 91962, 91963, 91976, 91977, 91978, 91979, 91980, 91987, 92003, 92007, 92008, 92009, 92010, 92011, 92013, 92014, 92018, 92019, 92020, 92021, 92022, 92023, 92024, 92025, 92026, 92027, 92028, 92029, 92030, 92033, 92037, 92038, 92039, 92040, 92046, 92049, 92051, 92052, 92054, 92055, 92056, 92057, 92058, 92059, 92060, 92061, 92064, 92065, 92067, 92068, 92069, 92071, 92072, 92074, 92075, 92078, 92079, 92081, 92082, 92083, 92084, 92085, 92086, 92088, 92091, 92092, 92093, 92096, 92101, 92102, 92103, 92104, 92105, 92106, 92107, 92108, 92109, 92110, 92111, 92112, 92113, 92114, 92115, 92116, 92117, 92118, 92119, 92120, 92121, 92122, 92123, 92124, 92126, 92127, 92128, 92129, 92130, 92131, 92132, 92134, 92135, 92136, 92137, 92138, 92139, 92140, 92142, 92143, 92145, 92147, 92149, 92150, 92152, 92153, 92154, 92155, 92158, 92159, 92160, 92161, 92163, 92165, 92166, 92167, 92168, 92169, 92170, 92171, 92172, 92173, 92174, 92175, 92176, 92177, 92178, 92179, 92182, 92186, 92187, 92191, 92192, 92193, 92195, 92196, 92197, 92198, 92199

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Effective Date: 12-01-2022
USI Insurance

Run Date: 09-23-2022 #8310137

CA License: 0G11911

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

Small Business medical plan rates

Age on 2022 effective date	Platinum 90 HMO 0/10 + Child Dental Alt	Platinum 90 HMO 0/20 + Child Dental	Gold 80 HMO 250/35 + Child Dental	Gold 80 HMO 1000/40 + Child Dental Alt
0-14 ¹	\$340.73	\$334.80	\$302.87	\$285.98
15 ¹	\$369.77	\$363.32	\$328.55	\$310.16
16 ¹	\$380.87	\$374.22	\$338.36	\$319.40
17 ¹	\$391.98	\$385.12	\$348.18	\$328.65
18 ¹	\$403.94	\$396.87	\$358.76	\$338.60
19	\$401.91	\$394.62	\$355.34	\$334.57
20	\$414.29	\$406.78	\$366.29	\$344.88
21	\$427.11	\$419.36	\$377.62	\$355.54
22	\$427.11	\$419.36	\$377.62	\$355.54
23	\$427.11	\$419.36	\$377.62	\$355.54
24	\$427.11	\$419.36	\$377.62	\$355.54
25	\$428.81	\$421.04	\$379.13	\$356.97
26	\$437.36	\$429.42	\$386.68	\$364.08
27	\$447.61	\$439.49	\$395.74	\$372.61
28	\$464.26	\$455.84	\$410.47	\$386.48
29	\$477.93	\$469.26	\$422.55	\$397.85
30	\$484.76	\$475.97	\$428.60	\$403.54
31	\$495.02	\$486.04	\$437.66	\$412.08
32	\$505.27	\$496.10	\$446.72	\$420.61
33	\$511.67	\$502.39	\$452.39	\$425.94
34	\$518.51	\$509.10	\$458.43	\$431.63
35	\$521.92	\$512.46	\$461.45	\$434.48
36	\$525.34	\$515.81	\$464.47	\$437.32
37	\$528.76	\$519.17	\$467.49	\$440.16
38	\$532.17	\$522.52	\$470.51	\$443.01
39	\$539.01	\$529.23	\$476.55	\$448.70
40	\$545.84	\$535.94	\$482.60	\$454.39
41	\$556.09	\$546.01	\$491.66	\$462.92
42	\$565.91	\$555.65	\$500.34	\$471.10
43	\$579.58	\$569.07	\$512.43	\$482.47
44	\$596.67	\$585.85	\$527.53	\$496.70
45	\$616.74	\$605.56	\$545.28	\$513.41
46	\$640.66	\$629.04	\$566.43	\$533.32
47	\$667.57	\$655.46	\$590.22	\$555.72
48	\$698.32	\$685.65	\$617.41	\$581.32
49	\$728.64	\$715.43	\$644.22	\$606.56
50	\$762.81	\$748.98	\$674.43	\$635.00
51	\$796.55	\$782.11	\$704.26	\$663.09
52	\$833.71	\$818.59	\$737.11	\$694.02
53	\$871.30	\$855.49	\$770.34	\$725.31
54	\$911.87	\$895.33	\$806.21	\$759.09
55	\$952.45	\$935.17	\$842.09	\$792.87
56	\$996.44	\$978.37	\$880.98	\$829.49
57	\$1,040.86	\$1,021.98	\$920.26	\$866.46
58	\$1,088.27	\$1,068.53	\$962.17	\$905.93
59	\$1,111.76	\$1,091.59	\$982.94	\$925.48
60	\$1,159.16	\$1,138.14	\$1,024.86	\$964.95
61	\$1,200.17	\$1,178.40	\$1,061.11	\$999.08
62	\$1,227.07	\$1,204.82	\$1,084.90	\$1,021.48
63	\$1,260.82	\$1,237.95	\$1,114.73	\$1,049.57
64+	\$1,281.33	\$1,258.08	\$1,132.86	\$1,066.62

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

Counties: Amador, Sutter, Yuba, El Dorado, Placer, Sacramento, Yolo, Contra Costa

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 effective date	Silver 70 HMO 1650/55 + Child Dental Alt	Silver 70 HMO 2250/55 + Child Dental	Silver 70 HDHP HMO 2500/20% + Child Dental	Bronze 60 HMO 6300/65 + Child Dental	Bronze 60 HDHP HMO 7000/0 + Child Dental
0-14 ¹	\$258.22	\$256.31	\$239.96	\$222.04	\$209.72
15 ¹	\$279.93	\$277.85	\$260.05	\$240.53	\$227.12
16 ¹	\$288.23	\$286.08	\$267.73	\$247.60	\$233.77
17 ¹	\$296.53	\$294.32	\$275.41	\$254.67	\$240.42
18 ¹	\$305.47	\$303.19	\$283.68	\$262.29	\$247.59
19	\$300.42	\$298.07	\$277.96	\$255.91	\$240.76
20	\$309.68	\$307.25	\$286.52	\$263.80	\$248.18
21	\$319.26	\$316.75	\$295.38	\$271.96	\$255.86
22	\$319.26	\$316.75	\$295.38	\$271.96	\$255.86
23	\$319.26	\$316.75	\$295.38	\$271.96	\$255.86
24	\$319.26	\$316.75	\$295.38	\$271.96	\$255.86
25	\$320.53	\$318.02	\$296.57	\$273.05	\$256.88
26	\$326.92	\$324.36	\$302.47	\$278.49	\$262.00
27	\$334.58	\$331.96	\$309.56	\$285.01	\$268.14
28	\$347.03	\$344.31	\$321.08	\$295.62	\$278.12
29	\$357.25	\$354.45	\$330.54	\$304.32	\$286.30
30	\$362.36	\$359.52	\$335.26	\$308.67	\$290.40
31	\$370.02	\$367.12	\$342.35	\$315.20	\$296.54
32	\$377.68	\$374.72	\$349.44	\$321.73	\$302.68
33	\$382.47	\$379.47	\$353.87	\$325.81	\$306.52
34	\$387.58	\$384.54	\$358.60	\$330.16	\$310.61
35	\$390.13	\$387.07	\$360.96	\$332.34	\$312.66
36	\$392.68	\$389.61	\$363.32	\$334.51	\$314.70
37	\$395.24	\$392.14	\$365.69	\$336.69	\$316.75
38	\$397.79	\$394.68	\$368.05	\$338.86	\$318.80
39	\$402.90	\$399.74	\$372.78	\$343.21	\$322.89
40	\$408.01	\$404.81	\$377.50	\$347.57	\$326.99
41	\$415.67	\$412.41	\$384.59	\$354.09	\$333.13
42	\$423.01	\$419.70	\$391.38	\$360.35	\$339.01
43	\$433.23	\$429.84	\$400.84	\$369.05	\$347.20
44	\$446.00	\$442.51	\$412.65	\$379.93	\$357.43
45	\$461.01	\$457.39	\$426.54	\$392.71	\$369.46
46	\$478.88	\$475.13	\$443.08	\$407.94	\$383.79
47	\$499.00	\$495.09	\$461.69	\$425.07	\$399.91
48	\$521.98	\$517.89	\$482.95	\$444.66	\$418.33
49	\$544.65	\$540.38	\$503.93	\$463.96	\$436.49
50	\$570.19	\$565.72	\$527.56	\$485.72	\$456.96
51	\$595.41	\$590.75	\$550.89	\$507.21	\$477.17
52	\$623.19	\$618.31	\$576.59	\$530.87	\$499.43
53	\$651.28	\$646.18	\$602.58	\$554.80	\$521.95
54	\$681.61	\$676.27	\$630.65	\$580.64	\$546.26
55	\$711.94	\$706.36	\$658.71	\$606.47	\$570.56
56	\$744.82	\$738.99	\$689.13	\$634.48	\$596.92
57	\$778.03	\$771.93	\$719.85	\$662.77	\$623.53
58	\$813.46	\$807.09	\$752.64	\$692.95	\$651.93
59	\$831.02	\$824.51	\$768.89	\$707.91	\$666.00
60	\$866.46	\$859.67	\$801.67	\$738.10	\$694.40
61	\$897.11	\$890.08	\$830.03	\$764.21	\$718.96
62	\$917.22	\$910.04	\$848.64	\$781.34	\$735.08
63	\$942.44	\$935.06	\$871.97	\$802.83	\$755.29
64+	\$957.78	\$950.25	\$886.14	\$815.88	\$767.58

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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 effective date	Platinum 90 HMO 0/10 + Child Dental Alt	Platinum 90 HMO 0/20 + Child Dental	Gold 80 HMO 250/35 + Child Dental	Gold 80 HMO 1000/40 + Child Dental Alt
0-14 ¹	\$357.92	\$351.68	\$318.07	\$300.30
15 ¹	\$388.49	\$381.70	\$345.10	\$325.75
16 ¹	\$400.18	\$393.18	\$355.44	\$335.48
17 ¹	\$411.87	\$404.66	\$365.77	\$345.21
18 ¹	\$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 effective date	Silver 70 HMO 1650/55 + Child Dental Alt	Silver 70 HMO 2250/55 + Child Dental	Silver 70 HDHP HMO 2500/20% + Child Dental	Bronze 60 HMO 6300/65 + Child Dental	Bronze 60 HDHP HMO 7000/0 + Child Dental
0-14 ¹	\$271.07	\$269.06	\$251.85	\$232.99	\$220.02
15 ¹	\$293.93	\$291.73	\$273.00	\$252.46	\$238.34
16 ¹	\$302.66	\$300.40	\$281.08	\$259.90	\$245.34
17 ¹	\$311.40	\$309.07	\$289.16	\$267.34	\$252.34
18 ¹	\$320.81	\$318.41	\$297.87	\$275.36	\$259.88
19	\$316.23	\$313.75	\$292.59	\$269.38	\$253.43
20	\$325.98	\$323.42	\$301.60	\$277.69	\$261.24
21	\$336.06	\$333.43	\$310.93	\$286.27	\$269.32
22	\$336.06	\$333.43	\$310.93	\$286.27	\$269.32
23	\$336.06	\$333.43	\$310.93	\$286.27	\$269.32
24	\$336.06	\$333.43	\$310.93	\$286.27	\$269.32
25	\$337.40	\$334.76	\$312.17	\$287.42	\$270.40
26	\$344.12	\$341.43	\$318.39	\$293.14	\$275.79
27	\$352.19	\$349.43	\$325.86	\$300.02	\$282.25
28	\$365.30	\$362.43	\$337.98	\$311.18	\$292.76
29	\$376.05	\$373.10	\$347.93	\$320.34	\$301.37
30	\$381.43	\$378.44	\$352.91	\$324.92	\$305.68
31	\$389.49	\$386.44	\$360.37	\$331.79	\$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	\$407.98	\$404.78	\$377.47	\$347.54	\$326.96
35	\$410.66	\$407.45	\$379.96	\$349.83	\$329.11
36	\$413.35	\$410.11	\$382.45	\$352.12	\$331.27
37	\$416.04	\$412.78	\$384.93	\$354.41	\$333.42
38	\$418.73	\$415.45	\$387.42	\$356.70	\$335.58
39	\$424.11	\$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

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

Small Business medical plan rates

Age on 2022 effective date	Platinum 90 HMO 0/10 + Child Dental Alt	Platinum 90 HMO 0/20 + Child Dental	Gold 80 HMO 250/35 + Child Dental	Gold 80 HMO 1000/40 + Child Dental Alt
0-14 [†]	\$375.12	\$368.57	\$333.28	\$314.61
15 [†]	\$407.22	\$400.09	\$361.66	\$341.33
16 [†]	\$419.49	\$412.14	\$372.51	\$351.55
17 [†]	\$431.77	\$424.19	\$383.36	\$361.77
18 [†]	\$444.98	\$437.17	\$395.05	\$372.77
19	\$444.21	\$436.16	\$392.74	\$369.79
20	\$457.90	\$449.60	\$404.85	\$381.18
21	\$472.06	\$463.50	\$417.37	\$392.97
22	\$472.06	\$463.50	\$417.37	\$392.97
23	\$472.06	\$463.50	\$417.37	\$392.97
24	\$472.06	\$463.50	\$417.37	\$392.97
25	\$473.95	\$465.36	\$419.04	\$394.54
26	\$483.39	\$474.63	\$427.38	\$402.40
27	\$494.72	\$485.75	\$437.40	\$411.83
28	\$513.13	\$503.83	\$453.68	\$427.16
29	\$528.24	\$518.66	\$467.03	\$439.73
30	\$535.79	\$526.08	\$473.71	\$446.02
31	\$547.12	\$537.20	\$483.73	\$455.45
32	\$558.45	\$548.32	\$493.75	\$464.88
33	\$565.53	\$555.28	\$500.01	\$470.78
34	\$573.09	\$562.69	\$506.68	\$477.07
35	\$576.86	\$566.40	\$510.02	\$480.21
36	\$580.64	\$570.11	\$513.36	\$483.35
37	\$584.42	\$573.82	\$516.70	\$486.50
38	\$588.19	\$577.52	\$520.04	\$489.64
39	\$595.74	\$584.94	\$526.72	\$495.93
40	\$603.30	\$592.36	\$533.40	\$502.22
41	\$614.63	\$603.48	\$543.41	\$511.65
42	\$625.48	\$614.14	\$553.01	\$520.69
43	\$640.59	\$628.97	\$566.37	\$533.26
44	\$659.47	\$647.51	\$583.06	\$548.98
45	\$681.66	\$669.30	\$602.68	\$567.45
46	\$708.10	\$695.25	\$626.05	\$589.46
47	\$737.84	\$724.45	\$652.35	\$614.21
48	\$771.82	\$757.83	\$682.40	\$642.51
49	\$805.34	\$790.74	\$712.03	\$670.41
50	\$843.11	\$827.82	\$745.42	\$701.85
51	\$880.40	\$864.43	\$778.39	\$732.89
52	\$921.47	\$904.76	\$814.70	\$767.08
53	\$963.01	\$945.55	\$851.43	\$801.66
54	\$1,007.86	\$989.58	\$891.08	\$838.99
55	\$1,052.70	\$1,033.61	\$930.73	\$876.32
56	\$1,101.33	\$1,081.35	\$973.72	\$916.80
57	\$1,150.42	\$1,129.56	\$1,017.12	\$957.67
58	\$1,202.82	\$1,181.01	\$1,063.45	\$1,001.29
59	\$1,228.78	\$1,206.50	\$1,086.41	\$1,022.90
60	\$1,281.18	\$1,257.95	\$1,132.74	\$1,066.52
61	\$1,326.50	\$1,302.44	\$1,172.80	\$1,104.25
62	\$1,356.24	\$1,331.64	\$1,199.10	\$1,129.00
63	\$1,393.53	\$1,368.26	\$1,232.07	\$1,160.05
64+	\$1,416.18	\$1,390.50	\$1,252.11	\$1,178.91

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

Counties: San Francisco, San Mateo

Note: Some counties only cover certain zip codes



Rate Areas 4, 8

For effective dates January 1-December 1, 2022

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

Small Business medical plan rates

Age on 2022 effective date	Silver 70 HMO 1650/55 + Child Dental Alt	Silver 70 HMO 2250/55 + Child Dental	Silver 70 HDHP HMO 2500/20% + Child Dental	Bronze 60 HMO 6300/65 + Child Dental	Bronze 60 HDHP HMO 7000/0 + Child Dental
0-14 [†]	\$283.93	\$281.81	\$263.75	\$243.94	\$230.32
15 [†]	\$307.92	\$305.62	\$285.95	\$264.38	\$249.55
16 [†]	\$317.10	\$314.72	\$294.43	\$272.19	\$256.91
17 [†]	\$326.27	\$323.83	\$302.92	\$280.01	\$264.26
18 [†]	\$336.15	\$333.63	\$312.06	\$288.43	\$272.18
19	\$332.04	\$329.44	\$307.22	\$282.85	\$266.11
20	\$342.28	\$339.59	\$316.68	\$291.57	\$274.31
21	\$352.86	\$350.10	\$326.48	\$300.59	\$282.79
22	\$352.86	\$350.10	\$326.48	\$300.59	\$282.79
23	\$352.86	\$350.10	\$326.48	\$300.59	\$282.79
24	\$352.86	\$350.10	\$326.48	\$300.59	\$282.79
25	\$354.27	\$351.50	\$327.78	\$301.79	\$283.92
26	\$361.33	\$358.50	\$334.31	\$307.80	\$289.58
27	\$369.80	\$366.90	\$342.15	\$315.02	\$296.36
28	\$383.56	\$380.56	\$354.88	\$326.74	\$307.39
29	\$394.85	\$391.76	\$365.33	\$336.36	\$316.44
30	\$400.50	\$397.36	\$370.55	\$341.17	\$320.97
31	\$408.97	\$405.76	\$378.39	\$348.38	\$327.75
32	\$417.44	\$414.17	\$386.22	\$355.60	\$334.54
33	\$422.73	\$419.42	\$391.12	\$360.10	\$338.78
34	\$428.37	\$425.02	\$396.34	\$364.91	\$343.31
35	\$431.20	\$427.82	\$398.96	\$367.32	\$345.57
36	\$434.02	\$430.62	\$401.57	\$369.72	\$347.83
37	\$436.84	\$433.42	\$404.18	\$372.13	\$350.09
38	\$439.67	\$436.22	\$406.79	\$374.53	\$352.36
39	\$445.31	\$441.82	\$412.01	\$379.34	\$356.88
40	\$450.96	\$447.42	\$417.24	\$384.15	\$361.41
41	\$459.43	\$455.83	\$425.07	\$391.37	\$368.19
42	\$467.54	\$463.88	\$432.58	\$398.28	\$374.70
43	\$478.83	\$475.08	\$443.03	\$407.90	\$383.75
44	\$492.95	\$489.09	\$456.09	\$419.92	\$395.06
45	\$509.53	\$505.54	\$471.43	\$434.05	\$408.35
46	\$529.29	\$525.15	\$489.72	\$450.88	\$424.19
47	\$551.52	\$547.20	\$510.28	\$469.82	\$442.00
48	\$576.93	\$572.41	\$533.79	\$491.46	\$462.36
49	\$601.98	\$597.27	\$556.97	\$512.80	\$482.44
50	\$630.21	\$625.27	\$583.09	\$536.85	\$505.06
51	\$658.09	\$652.93	\$608.88	\$560.60	\$527.40
52	\$688.79	\$683.39	\$637.28	\$586.75	\$552.01
53	\$719.84	\$714.20	\$666.01	\$613.20	\$576.89
54	\$753.36	\$747.46	\$697.03	\$641.75	\$603.76
55	\$786.88	\$780.72	\$728.04	\$670.31	\$630.62
56	\$823.23	\$816.78	\$761.67	\$701.27	\$659.75
57	\$859.92	\$853.19	\$795.63	\$732.53	\$689.16
58	\$899.09	\$892.05	\$831.86	\$765.90	\$720.55
59	\$918.50	\$911.30	\$849.82	\$782.43	\$736.10
60	\$957.67	\$950.16	\$886.06	\$815.79	\$767.49
61	\$991.54	\$983.77	\$917.40	\$844.65	\$794.64
62	\$1,013.77	\$1,005.83	\$937.97	\$863.59	\$812.46
63	\$1,041.65	\$1,033.49	\$963.76	\$887.33	\$834.80
64+	\$1,058.58	\$1,050.30	\$979.44	\$901.77	\$848.37

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

Counties: San Francisco, San Mateo

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 effective date	Platinum 90 HMO 0/10 + Child Dental Alt	Platinum 90 HMO 0/20 + Child Dental	Gold 80 HMO 250/35 + Child Dental	Gold 80 HMO 1000/40 + Child Dental Alt
0-14 ¹	\$368.24	\$361.82	\$327.19	\$308.89
15 ¹	\$399.73	\$392.73	\$355.03	\$335.10
16 ¹	\$411.77	\$404.56	\$365.68	\$345.12
17 ¹	\$423.81	\$416.38	\$376.32	\$355.14
18 ¹	\$436.78	\$429.11	\$387.79	\$365.94
19	\$435.75	\$427.85	\$385.26	\$362.74
20	\$449.18	\$441.03	\$397.14	\$373.92
21	\$463.07	\$454.67	\$409.42	\$385.49
22	\$463.07	\$454.67	\$409.42	\$385.49
23	\$463.07	\$454.67	\$409.42	\$385.49
24	\$463.07	\$454.67	\$409.42	\$385.49
25	\$464.92	\$456.49	\$411.06	\$387.03
26	\$474.19	\$465.59	\$419.24	\$394.74
27	\$485.30	\$476.50	\$429.07	\$403.99
28	\$503.36	\$494.23	\$445.04	\$419.02
29	\$518.18	\$508.78	\$458.14	\$431.36
30	\$525.59	\$516.06	\$464.69	\$437.53
31	\$536.70	\$526.97	\$474.52	\$446.78
32	\$547.81	\$537.88	\$484.34	\$456.03
33	\$554.76	\$544.70	\$490.48	\$461.81
34	\$562.17	\$551.97	\$497.03	\$467.98
35	\$565.87	\$555.61	\$500.31	\$471.06
36	\$569.58	\$559.25	\$503.58	\$474.15
37	\$573.28	\$562.89	\$506.86	\$477.23
38	\$576.99	\$566.52	\$510.13	\$480.32
39	\$584.40	\$573.80	\$516.69	\$486.48
40	\$591.81	\$581.07	\$523.24	\$492.65
41	\$602.92	\$591.99	\$533.06	\$501.90
42	\$613.57	\$602.44	\$542.48	\$510.77
43	\$628.39	\$616.99	\$555.58	\$523.10
44	\$646.91	\$635.18	\$571.96	\$538.52
45	\$668.68	\$656.55	\$591.20	\$556.64
46	\$694.61	\$682.01	\$614.13	\$578.23
47	\$723.78	\$710.66	\$639.92	\$602.51
48	\$757.12	\$743.39	\$669.40	\$630.27
49	\$790.00	\$775.67	\$698.47	\$657.64
50	\$827.05	\$812.05	\$731.22	\$688.48
51	\$863.63	\$847.97	\$763.56	\$718.93
52	\$903.92	\$887.52	\$799.18	\$752.47
53	\$944.67	\$927.54	\$835.21	\$786.39
54	\$988.66	\$970.73	\$874.11	\$823.01
55	\$1,032.65	\$1,013.92	\$913.00	\$859.63
56	\$1,080.35	\$1,060.75	\$955.17	\$899.34
57	\$1,128.51	\$1,108.04	\$997.75	\$939.43
58	\$1,179.91	\$1,158.51	\$1,043.20	\$982.22
59	\$1,205.38	\$1,183.52	\$1,065.71	\$1,003.42
60	\$1,256.78	\$1,233.99	\$1,111.16	\$1,046.21
61	\$1,301.23	\$1,277.63	\$1,150.46	\$1,083.21
62	\$1,330.41	\$1,306.28	\$1,176.26	\$1,107.50
63	\$1,366.99	\$1,342.20	\$1,208.60	\$1,137.95
64+	\$1,389.21	\$1,364.01	\$1,228.26	\$1,156.47

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

Counties: Santa Clara

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 effective date	Silver 70 HMO 1650/55 + Child Dental Alt	Silver 70 HMO 2250/55 + Child Dental	Silver 70 HDHP HMO 2500/20% + Child Dental	Bronze 60 HMO 6300/65 + Child Dental	Bronze 60 HDHP HMO 7000/0 + Child Dental
0-14 ¹	\$278.79	\$276.71	\$258.99	\$239.56	\$226.20
15 ¹	\$302.32	\$300.07	\$280.77	\$259.61	\$245.07
16 ¹	\$311.32	\$309.00	\$289.09	\$267.28	\$252.28
17 ¹	\$320.32	\$317.92	\$297.42	\$274.94	\$259.49
18 ¹	\$330.02	\$327.54	\$306.39	\$283.20	\$267.26
19	\$325.72	\$323.17	\$301.36	\$277.47	\$261.04
20	\$335.76	\$333.13	\$310.65	\$286.02	\$269.08
21	\$346.14	\$343.43	\$320.26	\$294.86	\$277.40
22	\$346.14	\$343.43	\$320.26	\$294.86	\$277.40
23	\$346.14	\$343.43	\$320.26	\$294.86	\$277.40
24	\$346.14	\$343.43	\$320.26	\$294.86	\$277.40
25	\$347.52	\$344.80	\$321.54	\$296.04	\$278.51
26	\$354.45	\$351.67	\$327.95	\$301.94	\$284.06
27	\$362.76	\$359.91	\$335.63	\$309.02	\$290.72
28	\$376.25	\$373.31	\$348.12	\$320.52	\$301.54
29	\$387.33	\$384.30	\$358.37	\$329.95	\$310.41
30	\$392.87	\$389.79	\$363.49	\$334.67	\$314.85
31	\$401.18	\$398.03	\$371.18	\$341.75	\$321.51
32	\$409.48	\$406.28	\$378.87	\$348.82	\$328.17
33	\$414.68	\$411.43	\$383.67	\$353.24	\$332.33
34	\$420.21	\$416.92	\$388.79	\$357.96	\$336.77
35	\$422.98	\$419.67	\$391.36	\$360.32	\$338.99
36	\$425.75	\$422.42	\$393.92	\$362.68	\$341.21
37	\$428.52	\$425.16	\$396.48	\$365.04	\$343.43
38	\$431.29	\$427.91	\$399.04	\$367.40	\$345.64
39	\$436.83	\$433.41	\$404.17	\$372.12	\$350.08
40	\$442.37	\$438.90	\$409.29	\$376.83	\$354.52
41	\$450.67	\$447.14	\$416.98	\$383.91	\$361.18
42	\$458.64	\$455.04	\$424.34	\$390.69	\$367.56
43	\$469.71	\$466.03	\$434.59	\$400.13	\$376.44
44	\$483.56	\$479.77	\$447.40	\$411.92	\$387.53
45	\$499.83	\$495.91	\$462.45	\$425.78	\$400.57
46	\$519.21	\$515.14	\$480.39	\$442.29	\$416.11
47	\$541.02	\$536.78	\$500.56	\$460.87	\$433.58
48	\$565.94	\$561.51	\$523.62	\$482.10	\$453.55
49	\$590.52	\$585.89	\$546.36	\$503.03	\$473.25
50	\$618.21	\$613.36	\$571.98	\$526.62	\$495.44
51	\$645.55	\$640.49	\$597.28	\$549.92	\$517.36
52	\$675.67	\$670.37	\$625.15	\$575.57	\$541.49
53	\$706.13	\$700.59	\$653.33	\$601.52	\$565.90
54	\$739.01	\$733.22	\$683.75	\$629.53	\$592.26
55	\$771.89	\$765.85	\$714.18	\$657.54	\$618.61
56	\$807.55	\$801.22	\$747.16	\$687.91	\$647.18
57	\$843.54	\$836.94	\$780.47	\$718.58	\$676.03
58	\$881.97	\$875.06	\$816.02	\$751.31	\$706.82
59	\$901.00	\$893.95	\$833.63	\$767.53	\$722.08
60	\$939.42	\$932.07	\$869.18	\$800.26	\$752.87
61	\$972.65	\$965.04	\$899.93	\$828.56	\$779.50
62	\$994.46	\$986.67	\$920.10	\$847.14	\$796.98
63	\$1,021.81	\$1,013.80	\$945.40	\$870.43	\$818.90
64+	\$1,038.42	\$1,030.29	\$960.78	\$884.58	\$832.20

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

Counties: Santa Clara

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 effective date	Platinum 90 HMO 0/10 + Child Dental Alt	Platinum 90 HMO 0/20 + Child Dental	Gold 80 HMO 250/35 + Child Dental	Gold 80 HMO 1000/40 + Child Dental Alt
0-14 ¹	\$354.36	\$348.19	\$314.92	\$297.33
15 ¹	\$384.62	\$377.90	\$341.67	\$322.52
16 ¹	\$396.19	\$389.25	\$351.90	\$332.15
17 ¹	\$407.75	\$400.61	\$362.13	\$341.78
18 ¹	\$420.21	\$412.84	\$373.14	\$352.15
19	\$418.68	\$411.09	\$370.17	\$348.53
20	\$431.58	\$423.76	\$381.58	\$359.27
21	\$444.93	\$436.86	\$393.38	\$370.38
22	\$444.93	\$436.86	\$393.38	\$370.38
23	\$444.93	\$436.86	\$393.38	\$370.38
24	\$444.93	\$436.86	\$393.38	\$370.38
25	\$446.71	\$438.61	\$394.95	\$371.86
26	\$455.61	\$447.35	\$402.82	\$379.27
27	\$466.29	\$457.83	\$412.26	\$388.16
28	\$483.64	\$474.87	\$427.60	\$402.61
29	\$497.88	\$488.85	\$440.19	\$414.46
30	\$505.00	\$495.84	\$446.48	\$420.38
31	\$515.67	\$506.32	\$455.92	\$429.27
32	\$526.35	\$516.81	\$465.37	\$438.16
33	\$533.03	\$523.36	\$471.27	\$443.72
34	\$540.15	\$530.35	\$477.56	\$449.65
35	\$543.70	\$533.84	\$480.71	\$452.61
36	\$547.26	\$537.34	\$483.85	\$455.57
37	\$550.82	\$540.83	\$487.00	\$458.53
38	\$554.38	\$544.33	\$490.15	\$461.50
39	\$561.50	\$551.32	\$496.44	\$467.42
40	\$568.62	\$558.31	\$502.74	\$473.35
41	\$579.30	\$568.79	\$512.18	\$482.24
42	\$589.53	\$578.84	\$521.23	\$490.76
43	\$603.77	\$592.82	\$533.81	\$502.61
44	\$621.57	\$610.29	\$549.55	\$517.43
45	\$642.48	\$630.83	\$568.04	\$534.83
46	\$667.40	\$655.29	\$590.07	\$555.57
47	\$695.43	\$682.81	\$614.85	\$578.91
48	\$727.46	\$714.27	\$643.17	\$605.58
49	\$759.05	\$745.29	\$671.10	\$631.87
50	\$794.65	\$780.23	\$702.57	\$661.50
51	\$829.80	\$814.75	\$733.65	\$690.76
52	\$868.50	\$852.75	\$767.87	\$722.99
53	\$907.66	\$891.20	\$802.49	\$755.58
54	\$949.93	\$932.70	\$839.86	\$790.77
55	\$992.19	\$974.20	\$877.23	\$825.95
56	\$1,038.02	\$1,019.20	\$917.75	\$864.10
57	\$1,084.30	\$1,064.63	\$958.66	\$902.62
58	\$1,133.68	\$1,113.12	\$1,002.33	\$943.74
59	\$1,158.15	\$1,137.15	\$1,023.96	\$964.11
60	\$1,207.54	\$1,185.64	\$1,067.63	\$1,005.22
61	\$1,250.25	\$1,227.58	\$1,105.39	\$1,040.78
62	\$1,278.28	\$1,255.10	\$1,130.17	\$1,064.11
63	\$1,313.43	\$1,289.61	\$1,161.25	\$1,093.37
64+	\$1,334.79	\$1,310.58	\$1,180.14	\$1,111.14

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

Counties: Santa Cruz

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 effective date	Silver 70 HMO 1650/55 + Child Dental Alt	Silver 70 HMO 2250/55 + Child Dental	Silver 70 HDHP HMO 2500/20% + Child Dental	Bronze 60 HMO 6300/65 + Child Dental	Bronze 60 HDHP HMO 7000/0 + Child Dental
0-14 ¹	\$268.41	\$266.42	\$249.39	\$230.72	\$217.89
15 ¹	\$291.03	\$288.86	\$270.31	\$249.99	\$236.01
16 ¹	\$299.68	\$297.44	\$278.31	\$257.35	\$242.94
17 ¹	\$308.32	\$306.02	\$286.32	\$264.72	\$249.87
18 ¹	\$317.63	\$315.26	\$294.93	\$272.65	\$257.34
19	\$312.96	\$310.51	\$289.56	\$266.59	\$250.81
20	\$322.60	\$320.07	\$298.48	\$274.81	\$258.54
21	\$332.58	\$329.97	\$307.71	\$283.31	\$266.54
22	\$332.58	\$329.97	\$307.71	\$283.31	\$266.54
23	\$332.58	\$329.97	\$307.71	\$283.31	\$266.54
24	\$332.58	\$329.97	\$307.71	\$283.31	\$266.54
25	\$333.91	\$331.29	\$308.94	\$284.44	\$267.60
26	\$340.56	\$337.89	\$315.10	\$290.11	\$272.93
27	\$348.54	\$345.81	\$322.48	\$296.91	\$279.33
28	\$361.51	\$358.68	\$334.48	\$307.96	\$289.72
29	\$372.16	\$369.24	\$344.33	\$317.02	\$298.25
30	\$377.48	\$374.52	\$349.25	\$321.56	\$302.52
31	\$385.46	\$382.44	\$356.64	\$328.36	\$308.91
32	\$393.44	\$390.36	\$364.02	\$335.16	\$315.31
33	\$398.43	\$395.31	\$368.64	\$339.41	\$319.31
34	\$403.75	\$400.59	\$373.56	\$343.94	\$323.57
35	\$406.41	\$403.23	\$376.02	\$346.21	\$325.71
36	\$409.07	\$405.87	\$378.49	\$348.47	\$327.84
37	\$411.73	\$408.51	\$380.95	\$350.74	\$329.97
38	\$414.39	\$411.15	\$383.41	\$353.00	\$332.10
39	\$419.72	\$416.43	\$388.33	\$357.54	\$336.37
40	\$425.04	\$421.71	\$393.26	\$362.07	\$340.63
41	\$433.02	\$429.63	\$400.64	\$368.87	\$347.03
42	\$440.67	\$437.22	\$407.72	\$375.39	\$353.16
43	\$451.31	\$447.77	\$417.57	\$384.45	\$361.69
44	\$464.61	\$460.97	\$429.87	\$395.78	\$372.35
45	\$480.24	\$476.48	\$444.34	\$409.10	\$384.88
46	\$498.87	\$494.96	\$461.57	\$424.97	\$399.80
47	\$519.82	\$515.75	\$480.95	\$442.81	\$416.60
48	\$543.77	\$539.51	\$503.11	\$463.21	\$435.79
49	\$567.38	\$562.94	\$524.96	\$483.33	\$454.71
50	\$593.99	\$589.33	\$549.57	\$505.99	\$476.03
51	\$620.26	\$615.40	\$573.88	\$528.37	\$497.09
52	\$649.19	\$644.11	\$600.65	\$553.02	\$520.28
53	\$678.46	\$673.15	\$627.73	\$577.95	\$543.73
54	\$710.06	\$704.49	\$656.96	\$604.87	\$569.05
55	\$741.65	\$735.84	\$686.20	\$631.78	\$594.37
56	\$775.91	\$769.83	\$717.89	\$660.96	\$621.83
57	\$810.50	\$804.15	\$749.89	\$690.43	\$649.55
58	\$847.41	\$840.77	\$784.05	\$721.87	\$679.13
59	\$865.70	\$858.92	\$800.97	\$737.46	\$693.79
60	\$902.62	\$895.55	\$835.13	\$768.90	\$723.38
61	\$934.55	\$927.23	\$864.67	\$796.10	\$748.97
62	\$955.50	\$948.02	\$884.06	\$813.95	\$765.76
63	\$981.77	\$974.08	\$908.37	\$836.33	\$786.81
64+	\$997.74	\$989.91	\$923.13	\$849.93	\$799.62

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

Counties: Santa Cruz

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 effective date	Platinum 90 HMO 0/10 + Child Dental Alt	Platinum 90 HMO 0/20 + Child Dental	Gold 80 HMO 250/35 + Child Dental	Gold 80 HMO 1000/40 + Child Dental Alt
0-14 ¹	\$323.53	\$317.92	\$287.66	\$271.67
15 ¹	\$351.04	\$344.93	\$311.99	\$294.57
16 ¹	\$361.56	\$355.26	\$321.29	\$303.33
17 ¹	\$372.08	\$365.59	\$330.59	\$312.09
18 ¹	\$383.41	\$376.71	\$340.61	\$321.52
19	\$380.75	\$373.85	\$336.64	\$316.96
20	\$392.49	\$385.37	\$347.01	\$326.73
21	\$404.63	\$397.29	\$357.74	\$336.83
22	\$404.63	\$397.29	\$357.74	\$336.83
23	\$404.63	\$397.29	\$357.74	\$336.83
24	\$404.63	\$397.29	\$357.74	\$336.83
25	\$406.24	\$398.88	\$359.17	\$338.18
26	\$414.34	\$406.82	\$366.33	\$344.92
27	\$424.05	\$416.36	\$374.92	\$353.00
28	\$439.83	\$431.85	\$388.87	\$366.14
29	\$452.78	\$444.57	\$400.32	\$376.92
30	\$459.25	\$450.92	\$406.04	\$382.30
31	\$468.96	\$460.46	\$414.62	\$390.39
32	\$478.67	\$469.99	\$423.21	\$398.47
33	\$484.74	\$475.95	\$428.58	\$403.52
34	\$491.22	\$482.31	\$434.30	\$408.91
35	\$494.45	\$485.49	\$437.16	\$411.61
36	\$497.69	\$488.66	\$440.02	\$414.30
37	\$500.93	\$491.84	\$442.89	\$417.00
38	\$504.16	\$495.02	\$445.75	\$419.69
39	\$510.64	\$501.38	\$451.47	\$425.08
40	\$517.11	\$507.73	\$457.20	\$430.47
41	\$526.82	\$517.27	\$465.78	\$438.56
42	\$536.13	\$526.41	\$474.01	\$446.30
43	\$549.08	\$539.12	\$485.46	\$457.08
44	\$565.26	\$555.01	\$499.77	\$470.55
45	\$584.28	\$573.68	\$516.58	\$486.39
46	\$606.94	\$595.93	\$536.62	\$505.25
47	\$632.43	\$620.96	\$559.15	\$526.47
48	\$661.56	\$649.57	\$584.91	\$550.72
49	\$690.29	\$677.77	\$610.31	\$574.64
50	\$722.66	\$709.56	\$638.93	\$601.58
51	\$754.63	\$740.94	\$667.19	\$628.19
52	\$789.83	\$775.51	\$698.32	\$657.50
53	\$825.44	\$810.47	\$729.80	\$687.14
54	\$863.88	\$848.21	\$763.78	\$719.14
55	\$902.32	\$885.95	\$797.77	\$751.14
56	\$943.99	\$926.87	\$834.62	\$785.83
57	\$986.07	\$968.19	\$871.82	\$820.86
58	\$1,030.99	\$1,012.29	\$911.53	\$858.25
59	\$1,053.24	\$1,034.14	\$931.21	\$876.77
60	\$1,098.16	\$1,078.24	\$970.92	\$914.16
61	\$1,137.00	\$1,116.38	\$1,005.26	\$946.50
62	\$1,162.49	\$1,141.41	\$1,027.80	\$967.72
63	\$1,194.46	\$1,172.79	\$1,056.06	\$994.33
64+	\$1,213.89	\$1,191.87	\$1,073.22	\$1,010.49

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

Counties: Mariposa, San Joaquin, Stanislaus, Tulare

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 effective date	Silver 70 HMO 1650/55 + Child Dental Alt	Silver 70 HMO 2250/55 + Child Dental	Silver 70 HDHP HMO 2500/20% + Child Dental	Bronze 60 HMO 6300/65 + Child Dental	Bronze 60 HDHP HMO 7000/0 + Child Dental
0-14 ¹	\$245.37	\$243.55	\$228.07	\$211.09	\$199.42
15 ¹	\$265.93	\$263.96	\$247.09	\$228.61	\$215.90
16 ¹	\$273.80	\$271.76	\$254.37	\$235.31	\$222.20
17 ¹	\$281.66	\$279.56	\$261.65	\$242.01	\$228.51
18 ¹	\$290.13	\$287.97	\$269.48	\$249.22	\$235.29
19	\$284.61	\$282.38	\$263.33	\$242.45	\$228.09
20	\$293.38	\$291.08	\$271.44	\$249.92	\$235.12
21	\$302.45	\$300.08	\$279.84	\$257.65	\$242.39
22	\$302.45	\$300.08	\$279.84	\$257.65	\$242.39
23	\$302.45	\$300.08	\$279.84	\$257.65	\$242.39
24	\$302.45	\$300.08	\$279.84	\$257.65	\$242.39
25	\$303.66	\$301.28	\$280.96	\$258.68	\$243.36
26	\$309.71	\$307.29	\$286.55	\$263.83	\$248.21
27	\$316.97	\$314.49	\$293.27	\$270.01	\$254.03
28	\$328.77	\$326.19	\$304.18	\$280.06	\$263.48
29	\$338.44	\$335.79	\$313.14	\$288.31	\$271.24
30	\$343.28	\$340.59	\$317.62	\$292.43	\$275.11
31	\$350.54	\$347.80	\$324.33	\$298.61	\$280.93
32	\$357.80	\$355.00	\$331.05	\$304.80	\$286.75
33	\$362.34	\$359.50	\$335.25	\$308.66	\$290.38
34	\$367.18	\$364.30	\$339.72	\$312.78	\$294.26
35	\$369.60	\$366.70	\$341.96	\$314.84	\$296.20
36	\$372.02	\$369.10	\$344.20	\$316.91	\$298.14
37	\$374.44	\$371.50	\$346.44	\$318.97	\$300.08
38	\$376.86	\$373.90	\$348.68	\$321.03	\$302.02
39	\$381.70	\$378.71	\$353.16	\$325.15	\$305.90
40	\$386.53	\$383.51	\$357.63	\$329.27	\$309.78
41	\$393.79	\$390.71	\$364.35	\$335.46	\$315.59
42	\$400.75	\$397.61	\$370.79	\$341.38	\$321.17
43	\$410.43	\$407.21	\$379.74	\$349.63	\$328.93
44	\$422.53	\$419.22	\$390.93	\$359.93	\$338.62
45	\$436.74	\$433.32	\$404.09	\$372.04	\$350.01
46	\$453.68	\$450.13	\$419.76	\$386.47	\$363.59
47	\$472.73	\$469.03	\$437.39	\$402.70	\$378.86
48	\$494.51	\$490.64	\$457.53	\$421.25	\$396.31
49	\$515.98	\$511.94	\$477.40	\$439.55	\$413.52
50	\$540.18	\$535.95	\$499.79	\$460.16	\$432.91
51	\$564.07	\$559.66	\$521.90	\$480.51	\$452.06
52	\$590.39	\$585.76	\$546.24	\$502.93	\$473.15
53	\$617.00	\$612.17	\$570.87	\$525.60	\$494.48
54	\$645.74	\$640.68	\$597.45	\$550.08	\$517.51
55	\$674.47	\$669.19	\$624.04	\$574.55	\$540.53
56	\$705.62	\$700.09	\$652.86	\$601.09	\$565.50
57	\$737.08	\$731.30	\$681.96	\$627.88	\$590.71
58	\$770.65	\$764.61	\$713.03	\$656.48	\$617.61
59	\$787.28	\$781.12	\$728.42	\$670.65	\$630.95
60	\$820.86	\$814.43	\$759.48	\$699.25	\$657.85
61	\$849.89	\$843.23	\$786.34	\$723.99	\$681.12
62	\$868.95	\$862.14	\$803.97	\$740.22	\$696.39
63	\$892.84	\$885.85	\$826.08	\$760.57	\$715.54
64+	\$907.35	\$900.24	\$839.52	\$772.95	\$727.17

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

Counties: Mariposa, San Joaquin, Stanislaus, Tulare

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 effective date	Platinum 90 HMO 0/10 + Child Dental Alt	Platinum 90 HMO 0/20 + Child Dental	Gold 80 HMO 250/35 + Child Dental	Gold 80 HMO 1000/40 + Child Dental Alt
0-14 ¹	\$314.24	\$308.80	\$279.45	\$263.94
15 ¹	\$340.93	\$335.00	\$303.05	\$286.15
16 ¹	\$351.14	\$345.02	\$312.07	\$294.65
17 ¹	\$361.34	\$355.04	\$321.09	\$303.14
18 ¹	\$372.33	\$365.83	\$330.81	\$312.29
19	\$369.33	\$362.63	\$326.54	\$307.45
20	\$380.71	\$373.81	\$336.60	\$316.93
21	\$392.49	\$385.37	\$347.01	\$326.73
22	\$392.49	\$385.37	\$347.01	\$326.73
23	\$392.49	\$385.37	\$347.01	\$326.73
24	\$392.49	\$385.37	\$347.01	\$326.73
25	\$394.06	\$386.91	\$348.40	\$328.03
26	\$401.91	\$394.62	\$355.34	\$334.57
27	\$411.33	\$403.87	\$363.67	\$342.41
28	\$426.63	\$418.90	\$377.20	\$355.15
29	\$439.19	\$431.23	\$388.31	\$365.61
30	\$445.47	\$437.39	\$393.86	\$370.84
31	\$454.89	\$446.64	\$402.19	\$378.68
32	\$464.31	\$455.89	\$410.51	\$386.52
33	\$470.20	\$461.67	\$415.72	\$391.42
34	\$476.48	\$467.84	\$421.27	\$396.65
35	\$479.62	\$470.92	\$424.05	\$399.26
36	\$482.76	\$474.00	\$426.82	\$401.87
37	\$485.90	\$477.09	\$429.60	\$404.49
38	\$489.04	\$480.17	\$432.38	\$407.10
39	\$495.32	\$486.34	\$437.93	\$412.33
40	\$501.60	\$492.50	\$443.48	\$417.56
41	\$511.02	\$501.75	\$451.81	\$425.40
42	\$520.05	\$510.61	\$459.79	\$432.91
43	\$532.61	\$522.95	\$470.89	\$443.37
44	\$548.31	\$538.36	\$484.77	\$456.44
45	\$566.75	\$556.47	\$501.08	\$471.79
46	\$588.73	\$578.05	\$520.52	\$490.09
47	\$613.46	\$602.33	\$542.38	\$510.67
48	\$641.72	\$630.08	\$567.36	\$534.20
49	\$669.58	\$657.44	\$592.00	\$557.40
50	\$700.98	\$688.27	\$619.76	\$583.53
51	\$731.99	\$718.71	\$647.18	\$609.35
52	\$766.14	\$752.24	\$677.37	\$637.77
53	\$800.67	\$786.15	\$707.90	\$666.52
54	\$837.96	\$822.76	\$740.87	\$697.56
55	\$875.25	\$859.37	\$773.84	\$728.60
56	\$915.67	\$899.07	\$809.58	\$762.25
57	\$956.49	\$939.15	\$845.67	\$796.23
58	\$1,000.06	\$981.92	\$884.18	\$832.50
59	\$1,021.65	\$1,003.12	\$903.27	\$850.47
60	\$1,065.21	\$1,045.89	\$941.79	\$886.74
61	\$1,102.89	\$1,082.89	\$975.10	\$918.10
62	\$1,127.62	\$1,107.17	\$996.96	\$938.69
63	\$1,158.62	\$1,137.61	\$1,024.38	\$964.50
64+	\$1,177.47	\$1,156.11	\$1,041.03	\$980.19

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

Counties: Fresno, Kings, Madera

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 effective date	Silver 70 HMO 1650/55 + Child Dental Alt	Silver 70 HMO 2250/55 + Child Dental	Silver 70 HDHP HMO 2500/20% + Child Dental	Bronze 60 HMO 6300/65 + Child Dental	Bronze 60 HDHP HMO 7000/0 + Child Dental
0-14 ¹	\$238.43	\$236.67	\$221.64	\$205.18	\$193.86
15 ¹	\$258.37	\$256.46	\$240.10	\$222.17	\$209.84
16 ¹	\$266.00	\$264.03	\$247.16	\$228.67	\$215.96
17 ¹	\$273.63	\$271.60	\$254.22	\$235.17	\$222.07
18 ¹	\$281.85	\$279.75	\$261.82	\$242.16	\$228.65
19	\$276.07	\$273.91	\$255.43	\$235.17	\$221.25
20	\$284.58	\$282.35	\$263.30	\$242.42	\$228.07
21	\$293.38	\$291.08	\$271.44	\$249.92	\$235.12
22	\$293.38	\$291.08	\$271.44	\$249.92	\$235.12
23	\$293.38	\$291.08	\$271.44	\$249.92	\$235.12
24	\$293.38	\$291.08	\$271.44	\$249.92	\$235.12
25	\$294.55	\$292.25	\$272.53	\$250.92	\$236.06
26	\$300.42	\$298.07	\$277.96	\$255.92	\$240.76
27	\$307.46	\$305.05	\$284.47	\$261.91	\$246.41
28	\$318.90	\$316.41	\$295.06	\$271.66	\$255.58
29	\$328.29	\$325.72	\$303.74	\$279.66	\$263.10
30	\$332.99	\$330.38	\$308.09	\$283.66	\$266.86
31	\$340.03	\$337.36	\$314.60	\$289.65	\$272.50
32	\$347.07	\$344.35	\$321.12	\$295.65	\$278.15
33	\$351.47	\$348.72	\$325.19	\$299.40	\$281.67
34	\$356.16	\$353.37	\$329.53	\$303.40	\$285.44
35	\$358.51	\$355.70	\$331.70	\$305.40	\$287.32
36	\$360.86	\$358.03	\$333.87	\$307.40	\$289.20
37	\$363.20	\$360.36	\$336.05	\$309.40	\$291.08
38	\$365.55	\$362.69	\$338.22	\$311.40	\$292.96
39	\$370.24	\$367.34	\$342.56	\$315.40	\$296.72
40	\$374.94	\$372.00	\$346.90	\$319.39	\$300.48
41	\$381.98	\$378.99	\$353.42	\$325.39	\$306.13
42	\$388.73	\$385.68	\$359.66	\$331.14	\$311.53
43	\$398.12	\$395.00	\$368.35	\$339.14	\$319.06
44	\$409.85	\$406.64	\$379.21	\$349.13	\$328.46
45	\$423.64	\$420.32	\$391.96	\$360.88	\$339.51
46	\$440.07	\$436.62	\$407.16	\$374.88	\$352.68
47	\$458.55	\$454.96	\$424.26	\$390.62	\$367.49
48	\$479.67	\$475.92	\$443.81	\$408.61	\$384.42
49	\$500.50	\$496.58	\$463.08	\$426.36	\$401.11
50	\$523.98	\$519.87	\$484.80	\$446.35	\$419.92
51	\$547.15	\$542.87	\$506.24	\$466.10	\$438.50
52	\$572.68	\$568.19	\$529.86	\$487.84	\$458.95
53	\$598.49	\$593.81	\$553.74	\$509.83	\$479.64
54	\$626.36	\$621.46	\$579.53	\$533.57	\$501.98
55	\$654.24	\$649.11	\$605.32	\$557.32	\$524.32
56	\$684.45	\$679.09	\$633.28	\$583.06	\$548.53
57	\$714.96	\$709.36	\$661.51	\$609.05	\$572.99
58	\$747.53	\$741.67	\$691.64	\$636.79	\$599.09
59	\$763.67	\$757.68	\$706.57	\$650.53	\$612.02
60	\$796.23	\$789.99	\$736.70	\$678.28	\$638.11
61	\$824.40	\$817.94	\$762.75	\$702.27	\$660.69
62	\$842.88	\$836.28	\$779.85	\$718.01	\$675.50
63	\$866.06	\$859.27	\$801.30	\$737.76	\$694.07
64+	\$880.14	\$873.24	\$814.32	\$749.76	\$705.36

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

Counties: Fresno, Kings, Madera

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 effective date	Platinum 90 HMO 0/10 + Child Dental Alt	Platinum 90 HMO 0/20 + Child Dental	Gold 80 HMO 250/35 + Child Dental	Gold 80 HMO 1000/40 + Child Dental Alt
0-14 ¹	\$329.91	\$324.18	\$293.31	\$276.98
15 ¹	\$357.99	\$351.75	\$318.13	\$300.36
16 ¹	\$368.73	\$362.30	\$327.63	\$309.29
17 ¹	\$379.47	\$372.84	\$337.12	\$318.23
18 ¹	\$391.03	\$384.19	\$347.34	\$327.86
19	\$388.60	\$381.56	\$343.58	\$323.49
20	\$400.58	\$393.32	\$354.17	\$333.46
21	\$412.97	\$405.48	\$365.12	\$343.78
22	\$412.97	\$405.48	\$365.12	\$343.78
23	\$412.97	\$405.48	\$365.12	\$343.78
24	\$412.97	\$405.48	\$365.12	\$343.78
25	\$414.62	\$407.10	\$366.58	\$345.15
26	\$422.88	\$415.21	\$373.88	\$352.03
27	\$432.79	\$424.94	\$382.65	\$360.28
28	\$448.90	\$440.76	\$396.89	\$373.69
29	\$462.11	\$453.73	\$408.57	\$384.69
30	\$468.72	\$460.22	\$414.41	\$390.19
31	\$478.63	\$469.95	\$423.17	\$398.44
32	\$488.54	\$479.68	\$431.94	\$406.69
33	\$494.74	\$485.76	\$437.41	\$411.85
34	\$501.34	\$492.25	\$443.26	\$417.35
35	\$504.65	\$495.50	\$446.18	\$420.10
36	\$507.95	\$498.74	\$449.10	\$422.85
37	\$511.26	\$501.98	\$452.02	\$425.60
38	\$514.56	\$505.23	\$454.94	\$428.35
39	\$521.17	\$511.72	\$460.78	\$433.85
40	\$527.77	\$518.20	\$466.62	\$439.35
41	\$537.69	\$527.93	\$475.39	\$447.60
42	\$547.18	\$537.26	\$483.78	\$455.50
43	\$560.40	\$550.24	\$495.47	\$466.51
44	\$576.92	\$566.46	\$510.07	\$480.26
45	\$596.33	\$585.51	\$527.23	\$496.41
46	\$619.45	\$608.22	\$547.68	\$515.67
47	\$645.47	\$633.76	\$570.68	\$537.32
48	\$675.20	\$662.96	\$596.97	\$562.08
49	\$704.53	\$691.75	\$622.89	\$586.48
50	\$737.56	\$724.19	\$652.10	\$613.99
51	\$770.19	\$756.22	\$680.95	\$641.14
52	\$806.12	\$791.50	\$712.71	\$671.05
53	\$842.46	\$827.18	\$744.84	\$701.31
54	\$881.69	\$865.70	\$779.53	\$733.96
55	\$920.92	\$904.22	\$814.22	\$766.62
56	\$963.46	\$945.98	\$851.82	\$802.03
57	\$1,006.41	\$988.15	\$889.80	\$837.79
58	\$1,052.25	\$1,033.16	\$930.33	\$875.94
59	\$1,074.96	\$1,055.46	\$950.41	\$894.85
60	\$1,120.80	\$1,100.47	\$990.94	\$933.01
61	\$1,160.44	\$1,139.40	\$1,025.99	\$966.01
62	\$1,186.46	\$1,164.94	\$1,048.99	\$987.67
63	\$1,219.09	\$1,196.98	\$1,077.83	\$1,014.83
64+	\$1,238.91	\$1,216.44	\$1,095.36	\$1,031.34

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

Counties: Ventura

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 effective date	Silver 70 HMO 1650/55 + Child Dental Alt	Silver 70 HMO 2250/55 + Child Dental	Silver 70 HDHP HMO 2500/20% + Child Dental	Bronze 60 HMO 6300/65 + Child Dental	Bronze 60 HDHP HMO 7000/0 + Child Dental
0-14 ¹	\$250.14	\$248.29	\$232.48	\$215.15	\$203.24
15 ¹	\$271.13	\$269.11	\$251.90	\$233.03	\$220.07
16 ¹	\$279.15	\$277.08	\$259.33	\$239.87	\$226.50
17 ¹	\$287.18	\$285.04	\$266.75	\$246.71	\$232.93
18 ¹	\$295.82	\$293.62	\$274.75	\$254.07	\$239.86
19	\$290.48	\$288.20	\$268.76	\$247.44	\$232.79
20	\$299.43	\$297.08	\$277.04	\$255.07	\$239.97
21	\$308.69	\$306.27	\$285.61	\$262.96	\$247.39
22	\$308.69	\$306.27	\$285.61	\$262.96	\$247.39
23	\$308.69	\$306.27	\$285.61	\$262.96	\$247.39
24	\$308.69	\$306.27	\$285.61	\$262.96	\$247.39
25	\$309.92	\$307.50	\$286.75	\$264.01	\$248.38
26	\$316.10	\$313.62	\$292.46	\$269.27	\$253.33
27	\$323.51	\$320.97	\$299.32	\$275.58	\$259.26
28	\$335.54	\$332.92	\$310.46	\$285.84	\$268.91
29	\$345.42	\$342.72	\$319.60	\$294.25	\$276.83
30	\$350.36	\$347.62	\$324.16	\$298.46	\$280.79
31	\$357.77	\$354.97	\$331.02	\$304.77	\$286.72
32	\$365.18	\$362.32	\$337.87	\$311.08	\$292.66
33	\$369.81	\$366.91	\$342.16	\$315.02	\$296.37
34	\$374.75	\$371.81	\$346.73	\$319.23	\$300.33
35	\$377.22	\$374.26	\$349.01	\$321.34	\$302.31
36	\$379.69	\$376.71	\$351.30	\$323.44	\$304.29
37	\$382.16	\$379.16	\$353.58	\$325.54	\$306.27
38	\$384.63	\$381.61	\$355.87	\$327.65	\$308.25
39	\$389.57	\$386.51	\$360.44	\$331.85	\$312.21
40	\$394.50	\$391.41	\$365.01	\$336.06	\$316.16
41	\$401.91	\$398.76	\$371.86	\$342.37	\$322.10
42	\$409.01	\$405.81	\$378.43	\$348.42	\$327.79
43	\$418.89	\$415.61	\$387.57	\$356.84	\$335.71
44	\$431.24	\$427.86	\$398.99	\$367.35	\$345.60
45	\$445.75	\$442.26	\$412.42	\$379.71	\$357.23
46	\$463.03	\$459.41	\$428.41	\$394.44	\$371.08
47	\$482.48	\$478.70	\$446.40	\$411.00	\$386.67
48	\$504.71	\$500.75	\$466.97	\$429.94	\$404.48
49	\$526.62	\$522.50	\$487.25	\$448.61	\$422.05
50	\$551.32	\$547.00	\$510.10	\$469.64	\$441.84
51	\$575.70	\$571.20	\$532.66	\$490.42	\$461.38
52	\$602.56	\$597.84	\$557.51	\$513.30	\$482.90
53	\$629.73	\$624.79	\$582.64	\$536.44	\$504.67
54	\$659.05	\$653.89	\$609.77	\$561.42	\$528.18
55	\$688.38	\$682.98	\$636.91	\$586.40	\$551.68
56	\$720.17	\$714.53	\$666.32	\$613.48	\$577.16
57	\$752.27	\$746.38	\$696.03	\$640.83	\$602.89
58	\$786.54	\$780.38	\$727.73	\$670.02	\$630.35
59	\$803.52	\$797.22	\$743.44	\$684.48	\$643.95
60	\$837.78	\$831.22	\$775.14	\$713.67	\$671.41
61	\$867.42	\$860.62	\$802.56	\$738.91	\$695.16
62	\$886.86	\$879.92	\$820.55	\$755.48	\$710.75
63	\$911.25	\$904.11	\$843.11	\$776.25	\$730.29
64+	\$926.07	\$918.81	\$856.83	\$788.88	\$742.17

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

Counties: Ventura

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 effective date	Platinum 90 HMO 0/10 + Child Dental Alt	Platinum 90 HMO 0/20 + Child Dental	Gold 80 HMO 250/35 + Child Dental	Gold 80 HMO 1000/40 + Child Dental Alt
0-14 ¹	\$314.12	\$308.67	\$279.34	\$263.83
15 ¹	\$340.79	\$334.87	\$302.93	\$286.04
16 ¹	\$350.99	\$344.88	\$311.95	\$294.53
17 ¹	\$361.19	\$354.90	\$320.96	\$303.02
18 ¹	\$372.18	\$365.68	\$330.68	\$312.17
19	\$369.17	\$362.48	\$326.40	\$307.32
20	\$380.55	\$373.65	\$336.46	\$316.79
21	\$392.32	\$385.21	\$346.86	\$326.59
22	\$392.32	\$385.21	\$346.86	\$326.59
23	\$392.32	\$385.21	\$346.86	\$326.59
24	\$392.32	\$385.21	\$346.86	\$326.59
25	\$393.89	\$386.75	\$348.25	\$327.89
26	\$401.74	\$394.45	\$355.19	\$334.43
27	\$411.15	\$403.70	\$363.51	\$342.26
28	\$426.45	\$418.72	\$377.04	\$355.00
29	\$439.01	\$431.05	\$388.14	\$365.45
30	\$445.28	\$437.21	\$393.69	\$370.68
31	\$454.70	\$446.45	\$402.02	\$378.52
32	\$464.12	\$455.70	\$410.34	\$386.35
33	\$470.00	\$461.48	\$415.54	\$391.25
34	\$476.28	\$467.64	\$421.09	\$396.48
35	\$479.42	\$470.72	\$423.87	\$399.09
36	\$482.55	\$473.80	\$426.64	\$401.70
37	\$485.69	\$476.88	\$429.42	\$404.32
38	\$488.83	\$479.97	\$432.19	\$406.93
39	\$495.11	\$486.13	\$437.74	\$412.15
40	\$501.39	\$492.29	\$443.29	\$417.38
41	\$510.80	\$501.54	\$451.62	\$425.22
42	\$519.83	\$510.40	\$459.59	\$432.73
43	\$532.38	\$522.72	\$470.69	\$443.18
44	\$548.07	\$538.13	\$484.57	\$456.24
45	\$566.51	\$556.24	\$500.87	\$471.59
46	\$588.48	\$577.81	\$520.30	\$489.88
47	\$613.20	\$602.08	\$542.15	\$510.46
48	\$641.44	\$629.81	\$567.12	\$533.97
49	\$669.30	\$657.16	\$591.75	\$557.16
50	\$700.69	\$687.98	\$619.50	\$583.29
51	\$731.68	\$718.41	\$646.90	\$609.09
52	\$765.81	\$751.92	\$677.08	\$637.50
53	\$800.33	\$785.82	\$707.60	\$666.24
54	\$837.61	\$822.41	\$740.55	\$697.27
55	\$874.88	\$859.01	\$773.51	\$728.29
56	\$915.28	\$898.69	\$809.23	\$761.93
57	\$956.09	\$938.75	\$845.31	\$795.90
58	\$999.63	\$981.50	\$883.81	\$832.15
59	\$1,021.21	\$1,002.69	\$902.89	\$850.11
60	\$1,064.76	\$1,045.45	\$941.39	\$886.36
61	\$1,102.42	\$1,082.43	\$974.69	\$917.71
62	\$1,127.14	\$1,106.70	\$996.54	\$938.29
63	\$1,158.13	\$1,137.13	\$1,023.94	\$964.09
64+	\$1,176.96	\$1,155.63	\$1,040.58	\$979.77

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

Counties (Partial):Imperial, Kern,Riverside, San Bernardino, San Diego

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

Small Business medical plan rates

Age on 2022 effective date	Silver 70 HMO 1650/55 + Child Dental Alt	Silver 70 HMO 2250/55 + Child Dental	Silver 70 HDHP HMO 2500/20% + Child Dental	Bronze 60 HMO 6300/65 + Child Dental	Bronze 60 HDHP HMO 7000/0 + Child Dental
0-14 ¹	\$238.33	\$236.57	\$221.56	\$205.10	\$193.78
15 ¹	\$258.27	\$256.36	\$240.01	\$222.08	\$209.76
16 ¹	\$265.90	\$263.92	\$247.06	\$228.58	\$215.87
17 ¹	\$273.52	\$271.49	\$254.11	\$235.07	\$221.98
18 ¹	\$281.73	\$279.63	\$261.71	\$242.07	\$228.56
19	\$275.95	\$273.79	\$255.32	\$235.07	\$221.15
20	\$284.46	\$282.23	\$263.19	\$242.32	\$227.97
21	\$293.25	\$290.96	\$271.33	\$249.81	\$235.02
22	\$293.25	\$290.96	\$271.33	\$249.81	\$235.02
23	\$293.25	\$290.96	\$271.33	\$249.81	\$235.02
24	\$293.25	\$290.96	\$271.33	\$249.81	\$235.02
25	\$294.43	\$292.12	\$272.41	\$250.81	\$235.96
26	\$300.29	\$297.94	\$277.84	\$255.81	\$240.66
27	\$307.33	\$304.92	\$284.35	\$261.80	\$246.30
28	\$318.77	\$316.27	\$294.93	\$271.54	\$255.47
29	\$328.15	\$325.58	\$303.62	\$279.54	\$262.99
30	\$332.84	\$330.24	\$307.96	\$283.54	\$266.75
31	\$339.88	\$337.22	\$314.47	\$289.53	\$272.39
32	\$346.92	\$344.20	\$320.98	\$295.53	\$278.03
33	\$351.32	\$348.57	\$325.05	\$299.27	\$281.55
34	\$356.01	\$353.22	\$329.39	\$303.27	\$285.31
35	\$358.36	\$355.55	\$331.56	\$305.27	\$287.19
36	\$360.70	\$357.88	\$333.73	\$307.27	\$289.07
37	\$363.05	\$360.21	\$335.90	\$309.27	\$290.95
38	\$365.40	\$362.53	\$338.07	\$311.26	\$292.83
39	\$370.09	\$367.19	\$342.42	\$315.26	\$296.60
40	\$374.78	\$371.84	\$346.76	\$319.26	\$300.36
41	\$381.82	\$378.83	\$353.27	\$325.25	\$306.00
42	\$388.56	\$385.52	\$359.51	\$331.00	\$311.40
43	\$397.95	\$394.83	\$368.19	\$338.99	\$318.92
44	\$409.68	\$406.47	\$379.04	\$348.99	\$328.32
45	\$423.46	\$420.14	\$391.80	\$360.73	\$339.37
46	\$439.88	\$436.44	\$406.99	\$374.72	\$352.53
47	\$458.36	\$454.77	\$424.08	\$390.45	\$367.34
48	\$479.47	\$475.72	\$443.62	\$408.44	\$384.26
49	\$500.29	\$496.37	\$462.88	\$426.18	\$400.94
50	\$523.75	\$519.65	\$484.59	\$446.16	\$419.75
51	\$546.92	\$542.64	\$506.03	\$465.90	\$438.31
52	\$572.43	\$567.95	\$529.63	\$487.63	\$458.76
53	\$598.24	\$593.55	\$553.51	\$509.61	\$479.44
54	\$626.10	\$621.19	\$579.28	\$533.35	\$501.77
55	\$653.96	\$648.83	\$605.06	\$557.08	\$524.09
56	\$684.16	\$678.80	\$633.01	\$582.81	\$548.30
57	\$714.66	\$709.06	\$661.22	\$608.79	\$572.74
58	\$747.21	\$741.36	\$691.34	\$636.52	\$598.83
59	\$763.34	\$757.36	\$706.27	\$650.26	\$611.76
60	\$795.89	\$789.66	\$736.38	\$677.99	\$637.84
61	\$824.05	\$817.59	\$762.43	\$701.97	\$660.41
62	\$842.52	\$835.92	\$779.52	\$717.71	\$675.21
63	\$865.69	\$858.91	\$800.96	\$737.44	\$693.78
64+	\$879.75	\$872.88	\$813.99	\$749.43	\$705.06

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

Counties (Partial):Imperial, Kern,Riverside, San Bernardino, San Diego

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

Small Business medical plan rates

Age on 2022 effective date	Platinum 90 HMO 0/10 + Child Dental Alt	Platinum 90 HMO 0/20 + Child Dental	Gold 80 HMO 250/35 + Child Dental	Gold 80 HMO 1000/40 + Child Dental Alt
0-14 ¹	\$305.37	\$300.09	\$271.61	\$256.55
15 ¹	\$331.27	\$325.52	\$294.51	\$278.11
16 ¹	\$341.18	\$335.24	\$303.27	\$286.36
17 ¹	\$351.08	\$344.97	\$312.02	\$294.60
18 ¹	\$361.75	\$355.44	\$321.45	\$303.48
19	\$358.42	\$351.92	\$316.89	\$298.37
20	\$369.47	\$362.77	\$326.66	\$307.56
21	\$380.89	\$373.99	\$336.76	\$317.08
22	\$380.89	\$373.99	\$336.76	\$317.08
23	\$380.89	\$373.99	\$336.76	\$317.08
24	\$380.89	\$373.99	\$336.76	\$317.08
25	\$382.42	\$375.48	\$338.11	\$318.34
26	\$390.04	\$382.96	\$344.84	\$324.69
27	\$399.18	\$391.94	\$352.93	\$332.30
28	\$414.03	\$406.52	\$366.06	\$344.66
29	\$426.22	\$418.49	\$376.84	\$354.81
30	\$432.31	\$424.47	\$382.22	\$359.88
31	\$441.46	\$433.45	\$390.31	\$367.49
32	\$450.60	\$442.43	\$398.39	\$375.10
33	\$456.31	\$448.04	\$403.44	\$379.86
34	\$462.41	\$454.02	\$408.83	\$384.93
35	\$465.45	\$457.01	\$411.52	\$387.47
36	\$468.50	\$460.00	\$414.22	\$390.00
37	\$471.55	\$462.99	\$416.91	\$392.54
38	\$474.59	\$465.99	\$419.60	\$395.08
39	\$480.69	\$471.97	\$424.99	\$400.15
40	\$486.78	\$477.95	\$430.38	\$405.22
41	\$495.92	\$486.93	\$438.46	\$412.83
42	\$504.68	\$495.53	\$446.21	\$420.13
43	\$516.87	\$507.50	\$456.98	\$430.27
44	\$532.11	\$522.46	\$470.46	\$442.96
45	\$550.01	\$540.04	\$486.28	\$457.86
46	\$571.34	\$560.98	\$505.14	\$475.61
47	\$595.34	\$584.54	\$526.36	\$495.59
48	\$622.76	\$611.47	\$550.60	\$518.42
49	\$649.81	\$638.02	\$574.51	\$540.93
50	\$680.28	\$667.94	\$601.46	\$566.30
51	\$710.37	\$697.48	\$628.06	\$591.35
52	\$743.51	\$730.02	\$657.36	\$618.93
53	\$777.02	\$762.93	\$686.99	\$646.84
54	\$813.21	\$798.46	\$718.98	\$676.96
55	\$849.39	\$833.99	\$750.98	\$707.08
56	\$888.63	\$872.51	\$785.66	\$739.74
57	\$928.24	\$911.40	\$820.69	\$772.71
58	\$970.52	\$952.92	\$858.07	\$807.91
59	\$991.47	\$973.49	\$876.59	\$825.35
60	\$1,033.75	\$1,015.00	\$913.97	\$860.54
61	\$1,070.31	\$1,050.90	\$946.30	\$890.98
62	\$1,094.31	\$1,074.46	\$967.51	\$910.96
63	\$1,124.40	\$1,104.01	\$994.12	\$936.01
64+	\$1,142.67	\$1,121.97	\$1,010.28	\$951.24

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

Counties (Partial): Los Angeles

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 effective date	Silver 70 HMO 1650/55 + Child Dental Alt	Silver 70 HMO 2250/55 + Child Dental	Silver 70 HDHP HMO 2500/20% + Child Dental	Bronze 60 HMO 6300/65 + Child Dental	Bronze 60 HDHP HMO 7000/0 + Child Dental
0-14 ¹	\$231.80	\$230.09	\$215.51	\$199.53	\$188.54
15'	\$251.16	\$249.30	\$233.42	\$216.02	\$204.06
16'	\$258.56	\$256.64	\$240.27	\$222.33	\$209.99
17'	\$265.96	\$263.99	\$247.12	\$228.63	\$215.92
18'	\$273.93	\$271.90	\$254.50	\$235.42	\$222.31
19	\$267.92	\$265.82	\$247.88	\$228.23	\$214.71
20	\$276.17	\$274.01	\$255.52	\$235.26	\$221.33
21	\$284.71	\$282.48	\$263.42	\$242.53	\$228.17
22	\$284.71	\$282.48	\$263.42	\$242.53	\$228.17
23	\$284.71	\$282.48	\$263.42	\$242.53	\$228.17
24	\$284.71	\$282.48	\$263.42	\$242.53	\$228.17
25	\$285.85	\$283.61	\$264.48	\$243.51	\$229.09
26	\$291.55	\$289.26	\$269.75	\$248.36	\$233.65
27	\$298.38	\$296.04	\$276.07	\$254.18	\$239.13
28	\$309.48	\$307.06	\$286.34	\$263.64	\$248.03
29	\$318.59	\$316.10	\$294.77	\$271.40	\$255.33
30	\$323.15	\$320.62	\$298.99	\$275.28	\$258.98
31	\$329.98	\$327.40	\$305.31	\$281.10	\$264.45
32	\$336.82	\$334.18	\$311.63	\$286.92	\$269.93
33	\$341.09	\$338.41	\$315.58	\$290.56	\$273.35
34	\$345.64	\$342.93	\$319.80	\$294.44	\$277.00
35	\$347.92	\$345.19	\$321.90	\$296.38	\$278.83
36	\$350.20	\$347.45	\$324.01	\$298.32	\$280.65
37	\$352.47	\$349.71	\$326.12	\$300.26	\$282.48
38	\$354.75	\$351.97	\$328.23	\$302.20	\$284.31
39	\$359.31	\$356.49	\$332.44	\$306.08	\$287.96
40	\$363.86	\$361.01	\$336.66	\$309.96	\$291.61
41	\$370.70	\$367.79	\$342.98	\$315.78	\$297.08
42	\$377.24	\$374.29	\$349.04	\$321.36	\$302.33
43	\$386.36	\$383.33	\$357.47	\$329.12	\$309.63
44	\$397.74	\$394.63	\$368.00	\$338.82	\$318.76
45	\$411.13	\$407.91	\$380.39	\$350.22	\$329.48
46	\$427.07	\$423.72	\$395.14	\$363.80	\$342.26
47	\$445.01	\$441.52	\$411.73	\$379.08	\$356.64
48	\$465.51	\$461.86	\$430.70	\$396.54	\$373.07
49	\$485.72	\$481.92	\$449.40	\$413.76	\$389.27
50	\$508.50	\$504.51	\$470.48	\$433.17	\$407.52
51	\$530.99	\$526.83	\$491.29	\$452.33	\$425.55
52	\$555.76	\$551.41	\$514.20	\$473.43	\$445.40
53	\$580.81	\$576.27	\$537.39	\$494.77	\$465.48
54	\$607.86	\$603.10	\$562.41	\$517.81	\$487.15
55	\$634.91	\$629.94	\$587.44	\$540.85	\$508.83
56	\$664.24	\$659.03	\$614.57	\$565.83	\$532.33
57	\$693.85	\$688.41	\$641.97	\$591.06	\$556.06
58	\$725.45	\$719.77	\$671.21	\$617.98	\$581.39
59	\$741.11	\$735.30	\$685.69	\$631.32	\$593.94
60	\$772.71	\$766.66	\$714.93	\$658.24	\$619.27
61	\$800.04	\$793.78	\$740.22	\$681.52	\$641.17
62	\$817.98	\$811.57	\$756.82	\$696.80	\$655.55
63	\$840.47	\$833.89	\$777.63	\$715.96	\$673.57
64+	\$854.13	\$847.44	\$790.26	\$727.59	\$684.51

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

Counties (Partial): Los Angeles

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 effective date	Platinum 90 HMO 0/10 + Child Dental Alt	Platinum 90 HMO 0/20 + Child Dental	Gold 80 HMO 250/35 + Child Dental	Gold 80 HMO 1000/40 + Child Dental Alt
0-14 ¹	\$319.94	\$314.39	\$284.49	\$268.68
15'	\$347.14	\$341.10	\$308.54	\$291.32
16'	\$357.54	\$351.31	\$317.73	\$299.98
17'	\$367.94	\$361.52	\$326.93	\$308.63
18'	\$379.13	\$372.51	\$336.83	\$317.95
19	\$376.34	\$369.52	\$332.74	\$313.29
20	\$387.94	\$380.90	\$342.99	\$322.94
21	\$399.94	\$392.69	\$353.60	\$332.93
22	\$399.94	\$392.69	\$353.60	\$332.93
23	\$399.94	\$392.69	\$353.60	\$332.93
24	\$399.94	\$392.69	\$353.60	\$332.93
25	\$401.54	\$394.26	\$355.01	\$334.26
26	\$409.54	\$402.11	\$362.09	\$340.92
27	\$419.14	\$411.53	\$370.57	\$348.91
28	\$434.73	\$426.85	\$384.36	\$361.89
29	\$447.53	\$439.42	\$395.68	\$372.55
30	\$453.93	\$445.70	\$401.33	\$377.88
31	\$463.53	\$455.12	\$409.82	\$385.87
32	\$473.13	\$464.55	\$418.31	\$393.86
33	\$479.13	\$470.44	\$423.61	\$398.85
34	\$485.53	\$476.72	\$429.27	\$404.18
35	\$488.73	\$479.86	\$432.10	\$406.84
36	\$491.92	\$483.00	\$434.93	\$409.50
37	\$495.12	\$486.14	\$437.76	\$412.17
38	\$498.32	\$489.29	\$440.58	\$414.83
39	\$504.72	\$495.57	\$446.24	\$420.16
40	\$511.12	\$501.85	\$451.90	\$425.48
41	\$520.72	\$511.28	\$460.39	\$433.47
42	\$529.92	\$520.31	\$468.52	\$441.13
43	\$542.72	\$532.87	\$479.83	\$451.79
44	\$558.71	\$548.58	\$493.98	\$465.10
45	\$577.51	\$567.04	\$510.60	\$480.75
46	\$599.91	\$589.03	\$530.40	\$499.39
47	\$625.10	\$613.77	\$552.68	\$520.37
48	\$653.90	\$642.04	\$578.13	\$544.34
49	\$682.30	\$669.92	\$603.24	\$567.98
50	\$714.29	\$701.34	\$631.53	\$594.61
51	\$745.89	\$732.36	\$659.46	\$620.91
52	\$780.68	\$766.52	\$690.23	\$649.88
53	\$815.88	\$801.08	\$721.34	\$679.18
54	\$853.87	\$838.38	\$754.93	\$710.81
55	\$891.86	\$875.69	\$788.53	\$742.43
56	\$933.06	\$916.14	\$824.95	\$776.73
57	\$974.65	\$956.97	\$861.72	\$811.35
58	\$1,019.04	\$1,000.56	\$900.97	\$848.31
59	\$1,041.04	\$1,022.16	\$920.42	\$866.62
60	\$1,085.43	\$1,065.75	\$959.67	\$903.57
61	\$1,123.83	\$1,103.45	\$993.61	\$935.53
62	\$1,149.02	\$1,128.19	\$1,015.89	\$956.51
63	\$1,180.62	\$1,159.21	\$1,043.82	\$982.81
64+	\$1,199.82	\$1,178.07	\$1,060.80	\$998.79

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

Counties: (Partial): Los Angeles

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 effective date	Silver 70 HMO 1650/55 + Child Dental Alt	Silver 70 HMO 2250/55 + Child Dental	Silver 70 HDHP HMO 2500/20% + Child Dental	Bronze 60 HMO 6300/65 + Child Dental	Bronze 60 HDHP HMO 7000/0 + Child Dental
0-14 ¹	\$242.69	\$240.89	\$225.59	\$208.81	\$197.27
15 ¹	\$263.01	\$261.06	\$244.39	\$226.12	\$213.56
16 ¹	\$270.79	\$268.78	\$251.59	\$232.74	\$219.79
17 ¹	\$278.56	\$276.49	\$258.78	\$239.37	\$226.02
18 ¹	\$286.93	\$284.79	\$266.52	\$246.50	\$232.73
19	\$281.31	\$279.11	\$260.28	\$239.64	\$225.45
20	\$289.98	\$287.71	\$268.30	\$247.02	\$232.40
21	\$298.95	\$296.61	\$276.60	\$254.66	\$239.58
22	\$298.95	\$296.61	\$276.60	\$254.66	\$239.58
23	\$298.95	\$296.61	\$276.60	\$254.66	\$239.58
24	\$298.95	\$296.61	\$276.60	\$254.66	\$239.58
25	\$300.14	\$297.79	\$277.70	\$255.68	\$240.54
26	\$306.12	\$303.73	\$283.23	\$260.77	\$245.33
27	\$313.30	\$310.84	\$289.87	\$266.89	\$251.08
28	\$324.96	\$322.41	\$300.66	\$276.82	\$260.43
29	\$334.52	\$331.90	\$309.51	\$284.97	\$268.09
30	\$339.31	\$336.65	\$313.94	\$289.04	\$271.93
31	\$346.48	\$343.77	\$320.57	\$295.15	\$277.68
32	\$353.66	\$350.89	\$327.21	\$301.26	\$283.43
33	\$358.14	\$355.34	\$331.36	\$305.08	\$287.02
34	\$362.92	\$360.08	\$335.79	\$309.16	\$290.85
35	\$365.32	\$362.45	\$338.00	\$311.20	\$292.77
36	\$367.71	\$364.83	\$340.21	\$313.23	\$294.69
37	\$370.10	\$367.20	\$342.43	\$315.27	\$296.60
38	\$372.49	\$369.57	\$344.64	\$317.31	\$298.52
39	\$377.27	\$374.32	\$349.06	\$321.38	\$302.35
40	\$382.06	\$379.06	\$353.49	\$325.46	\$306.19
41	\$389.23	\$386.18	\$360.13	\$331.57	\$311.94
42	\$396.11	\$393.00	\$366.49	\$337.43	\$317.45
43	\$405.67	\$402.50	\$375.34	\$345.58	\$325.11
44	\$417.63	\$414.36	\$386.40	\$355.76	\$334.70
45	\$431.68	\$428.30	\$399.40	\$367.73	\$345.96
46	\$448.42	\$444.91	\$414.89	\$381.99	\$359.38
47	\$467.26	\$463.60	\$432.32	\$398.04	\$374.47
48	\$488.78	\$484.95	\$452.23	\$416.37	\$391.72
49	\$510.01	\$506.01	\$471.87	\$434.45	\$408.73
50	\$533.92	\$529.74	\$494.00	\$454.83	\$427.90
51	\$557.54	\$553.17	\$515.85	\$474.94	\$446.82
52	\$583.55	\$578.98	\$539.92	\$497.10	\$467.67
53	\$609.86	\$605.08	\$564.26	\$519.51	\$488.75
54	\$638.26	\$633.26	\$590.53	\$543.70	\$511.51
55	\$666.66	\$661.43	\$616.81	\$567.90	\$534.27
56	\$697.45	\$691.98	\$645.30	\$594.13	\$558.95
57	\$728.54	\$722.83	\$674.06	\$620.61	\$583.86
58	\$761.72	\$755.75	\$704.77	\$648.88	\$610.46
59	\$778.16	\$772.07	\$719.98	\$662.88	\$623.64
60	\$811.35	\$804.99	\$750.68	\$691.15	\$650.23
61	\$840.05	\$833.47	\$777.23	\$715.60	\$673.23
62	\$858.88	\$852.15	\$794.66	\$731.64	\$688.32
63	\$882.50	\$875.58	\$816.51	\$751.76	\$707.25
64+	\$896.85	\$889.83	\$829.80	\$763.98	\$718.74

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

Counties: (Partial): Los Angeles

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 effective date	Platinum 90 HMO 0/10 + Child Dental Alt	Platinum 90 HMO 0/20 + Child Dental	Gold 80 HMO 250/35 + Child Dental	Gold 80 HMO 1000/40 + Child Dental Alt
0-14 ¹	\$320.56	\$315.00	\$285.04	\$269.20
15 ¹	\$347.81	\$341.76	\$309.13	\$291.88
16 ¹	\$358.23	\$351.99	\$318.35	\$300.56
17 ¹	\$368.65	\$362.22	\$327.56	\$309.23
18 ¹	\$379.87	\$373.24	\$337.48	\$318.57
19	\$377.10	\$370.27	\$333.41	\$313.92
20	\$388.73	\$381.68	\$343.69	\$323.60
21	\$400.75	\$393.48	\$354.31	\$333.60
22	\$400.75	\$393.48	\$354.31	\$333.60
23	\$400.75	\$393.48	\$354.31	\$333.60
24	\$400.75	\$393.48	\$354.31	\$333.60
25	\$402.35	\$395.05	\$355.73	\$334.94
26	\$410.37	\$402.92	\$362.82	\$341.61
27	\$419.98	\$412.37	\$371.32	\$349.62
28	\$435.61	\$427.71	\$385.14	\$362.63
29	\$448.44	\$440.30	\$396.48	\$373.30
30	\$454.85	\$446.60	\$402.15	\$378.64
31	\$464.47	\$456.04	\$410.65	\$386.65
32	\$474.09	\$465.49	\$419.15	\$394.65
33	\$480.10	\$471.39	\$424.47	\$399.66
34	\$486.51	\$477.69	\$430.14	\$405.00
35	\$489.71	\$480.83	\$432.97	\$407.66
36	\$492.92	\$483.98	\$435.81	\$410.33
37	\$496.13	\$487.13	\$438.64	\$413.00
38	\$499.33	\$490.28	\$441.48	\$415.67
39	\$505.74	\$496.57	\$447.15	\$421.01
40	\$512.16	\$502.87	\$452.81	\$426.35
41	\$521.77	\$512.31	\$461.32	\$434.35
42	\$530.99	\$521.36	\$469.47	\$442.03
43	\$543.82	\$533.95	\$480.81	\$452.70
44	\$559.85	\$549.69	\$494.98	\$466.04
45	\$578.68	\$568.19	\$511.63	\$481.72
46	\$601.12	\$590.22	\$531.47	\$500.41
47	\$626.37	\$615.01	\$553.79	\$521.42
48	\$655.22	\$643.34	\$579.30	\$545.44
49	\$683.68	\$671.28	\$604.46	\$569.13
50	\$715.74	\$702.76	\$632.81	\$595.82
51	\$747.40	\$733.84	\$660.80	\$622.17
52	\$782.26	\$768.07	\$691.62	\$651.19
53	\$817.53	\$802.70	\$722.80	\$680.55
54	\$855.60	\$840.08	\$756.46	\$712.24
55	\$893.67	\$877.46	\$790.12	\$743.94
56	\$934.95	\$917.99	\$826.62	\$778.30
57	\$976.62	\$958.91	\$863.47	\$812.99
58	\$1,021.11	\$1,002.59	\$902.79	\$850.02
59	\$1,043.15	\$1,024.23	\$922.28	\$868.37
60	\$1,087.63	\$1,067.91	\$961.61	\$905.40
61	\$1,126.10	\$1,105.68	\$995.62	\$937.43
62	\$1,151.35	\$1,130.47	\$1,017.95	\$958.44
63	\$1,183.01	\$1,161.55	\$1,045.94	\$984.80
64+	\$1,202.25	\$1,180.44	\$1,062.93	\$1,000.80

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

Counties (Partial): Orange

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 effective date	Silver 70 HMO 1650/55 + Child Dental Alt	Silver 70 HMO 2250/55 + Child Dental	Silver 70 HDHP HMO 2500/20% + Child Dental	Bronze 60 HMO 6300/65 + Child Dental	Bronze 60 HDHP HMO 7000/0 + Child Dental
0-14 ¹	\$243.15	\$241.35	\$226.01	\$209.20	\$197.64
15 ¹	\$263.52	\$261.56	\$244.86	\$226.55	\$213.97
16 ¹	\$271.31	\$269.29	\$252.07	\$233.19	\$220.21
17 ¹	\$279.10	\$277.02	\$259.27	\$239.82	\$226.45
18 ¹	\$287.48	\$285.34	\$267.03	\$246.97	\$233.17
19	\$281.88	\$279.67	\$260.80	\$240.12	\$225.90
20	\$290.57	\$288.29	\$268.84	\$247.52	\$232.87
21	\$299.55	\$297.21	\$277.16	\$255.18	\$240.07
22	\$299.55	\$297.21	\$277.16	\$255.18	\$240.07
23	\$299.55	\$297.21	\$277.16	\$255.18	\$240.07
24	\$299.55	\$297.21	\$277.16	\$255.18	\$240.07
25	\$300.75	\$298.40	\$278.26	\$256.20	\$241.03
26	\$306.74	\$304.34	\$283.81	\$261.30	\$245.83
27	\$313.93	\$311.47	\$290.46	\$267.43	\$251.59
28	\$325.62	\$323.06	\$301.27	\$277.38	\$260.95
29	\$335.20	\$332.58	\$310.14	\$285.54	\$268.64
30	\$339.99	\$337.33	\$314.57	\$289.63	\$272.48
31	\$347.18	\$344.46	\$321.22	\$295.75	\$278.24
32	\$354.37	\$351.60	\$327.88	\$301.87	\$284.00
33	\$358.87	\$356.05	\$332.03	\$305.70	\$287.60
34	\$363.66	\$360.81	\$336.47	\$309.79	\$291.44
35	\$366.05	\$363.19	\$338.68	\$311.83	\$293.36
36	\$368.45	\$365.57	\$340.90	\$313.87	\$295.28
37	\$370.85	\$367.94	\$343.12	\$315.91	\$297.20
38	\$373.24	\$370.32	\$345.34	\$317.95	\$299.13
39	\$378.04	\$375.08	\$349.77	\$322.03	\$302.97
40	\$382.83	\$379.83	\$354.21	\$326.12	\$306.81
41	\$390.02	\$386.96	\$360.86	\$332.24	\$312.57
42	\$396.91	\$393.80	\$367.23	\$338.11	\$318.09
43	\$406.49	\$403.31	\$376.10	\$346.28	\$325.77
44	\$418.48	\$415.20	\$387.19	\$356.48	\$335.38
45	\$432.56	\$429.17	\$400.21	\$368.48	\$346.66
46	\$449.33	\$445.81	\$415.73	\$382.77	\$360.10
47	\$468.20	\$464.54	\$433.19	\$398.84	\$375.23
48	\$489.77	\$485.93	\$453.15	\$417.21	\$392.51
49	\$511.04	\$507.04	\$472.83	\$435.33	\$409.56
50	\$535.00	\$530.81	\$495.00	\$455.75	\$428.76
51	\$558.67	\$554.29	\$516.90	\$475.91	\$447.73
52	\$584.73	\$580.15	\$541.01	\$498.11	\$468.61
53	\$611.09	\$606.30	\$565.40	\$520.56	\$489.74
54	\$639.55	\$634.54	\$591.73	\$544.80	\$512.55
55	\$668.01	\$662.77	\$618.06	\$569.05	\$535.35
56	\$698.86	\$693.38	\$646.60	\$595.33	\$560.08
57	\$730.01	\$724.29	\$675.43	\$621.87	\$585.05
58	\$763.26	\$757.28	\$706.19	\$650.19	\$611.69
59	\$779.74	\$773.63	\$721.44	\$664.23	\$624.90
60	\$812.99	\$806.62	\$752.20	\$692.55	\$651.55
61	\$841.75	\$835.15	\$778.81	\$717.05	\$674.59
62	\$860.62	\$853.88	\$796.27	\$733.12	\$689.72
63	\$884.28	\$877.36	\$818.16	\$753.28	\$708.68
64+	\$898.65	\$891.63	\$831.48	\$765.54	\$720.21

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

Counties (Partial): Orange

Note: Some counties only cover certain zip codes



A low-cost, high-satisfaction health plan for local business.

Rate Regions

Rate Region	County	Zip Codes
Region Code 01	Colusa	Partial coverage - 95912
Region Code 01	Humboldt	Partial coverage - 95501, 95502, 95503, 95518, 95519, 95521, 95524, 95525, 95526, 95528, 95534, 95536, 95537, 95540, 95546, 95547, 95549, 95550, 95551, 95562, 95564, 95565, 95570, 95571, 95573
Region Code 02	Marin	All Zip Codes
Region Code 02	Napa	All Zip Codes
Region Code 02	Solano	All Zip Codes
Region Code 02	Sonoma	All Zip Codes
Region Code 03	El Dorado	Partial coverage - 95613, 95614, 95619, 95623, 95633, 95634, 95635, 95636, 95651, 95656, 95664, 95667, 95672, 95682, 95684, 95709, 95726, 95762
Region Code 03	Placer	Partial coverage - 95602, 95603, 95604, 95626, 95631, 95648, 95650, 95658, 95661, 95663, 95668, 95677, 95678, 95681, 95703, 95713, 95722, 95736, 95746, 95747, 95765
Region Code 03	Sacramento	Partial coverage - 95501, 95502, 95503, 95518, 95519, 95521, 95524, 95525, 95526, 95528, 95534, 95536, 95537, 95540, 95546, 95547, 95549, 95550, 95551, 95562, 95564, 95565, 95570, 95571, 95573
Region Code 03	Yolo	All Zip Codes
Region Code 03	Yolo	All Zip Codes

Monthly Rates for Small Group

REGION 1 — Renewal Date: 12/1/2022

Age	GATEWAY 30 Platinum 90 HMO	GATEWAY 70 Platinum 90 HMO	GATEWAY 4010 Gold 80 HMO	GATEWAY 5020 Silver 70 HMO	GATEWAY 2400 Gold 80 HDHP HMO	GATEWAY 7000 Bronze 60 HDHP HMO
0-14	329.76	313.26	284.87	246.95	273.86	240.54
15	359.07	341.11	310.20	268.90	298.21	261.93
16	370.28	351.76	319.88	277.29	307.52	270.10
17	381.49	362.40	329.56	285.69	316.82	278.28
18	393.56	373.87	339.99	294.73	326.85	287.08
19	405.63	385.33	350.41	303.77	336.87	295.89
20	418.13	397.21	361.21	313.13	347.25	305.00
21-24	431.06	409.49	372.38	322.81	357.99	314.44
25	432.78	411.13	373.87	324.10	359.42	315.69
26	441.40	419.32	381.32	330.56	366.58	321.98
27	451.75	429.15	390.26	338.31	375.18	329.53
28	468.56	445.12	404.78	350.90	389.14	341.79
29	482.35	458.22	416.70	361.23	400.59	351.86
30	489.25	464.78	422.66	366.39	406.32	356.89
31	499.60	474.60	431.59	374.14	414.91	364.43
32	509.94	484.43	440.53	381.89	423.50	371.98
33	516.41	490.57	446.12	386.73	428.87	376.70
34	523.30	497.13	452.07	391.89	434.60	381.73
35	526.75	500.40	455.05	394.47	437.47	384.24
36	530.20	503.68	458.03	397.06	440.33	386.76
37	533.65	506.95	461.01	399.64	443.19	389.27
38	537.10	510.23	463.99	402.22	446.06	391.79
39	543.99	516.78	469.95	407.39	451.79	396.82
40	550.89	523.33	475.91	412.55	457.51	401.85
41	561.24	533.16	484.84	420.30	466.11	409.40
42	571.15	542.58	493.41	427.72	474.34	416.63
43	584.95	555.68	505.32	438.05	485.80	426.69
44	602.19	572.06	520.22	450.97	500.12	439.27
45	622.45	591.31	537.72	466.14	516.94	454.05
46	646.59	614.24	558.58	484.22	536.99	471.66
47	673.74	640.04	582.04	504.55	559.54	491.47
48	704.78	669.52	608.85	527.80	585.32	514.10
49	735.38	698.60	635.29	550.72	610.73	536.43
50	769.87	731.36	665.08	576.54	639.37	561.58
51	803.92	763.71	694.50	602.04	667.66	586.43
52	841.42	799.33	726.89	630.13	698.80	613.78
53	879.36	835.37	759.66	658.53	730.30	641.45
54	920.31	874.27	795.04	689.20	764.31	671.32
55	961.26	913.17	830.42	719.87	798.32	701.19
56	1,005.66	955.35	868.77	753.12	835.20	733.58
57	1,050.49	997.94	907.50	786.69	872.43	766.28
58	1,098.33	1,043.39	948.83	822.52	912.16	801.19
59	1,122.04	1,065.91	969.31	840.28	931.85	818.48
60	1,169.89	1,111.37	1,010.65	876.11	971.59	853.38
61	1,211.27	1,150.68	1,046.40	907.10	1,005.96	883.57
62	1,238.43	1,176.48	1,069.86	927.44	1,028.51	903.38
63	1,272.48	1,208.83	1,099.28	952.94	1,056.79	928.22
64+	1,293.17	1,228.48	1,117.15	968.43	1,073.98	943.31
• Region 1 includes the following counties: parts of Colusa and parts of Humboldt.						
• 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.						

Monthly Rates for Small Group

REGION 2 — Renewal Date: 12/1/2022

Age	GATEWAY 30 Platinum 90 HMO	GATEWAY 70 Platinum 90 HMO	GATEWAY 4010 Gold 80 HMO	GATEWAY 5020 Silver 70 HMO	GATEWAY 2400 Gold 80 HDHP HMO	GATEWAY 7000 Bronze 60 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.						

Monthly Rates for Small Group

REGION 3 — Renewal Date: 12/1/2022

Age	GATEWAY 30 Platinum 90 HMO	GATEWAY 70 Platinum 90 HMO	GATEWAY 4010 Gold 80 HMO	GATEWAY 5020 Silver 70 HMO	GATEWAY 2400 Gold 80 HDHP HMO	GATEWAY 7000 Bronze 60 HDHP HMO
0-14	281.79	267.70	243.44	211.03	234.03	205.56
15	306.84	291.49	265.08	229.79	254.83	223.83
16	316.42	300.59	273.35	236.96	262.79	230.81
17	326.00	309.69	281.62	244.13	270.74	237.80
18	336.31	319.49	290.53	251.86	279.31	245.32
19	346.63	329.29	299.44	259.58	287.87	252.85
20	357.31	339.43	308.67	267.58	296.74	260.64
21-24	368.36	349.93	318.22	275.86	305.92	268.70
25	369.83	351.33	319.49	276.96	307.14	269.78
26	377.20	358.33	325.86	282.48	313.26	275.15
27	386.04	366.73	333.49	289.10	320.60	281.60
28	400.41	380.37	345.90	299.86	332.54	292.08
29	412.19	391.57	356.09	308.68	342.33	300.68
30	418.09	397.17	361.18	313.10	347.22	304.98
31	426.93	405.57	368.82	319.72	354.56	311.42
32	435.77	413.97	376.45	326.34	361.90	317.87
33	441.29	419.22	381.23	330.48	366.49	321.90
34	447.19	424.82	386.32	334.89	371.39	326.20
35	450.13	427.62	388.86	337.10	373.84	328.35
36	453.08	430.42	391.41	339.30	376.28	330.50
37	456.03	433.21	393.95	341.51	378.73	332.65
38	458.97	436.01	396.50	343.72	381.18	334.80
39	464.87	441.61	401.59	348.13	386.07	339.10
40	470.76	447.21	406.68	352.54	390.97	343.40
41	479.60	455.61	414.32	359.17	398.31	349.85
42	488.07	463.66	421.64	365.51	405.34	356.03
43	499.86	474.86	431.82	374.34	415.13	364.63
44	514.60	488.85	444.55	385.37	427.37	375.38
45	531.91	505.30	459.51	398.34	441.75	388.00
46	552.54	524.90	477.33	413.78	458.88	403.05
47	575.74	546.94	497.38	431.16	478.15	419.98
48	602.27	572.14	520.29	451.03	500.18	439.33
49	628.42	596.98	542.88	470.61	521.90	458.40
50	657.89	624.98	568.34	492.68	546.37	479.90
51	686.99	652.62	593.48	514.47	570.54	501.13
52	719.04	683.07	621.16	538.47	597.16	524.50
53	751.45	713.86	649.17	562.75	624.08	548.15
54	786.44	747.10	679.40	588.95	653.14	573.68
55	821.44	780.35	709.63	615.16	682.20	599.20
56	859.38	816.39	742.40	643.57	713.71	626.88
57	897.69	852.78	775.50	672.26	745.53	654.82
58	938.58	891.62	810.82	702.88	779.49	684.65
59	958.84	910.87	828.32	718.05	796.31	699.43
60	999.72	949.71	863.65	748.67	830.27	729.25
61	1,035.09	983.31	894.19	775.16	859.64	755.05
62	1,058.29	1,005.35	914.24	792.54	878.91	771.98
63	1,087.39	1,033.00	939.38	814.33	903.08	793.20
64+	1,105.07	1,049.79	954.66	827.57	917.76	806.10
• Region 3 includes the following counties: Sacramento, Yolo and parts of El Dorado and Placer.						
• 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.						



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