

Attachment A

**Monthly Premiums for Contracting Agencies Bay Area Region**  
**Alameda, Amador, Contra Costa, Marin, Napa, Nevada, San Francisco, San Joaquin, San Mateo,**  
**Santa Clara, Santa Cruz, Solano, Sonoma, Sutter, Yuba**

**Effective Date: 1/1/2015 - 12/31/2015**

| Basic Monthly Rate (B) |                                     |               |            |                       |            |                         |            |
|------------------------|-------------------------------------|---------------|------------|-----------------------|------------|-------------------------|------------|
| PLAN                   | If you are <input type="checkbox"/> | Employee Only | Party Code | Employee &1 Dependent | Party Code | Employee &2+ Dependents | Party Code |
| Anthem Select HMO      |                                     | \$662.41      | 1          | \$1,324.82            | 2          | \$1,722.27              | 3          |
| Anthem Traditional HMO |                                     | 827.57        | 1          | 1,655.14              | 2          | 2,151.68                | 3          |
| Blue Shield Access+    |                                     | 928.87        | 1          | 1,857.74              | 2          | 2,415.06                | 3          |
| Blue Shield NetValue   |                                     | 870.60        | 1          | 1,741.20              | 2          | 2,263.56                | 3          |
| Kaiser (CA)            |                                     | 714.45        | 1          | 1,428.90              | 2          | 1,857.57                | 3          |
| PERS Choice            |                                     | 700.84        | 1          | 1,401.68              | 2          | 1,822.18                | 3          |
| PERS Select            |                                     | 690.43        | 1          | 1,380.86              | 2          | 1,795.12                | 3          |
| PERSCare               |                                     | 775.08        | 1          | 1,550.16              | 2          | 2,015.21                | 3          |
| PORAC                  |                                     | 675.00        | 1          | 1,292.00              | 2          | 1,642.00                | 3          |
| UnitedHealthcare       |                                     | 850.67        | 1          | 1,701.34              | 2          | 2,211.74                | 3          |

## Supplement/Managed Medicare Monthly Rate (SM)

| PLAN                      | If you are <input type="checkbox"/> | Employee Only | Party Code | Employee &1 Dependent | Party Code | Employee &2+ Dependents | Party Code |
|---------------------------|-------------------------------------|---------------|------------|-----------------------|------------|-------------------------|------------|
| Anthem Medicare Preferred |                                     | \$445.38      | 1          | \$890.76              | 2          | \$1,336.14              | 3          |
| Blue Shield 65+           |                                     | 352.63        | 1          | 705.26                | 2          | 1,057.89                | 3          |
| Blue Shield Med Supp      |                                     | 352.63        | 1          | 705.26                | 2          | 1,057.89                | 3          |
| Kaiser (CA)               |                                     | 295.51        | 1          | 591.02                | 2          | 886.53                  | 3          |
| PERS Choice               |                                     | 339.47        | 1          | 678.94                | 2          | 1,018.41                | 3          |
| PERS Select               |                                     | 339.47        | 1          | 678.94                | 2          | 1,018.41                | 3          |
| PERSCare                  |                                     | 368.76        | 1          | 737.52                | 2          | 1,106.28                | 3          |
| PORAC                     |                                     | 402.00        | 1          | 802.00                | 2          | 1,281.00                | 3          |
| UnitedHealthcare          |                                     | 267.41        | 1          | 534.82                | 2          | 802.23                  | 3          |

## Combination Monthly Rate

| PLAN                                               | If you are <input type="checkbox"/> | Employee in SM1<br>Dependent in B | Party<br>Code | Employee in<br>SM2+<br>Dependents in B | Party<br>Code | Employee &1<br>Dependent in<br>SM1+<br>Dependents in B | Party<br>Code |
|----------------------------------------------------|-------------------------------------|-----------------------------------|---------------|----------------------------------------|---------------|--------------------------------------------------------|---------------|
| <b>Anthem Select &amp; Medicare Preferred</b>      |                                     | \$1,107.79                        | 4             | \$1,505.24                             | 5             | \$1,288.21                                             | 6             |
| <b>Anthem Traditional &amp; Medicare Preferred</b> |                                     | 1,272.95                          | 4             | 1,769.49                               | 5             | 1,387.30                                               | 6             |
| <b>Blue Shield Access+ &amp; 65 Plus</b>           |                                     | 1,281.50                          | 4             | 1,838.82                               | 5             | 1,262.58                                               | 6             |
| <b>Blue Shield Access+ &amp; Med Supp</b>          |                                     | 1,281.50                          | 4             | 1,838.82                               | 5             | 1,262.58                                               | 6             |
| <b>Blue Shield NetValue &amp; 65 Plus</b>          |                                     | 1,223.23                          | 4             | 1,745.59                               | 5             | 1,227.62                                               | 6             |
| <b>Blue Shield NetValue &amp; Med Supp</b>         |                                     | 1,223.23                          | 4             | 1,745.59                               | 5             | 1,227.62                                               | 6             |
| <b>Kaiser (CA)</b>                                 |                                     | 1,009.96                          | 4             | 1,438.63                               | 5             | 1,019.69                                               | 6             |
| <b>PERS Choice</b>                                 |                                     | 1,040.31                          | 4             | 1,460.81                               | 5             | 1,099.44                                               | 6             |
| <b>PERS Select</b>                                 |                                     | 1,029.90                          | 4             | 1,444.16                               | 5             | 1,093.20                                               | 6             |
| <b>PERSCare</b>                                    |                                     | 1,143.84                          | 4             | 1,608.89                               | 5             | 1,202.57                                               | 6             |
| <b>PORAC</b>                                       |                                     | 1,019.00                          | 4             | 1,369.00                               | 5             | 1,152.00                                               | 6             |
| <b>UnitedHealthcare</b>                            |                                     | 1,118.08                          | 4             | 1,628.48                               | 5             | 1,045.22                                               | 6             |

| PLAN                                               | If you are <input type="checkbox"/> | Employee in B1<br>Dependent in SM | Party<br>Code | Employee in B2+<br>Dependents in<br>SM | Party<br>Code | Employee &1<br>Dependent in B<br>1+ Dependents in<br>SM | Party<br>Code |
|----------------------------------------------------|-------------------------------------|-----------------------------------|---------------|----------------------------------------|---------------|---------------------------------------------------------|---------------|
| <b>Anthem Select &amp; Medicare Preferred</b>      |                                     | \$1,107.79                        | 7             | \$1,553.17                             | 8             | \$1,505.24                                              | 9             |
| <b>Anthem Traditional &amp; Medicare Preferred</b> |                                     | 1,272.95                          | 7             | 1,718.33                               | 8             | 1,769.49                                                | 9             |
| <b>Blue Shield Access+ &amp; 65 Plus</b>           |                                     | 1,281.50                          | 7             | 1,634.13                               | 8             | 1,838.82                                                | 9             |
| <b>Blue Shield Access+ &amp; Med Supp</b>          |                                     | 1,281.50                          | 7             | 1,634.13                               | 8             | 1,838.82                                                | 9             |
| <b>Blue Shield NetValue &amp; 65 Plus</b>          |                                     | 1,223.23                          | 7             | 1,575.86                               | 8             | 1,745.59                                                | 9             |
| <b>Blue Shield NetValue &amp; Med Supp</b>         |                                     | 1,223.23                          | 7             | 1,575.86                               | 8             | 1,745.59                                                | 9             |
| <b>Kaiser (CA)</b>                                 |                                     | 1,009.96                          | 7             | 1,305.47                               | 8             | 1,438.63                                                | 9             |
| <b>PERS Choice</b>                                 |                                     | 1,040.31                          | 7             | 1,379.78                               | 8             | 1,460.81                                                | 9             |
| <b>PERS Select</b>                                 |                                     | 1,029.90                          | 7             | 1,369.37                               | 8             | 1,444.16                                                | 9             |
| <b>PERSCare</b>                                    |                                     | 1,143.84                          | 7             | 1,512.60                               | 8             | 1,608.89                                                | 9             |
| <b>PORAC</b>                                       |                                     | 1,075.00                          | 7             | 1,554.00                               | 8             | 1,425.00                                                | 9             |
| <b>UnitedHealthcare</b>                            |                                     | 1,118.08                          | 7             | 1,385.49                               | 8             | 1,628.48                                                | 9             |