Effective 1/1/2017

New Rates

CONVERSION
CAL PERS MONTHLY RATES
TO MT. SAC TENTHLY
EFFECTIVE 1/1/17 - 12/31/2017

2017 Insurance Rates	1-Party	1-Party	1-Party	2-Party	2-Party	2-Party	3-Party	3-Party	3-Party
Health Plan	Monthly Rate	Monthly Rate w/Admin Fee	Tenthly Rate w/Admin Fee	Monthly Rate	Monthly Rate w/Admin Fee	Tenthly Rate w/Admin Fee	Monthly Rate	Monthly Rate w/Admin Fee	Tenthly Rate w/Admin Fee
ANTHEM HMO SELECT (LA/SB)	$ 592.78	$ 594.62	$ 713.55	$ 1,185.56	$ 1,189.24	$ 1,427.09	$ 1,541.23	$ 1,546.01	$ 1,855.21
ANTHEM HMO SELECT (OR/RV)	$ 659.03	$ 661.07	$ 793.29	$ 1,318.06	$ 1,322.15	$ 1,586.58	$ 1,713.48	$ 1,718.79	$ 2,062.56
AMTHEM HMO TRADITIONAL (LA/SB	$ 713.69	$ 715.90	$ 859.09	$ 1,427.38	$ 1,431.80	$ 1,718.17	$ 1,855.59	$ 1,861.34	$ 2,233.62
AMTHEM HMO TRADITIONAL (OR/RV	$ 799.15	$ 801.63	$ 961.96	$ 1,598.30	$ 1,603.25	$ 1,923.91	$ 2,077.79	$ 2,084.23	$ 2,501.08
BLUE SHIELD A+ (LA/SB)	$ 675.98	$ 678.08	$ 813.70	$ 1,351.96	$ 1,356.15	$ 1,627.39	$ 1,757.55	$ 1,763.00	$ 2,115.60
BLUE SHIELD A+ (OR/RV)	$ 778.45	$ 780.86	$ 937.04	$ 1,556.90	$ 1,561.73	$ 1,874.08	$ 2,023.97	$ 2,030.24	$ 2,436.30
HEALTH NET SALUD Y MAS (LA/SB)	$ 414.79	$ 416.08	$ 499.30	$ 829.58	$ 832.15	$ 998.59	$ 1,078.45	$ 1,081.79	$ 1,298.16
HEALTH NET SALUD Y MAS (OR/RV	$ 473.46	$ 474.93	$ 569.92	$ 946.92	$ 949.86	$ 1,139.83	$ 1,231.00	$ 1,234.82	$ 1,481.78
HEALTH NET SMARTCARE (LA/SB)	$ 526.73	$ 528.36	$ 634.04	$ 1,053.46	$ 1,056.73	$ 1,268.08	$ 1,369.50	$ 1,373.75	$ 1,648.50
HEALTH NET SMARTCARE (OR/RV)	$ 537.20	$ 538.87	$ 646.64	$ 1,074.40	$ 1,077.73	$ 1,293.28	$ 1,396.72	$ 1,401.05	$ 1,681.26
KAISER (LA/SB)	$ 573.89	$ 575.67	$ 690.81	$ 1,147.78	$ 1,151.34	$ 1,381.61	$ 1,492.11	$ 1,496.74	$ 1,796.09
KAISER (OR/RV)	$ 599.54	$ 601.40	$ 721.68	$ 1,199.08	$ 1,202.80	$ 1,443.36	$ 1,558.80	$ 1,563.63	$ 1,876.36
SHARP	$ 614.46	$ 616.36	$ 739.64	$ 1,228.92	$ 1,232.73	$ 1,479.28	$ 1,597.60	$ 1,602.55	$ 1,923.07
UNITED HEALTHCARE (LA/SB)	$ 545.71	$ 547.40	$ 656.89	$ 1,091.42	$ 1,094.80	$ 1,313.77	$ 1,418.85	$ 1,423.25	$ 1,707.90
UNITED HEALTHCARE (OR/RV)	$ 549.76	$ 551.46	$ 661.76	$ 1,099.52	$ 1,102.93	$ 1,323.52	$ 1,429.38	$ 1,433.81	$ 1,720.58
PERS CARE (LA/SB)	$ 715.88	$ 718.10	$ 861.72	$ 1,431.76	$ 1,436.20	$ 1,723.44	$ 1,861.29	$ 1,867.06	$ 2,240.48
PERS CARE (OR/RV)	$ 802.24	$ 804.73	$ 965.68	$ 1,604.48	$ 1,609.45	$ 1,931.35	$ 2,085.82	$ 2,092.29	$ 2,510.75
PERS CHOICE (LA/SB)	$ 637.53	$ 639.51	$ 767.41	$ 1,275.06	$ 1,279.01	$ 1,534.82	$ 1,657.58	$ 1,662.72	$ 1,995.27
PERS CHOICE (OR/RV)	$ 714.43	$ 716.64	$ 859.98	$ 1,428.86	$ 1,433.29	$ 1,719.95	$ 1,857.52	$ 1,863.28	$ 2,235.94
PERS SELECT (LA/SB)	$ 565.33	$ 567.08	$ 680.50	$ 1,130.66	$ 1,134.17	$ 1,361.00	$ 1,469.86	$ 1,474.42	$ 1,769.30

Effective 1/1/2016

OLD RATES

CONVERSION
CAL PERS MONTHLY RATES
TO MT. SAC TENTHLY
EFFECTIVE 1/1/16 - 12/31/2016

2016 Insurance Rates	1-Party	1-Party	1-Party	2-Party	2-Party	2-Party	3-Party	3-Party	3-Party
Health Plan	Monthly Rate	Monthly Rate w/Admin Fee	Tenthly Rate w/Admin Fee	Monthly Rate	Monthly Rate w/Admin Fee	Tenthly Rate w/Admin Fee	Monthly Rate	Monthly Rate w/Admin Fee	Tenthly Rate w/Admin Fee
ANTHEM HMO SELECT (LA/SB)	$ 543.47	$ 545.21	$ 654.26	$ 1,086.94	$ 1,090.42	$ 1,308.51	$ 1,413.02	$ 1,417.54	$ 1,701.05
ANTHEM HMO SELECT (OR/RV)	$ 634.75	$ 636.78	$ 764.14	$ 1,269.50	$ 1,273.56	$ 1,528.28	$ 1,650.35	$ 1,655.63	$ 1,986.76
AMTHEM HMO TRADITIONAL (LA/SB	$ 610.64	$ 612.59	$ 735.12	$ 1,221.28	$ 1,225.19	$ 1,470.23	$ 1,587.66	$ 1,592.74	$ 1,911.29
AMTHEM HMO TRADITIONAL (OR/RV	$ 710.79	$ 713.06	$ 855.68	$ 1,421.58	$ 1,426.13	$ 1,711.36	$ 1,848.05	$ 1,853.96	$ 2,224.76
BLUE SHIELD A+ (LA/SB)	$ 566.53	$ 568.34	$ 682.02	$ 1,133.06	$ 1,136.69	$ 1,364.03	$ 1,472.98	$ 1,477.69	$ 1,773.24
BLUE SHIELD A+ (OR/RV)	$ 654.87	$ 656.97	$ 788.36	$ 1,309.74	$ 1,313.93	$ 1,576.72	$ 1,702.66	$ 1,708.11	$ 2,049.74
BLUE SHIELD N.V. (LA/SB)	$ 576.46	$ 578.30	$ 693.97	$ 1,152.92	$ 1,156.61	$ 1,387.94	$ 1,498.80	$ 1,503.60	$ 1,804.32
BLUE SHIELD N.V. (OR/RV)	$ 666.35	$ 668.48	$ 802.18	$ 1,332.70	$ 1,336.96	$ 1,604.36	$ 1,732.51	$ 1,738.05	$ 2,085.67
HEALTH NET SALUD Y MAS (LA/SB)	$ 466.11	$ 467.60	$ 561.13	$ 932.22	$ 935.20	$ 1,122.25	$ 1,211.89	$ 1,215.77	$ 1,458.93
HEALTH NET SALUD Y MAS (OR/RV	$ 535.98	$ 537.70	$ 645.24	$ 1,071.96	$ 1,075.39	$ 1,290.47	$ 1,393.55	$ 1,398.01	$ 1,677.62
HEALTH NET SMARTCARE (LA/SB)	$ 585.39	$ 587.26	$ 704.72	$ 1,170.78	$ 1,174.53	$ 1,409.44	$ 1,522.01	$ 1,526.88	$ 1,832.26
HEALTH NET SMARTCARE (OR/RV)	$ 596.98	$ 598.89	$ 718.67	$ 1,193.96	$ 1,197.78	$ 1,437.34	$ 1,552.15	$ 1,557.12	$ 1,868.55
KAISER (LA/SB)	$ 543.83	$ 545.57	$ 654.69	$ 1,087.66	$ 1,091.14	$ 1,309.37	$ 1,413.96	$ 1,418.48	$ 1,702.19
KAISER (OR/RV)	$ 605.05	$ 606.99	$ 728.39	$ 1,210.10	$ 1,213.97	$ 1,456.77	$ 1,573.13	$ 1,578.16	$ 1,893.80
SHARP	$ 561.34	$ 563.14	$ 675.77	$ 1,122.68	$ 1,126.27	$ 1,351.53	$ 1,459.48	$ 1,464.15	$ 1,756.99
UNITED HEALTHCARE (LA/SB)	$ 492.24	$ 493.82	$ 592.58	$ 984.48	$ 987.63	$ 1,185.16	$ 1,279.82	$ 1,283.92	$ 1,540.70
UNITED HEALTHCARE (OR/RV)	$ 493.99	$ 495.57	$ 594.69	$ 987.98	$ 991.14	$ 1,189.37	$ 1,284.37	$ 1,288.48	$ 1,546.18
PERS CARE (LA/SB)	$ 666.91	$ 669.04	$ 802.86	$ 1,333.82	$ 1,338.09	$ 1,605.71	$ 1,733.97	$ 1,739.52	$ 2,087.43
PERS CARE (OR/RV)	$ 761.50	$ 763.94	$ 916.73	$ 1,523.00	$ 1,527.87	$ 1,833.45	$ 1,979.90	$ 1,986.24	$ 2,383.49
PERS CHOICE (LA/SB)	$ 598.75	$ 600.67	$ 720.80	$ 1,197.50	$ 1,201.33	$ 1,441.60	$ 1,556.75	$ 1,561.73	$ 1,874.08
PERS CHOICE (OR/RV)	$ 683.71	$ 685.90	$ 823.08	$ 1,367.42	$ 1,371.80	$ 1,646.16	$ 1,777.65	$ 1,783.34	$ 2,140.01
PERS SELECT (LA/SB)	$ 547.55	$ 549.30	$ 659.17	$ 1,095.10	$ 1,098.60	$ 1,318.33	$ 1,423.63	$ 1,428.19	$ 1,713.83
PERS SELECT (OR/RV)	$ 625.20	$ 627.20	$ 752.65	$ 1,250.40	$ 1,254.40	$ 1,505.29	$ 1,625.52	$ 1,630.72	$ 1,956.87