Effective: January 1, 2023

Monthly rates

for individual & family plans

Rate Sheet for Region 1

COVERED CALIFORNIA

blue california

This brochure has monthly rate information for Blue Shield medical, dental, vision, and individual term life insurance* coverage for all regions. You can purchase some plans either directly from Blue Shield or from Covered California California's health plan marketplace, while some plans are only available directly through Blue Shield or Covered California. The information below will provide a guide.

Medical plans

Choose the medical plan that is best for you from our Trio ACO HMO Network or from our Exclusive PPO Network.

Our Trio ACO HMO Network

An accountable care organization (ACO) is a network of doctors and hospitals that work directly with health plan providers, such as Blue Shield, to share the responsibility for providing coordinated care to patients. Within the Trio ACO HMO Network, you will have a primary care physician (PCP) that coordinates your care, communicates with necessary specialists, and provides referrals so you can get care. Your chosen PCP must participate in the Trio ACO HMO Network.

Your PCP will refer you to specialists that are part of the same medical group of professionals. If you need a specialist who is not in your PCP's medical group, you may be referred out-of-network and still receive covered benefits.

Blue Shield's Trio HMO is available in 28 counties throughout California and can be purchased directly through Blue Shield or Covered California. The Trio ACO HMO Network offers the same types of doctors and levels of care as traditional HMO plans. To enroll in a Trio HMO plan, you and your dependents must live or work in the Trio HMO plan service area.

Our Exclusive PPO Network

Blue Shield offers a variety of PPO health plans that give you access to more than 60,000 doctors, 330 hospitals, and 940 urgent care centers in our Exclusive PPO Network. So, make sure any physician you visit is in the Exclusive PPO Network to minimize out-of-pocket costs. While Blue Shield's PPO plans provide limited coverage for some services you receive from providers outside of the plan's Exclusive PPO Network, you will get the most value from your PPO health plan when you use Exclusive PPO Network providers.

Medical plans available through the following	Blue Shield or Covered California	Blue Shield only	Covered California only
HMO plans			
Blue Shield Platinum 90 Trio HMO	●		
Blue Shield Gold 80 Trio HMO	●		
Blue Shield Silver 70 Trio HMO			●
Silver 70 Off Exchange Trio HMO		●	
Blue Shield Silver 94 Trio HMO			●
Blue Shield Silver 87 Trio HMO			●
Blue Shield Silver 73 Trio HMO			●
Bronze 7500 Trio HMO		●	
PPO plans			
Blue Shield Platinum 90 PPO	●		
Blue Shield Gold 80 PPO	●		
Blue Shield Silver 70 PPO			●
Blue Shield Bronze 60 PPO	●		
Blue Shield Bronze 60 HDHP PPO	●		
Blue Shield Minimum Coverage PPO	●		
Silver 70 Off Exchange PPO		●	
Silver 1750 PPO		●	
Silver 2600 HDHP PPO		●	
Blue Shield Silver 94 PPO			●
Blue Shield Silver 87 PPO			●
Blue Shield Silver 73 PPO			●

Please note: The Minimum Coverage PPO plan is available only to persons under age 30, or those age 30 and above who can provide a certification that they are without affordable coverage or are experiencing financial hardship. Pediatric dental and vision benefits are embedded into all medical plans. Once a person turns age 19, he or she is no longer eligible for pediatric dental and pediatric vision benefits. To obtain dental and vision benefits, they must apply for a separate dental plan and/or vision plan.

* Underwritten by Blue Shield of California Life & Health Insurance Company.

Dental, vision and life insurance plans

Add a Blue Shield dental plan, vision plan* and/or life insurance plan* in addition to your health coverage. When your plans come together in one place, you not only make your care more convenient across the whole health experience, you get the added benefit of coordinated care. Coordinated care entails your dental, vision, and health providers working together to improve preventive care and identifying broader risk factors like gum disease and glaucoma.

The combination of coordinated care and Blue Shield's unparalleled network of providers across plans means you have a wealth of choice for the most comprehensive approach to coverage. With Blue Shield's dental, vision and life insurance plans, you get a first line of defense for your family's overall health and well-being.

Freedom of choice in finding care with in-network providers through one of the largest dental HMO and PPO networks.

The largest network in California, with a mix of ophthalmologists, optometrists and retail vision providers, allows you to access vision care where and when you need it.

Protect your loved ones with coverage from a company rated "A (Excellent)" by A.M. Best.

Dental, vision, dental + vision package, and individual term life insurance plans available through Blue Shield only

Dental PPO
Enhanced Dental PPO 50/1250
Enhanced Dental PPO 50/2000
Enhanced Dental PPO 50/2000 Lifetime Ortho 1500
Dental HMO
Dental Standard HMO
Specialty Duo dental + vision package*
Ultimate Vision 15/25/120*
Ultimate Vision 15/25/150*
Individual term life insurance plans*

Dental plan available through Covered California only

Family Dental PPO

* Underwritten by Blue Shield of California Life & Health Insurance Company.

Find your rate

1. Determine plan availability

Some plans are only available in specific areas. If you are interested in enrolling in a medical PPO plan, it is available for all counties. Medical HMO plans and Family Dental plans availability can vary per region and/or ZIP code. Please refer to Region Ratings by County on page 5 for a helpful chart. For medical HMO plans, you can also use Blue Shield's Trio ZIP code locator at **blueshieldca.com/triocheck**.

2. Specify your plan

Find the plan you selected for you and/or your family in the plans rate chart.

For plans sold through Blue Shield only, you can enroll in a dental plan, vision plan,* dental + vision package,* or apply for individual term life insurance coverage* with or without the purchase of a Blue Shield medical plan. If you wish to enroll in a dental plan,† vision plan, or dental + vision package along with a medical plan,‡ add the rate for those products to your medical rate to determine your total rate. If you wish to apply for individual term life insurance coverage, a separate application must be completed.

You can only enroll in a Family Dental plan sold through Covered California if you are also enrolled in a medical plan sold through Covered California. For additional enrollment guidelines, please refer to the Basics of Family Dental Plans notes on page 8.

3. Locate your rate, depending on your age

Locate your age to determine your rate. For family coverage, the rate is a sum of each family member's individual rate. However, a maximum of the three oldest children will be rated in the total family rate.

Maximum 3-child rule
Medical plans and dental plans sold through Covered California only: Under age 21
Dental and vision plans sold through Blue Shield only: Under age 26

Dental, vision, dental + vision, and individual term life plan rates can be found on pages 7-9.

Medical coverage rates can be found starting on page 10.

* Underwritten by Blue Shield of California Life & Health Insurance Company.

† Please note that the Family Dental HMO, Dental HMO and Dental Standard HMO plans' availability and/or rate per member differ based on region and county. These plans are not available for enrollment in certain counties. Please refer to page 5 for plan specifics.

‡ When enrolling in a Blue Shield medical plan through Covered California, dental and vision plans cannot be bundled with your medical plan for combined billing. Enrollment and billing will be handled separately from your medical plan.

Rating regions by county

Available in all counties shown below:

All PPO medical plans
All PPO dental plans
All vision plans
All life insurance plans

Trio HMO plans are available in 28 counties* (full or partial coverage). Family Dental HMO plan is not available in Region 1. To identify the Trio HMO and Family Dental HMO plans' service area,* use the following guide:

● Full ◆ Partial ○ Not offered

County	Region	Trio HMO offered?	Family Dental HMO offered?
Alameda	6	●	●
Alpine	1	○	○
Amador	1	○	○
Butte	1	○	○
Calaveras	1	○	○
Colusa	1	○	○
Contra Costa	5	●	●
Del Norte	1	○	○
El Dorado	3	◆	●
Fresno	11	◆	●
Glenn	1	○	○
Humboldt	1	○	○
Imperial	13	○	●
Inyo	13	○	●
Kern	14	◆	●
Kings	11	◆	●
Lake	1	○	○
Lassen	1	○	○
Los Angeles (except ZIP codes listed below)	16	◆	●
Los Angeles (ZIP codes starting with 906, 907, 908, 909, 910, 911, 912, 915, 917, 918, and 935)	15	◆	●
Madera	11	○	●
Marin	2	◆	◆
Mariposa	10	○	●
Mendocino	1	○	○
Merced	10	○	●
Modoc	1	○	○
Mono	13	○	●
Monterey	9	◆	●
Napa	2	○	◆
Nevada	1	◆	○

* Out of Blue Shield's 19 rating regions, Trio HMO is not offered in region 13.

Rating regions by county (continued)

● Full ◆ Partial ○ Not offered

County	Region	Trio HMO offered?	Family Dental HMO offered?
Orange	18	●	●
Placer	3	◆	●
Plumas	1	○	○
Riverside	17	◆	●
Sacramento	3	◆	●
San Benito	9	○	●
San Bernardino	17	◆	●
San Diego	19	◆	●
San Francisco	4	●	●
San Joaquin	10	●	●
San Luis Obispo	12	◆	◆
San Mateo	8	●	●
Santa Barbara	12	◆	◆
Santa Clara	7	●	●
Santa Cruz	9	●	●
Shasta	1	○	○
Sierra	1	○	○
Siskiyou	1	○	○
Solano	2	◆	◆
Sonoma	2	○	◆
Stanislaus	10	◆	●
Sutter	1	○	○
Tehama	1	○	○
Trinity	1	○	○
Tulare	10	◆	●
Tuolumne	1	○	○
Ventura	12	◆	◆
Yolo	3	◆	●
Yuba	1	○	○

Monthly dental and vision rates

PPO dental plans available direct through Blue Shield

	Rate per member	
	Ages 0 through 25 (rate per child for first 3 children – no cost for 4th child and beyond)*	Age 26+
Enhanced Dental PPO 50/2000	$53.10	$68.50
Enhanced Dental PPO 50/2000 Lifetime Ortho 1500	$57.70	$74.30
Dental PPO	$39.10	$46.20
Enhanced Dental PPO 50/1250	$33.90	$43.50

HMO dental plans available direct through Blue Shield†

	Rate per member	
	Ages 0 through 25 (rate per child for first 3 children – no cost for 4th child and beyond)*	Age 26+
Dental HMO	$30.70	$33.40
Dental Standard HMO	$16.00	$19.80

Blue Shield dental plans available through Covered California

	Rate per member	
	Ages 0 through 18 (rate per child for first 3 children – no cost for 4th child and beyond)‡	Age 19+
Family Dental PPO	$28.80	$43.70

* Only dependent children ages 0 through 25 count toward the three-child maximum rate cap. If you are enrolling more than one dependent child without an accompanying parent or legal guardian on the policy, each child will be given a separate policy and each child will be charged the child age rate.

† Region 1 is composed of the following counties: Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Nevada, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumne, and Yuba. The Dental HMO and Dental Standard HMO plans are not available in certain ZIP codes, including all of Butte, Humboldt, Lake, Lassen, Nevada, Shasta, Sutter, Tehama, Marin, Napa, San Luis Obispo, and Santa Barbara counties.

‡ A dependent 18 years of age will be charged the age 0-18 rate through the end of the year in which they turn 19, however, that dependent will continue to count toward the three-dependent maximum rate cap until they turn 21.

Monthly dental and vision rates (continued)

Monthly Specialty Duo dental + vision package rates

	Rate per member	
	Ages 0 through 25 (rate per child for first 3 children – no cost for 4th child and beyond)*	Age 26+
Specialty Duo dental + vision package	$43.50	$51.20

Please note: Monthly rates for Specialty Duo are in addition to the rates for medical benefits covered by the Blue Shield health plan. However, you will receive one bill that combines your health and dental + vision package rates.

* Only dependent children ages 0 through 25 count toward the three-child maximum rate cap. If you are enrolling more than one dependent child without an accompanying parent or legal guardian in the plan, the three-child maximum rate cap does not apply. Each child will be given a separate policy, and each child will be charged the ages 0 through 25 rate.

Monthly vision plan rates

	Rate per member	
	Ages 0 through 25 (rate per child for first 3 children – no cost for 4th child and beyond)*	Age 26+
Ultimate Vision 15/25/120	$6.90	$6.90
Ultimate Vision 15/25/150	$12.90	$12.90

Please note: Monthly rates for vision plans are in addition to the rates for medical benefits covered by the Blue Shield health plan. However, you will receive one bill that combines your health, vision and, if applicable, dental plan rates.

* Only dependent children ages 0 through 25 count toward the three-child maximum rate cap. If you are enrolling more than one dependent child without an accompanying parent or legal guardian in the plan, the three-child maximum rate cap does not apply. Each child will be given a separate policy, and each child will be charged the ages 0 through 25 rate.

Basics of Family Dental Plans

- Covered California's family dental plans make benefits available to both adults and children. Enrollment in these plans is optional, and there is no tax penalty if you do not enroll in an optional family dental plan.
- Families that wish to purchase a family dental plan must be enrolled in a health insurance (medical) plan purchased through Covered California.
- There must be at least one adult (age 19 or older) enrolled in a family dental plan in order for a child in the family to enroll.
  - All adults in the household are not required to enroll.
  - If a family chooses to enroll children (younger than 19) in a family dental plan, all children younger than 19 who live in the household must enroll in the same family dental plan.

Monthly life insurance* plan rates

Life† and AD&D benefits are available in the following amounts: $10,000, $15,000, $25,000, $50,000, $75,000, and $100,000.

Coverage amount: $10,000

Age range	Male non-nicotine	Male nicotine use	Female non-nicotine	Female nicotine use
1-19	$2.22	$3.44	$1.71	$2.43
20-24	$2.25	$3.50	$1.74	$2.48
25-29	$2.32	$3.63	$1.80	$2.59
30-34	$2.50	$4.00	$1.95	$2.91
35-39	$2.80	$4.64	$2.22	$3.44
40-44	$3.31	$5.30	$2.69	$4.37
45-49	$4.29	$7.58	$3.48	$5.95
50-54	$5.87	$10.74	$4.75	$8.49
55-59	$8.32	$15.64	$6.66	$12.31
60-64	$12.93	$24.86	$9.65	$18.30
65+	All plans terminate at age 65			

Coverage amount: $15,000

Age range	Male non-nicotine	Male nicotine use	Female non-nicotine	Female nicotine use
1-19	$2.83	$4.66	$2.07	$3.14
20-24	$2.87	$4.75	$2.11	$3.22
25-29	$2.98	$4.95	$2.20	$3.39
30-34	$3.25	$5.49	$2.43	$3.86
35-39	$3.71	$6.41	$2.83	$4.66
40-44	$4.47	$7.94	$3.53	$6.06
45-49	$5.94	$10.87	$4.71	$8.43
50-54	$8.31	$15.61	$6.62	$12.24
55-59	$11.98	$22.96	$9.48	$17.97
60-64	$18.89	$36.79	$13.97	$26.94
65+	All plans terminate at age 65			

Coverage amount: $25,000

Age range	Male non-nicotine	Male nicotine use	Female non-nicotine	Female nicotine use
1-19	$4.05	$7.11	$2.78	$4.57
20-24	$4.12	$7.25	$2.85	$4.70
25-29	$4.29	$7.58	$2.99	$4.99
30-34	$4.74	$8.49	$3.39	$5.77
35-39	$5.50	$10.02	$4.05	$7.10
40-44	$6.78	$12.57	$5.22	$9.44
45-49	$9.23	$17.46	$7.19	$13.38
50-54	$13.18	$25.35	$10.37	$19.73
55-59	$19.30	$37.61	$15.14	$29.28
60-64	$30.82	$60.64	$22.62	$44.24
65+	All plans terminate at age 65			

Coverage amount: $50,000

Age range	Male non-nicotine	Male nicotine use	Female non-nicotine	Female nicotine use
1-19	N/A	N/A	N/A	N/A
20-24	$7.25	$13.50	$4.70	$8.39
25-29	$7.58	$14.17	$4.99	$8.97
30-34	$8.49	$15.98	$5.77	$10.54
35-39	$10.02	$19.04	$7.10	$13.21
40-44	$12.57	$24.14	$9.44	$17.87
45-49	$17.46	$33.91	$13.38	$25.75
50-54	$25.35	$49.70	$19.73	$38.46
55-59	$37.61	$74.22	$29.28	$57.55
60-64	$60.64	$120.29	$44.24	$87.48
65+	All plans terminate at age 65			

Coverage amount: $75,000

Age range	Male non-nicotine	Male nicotine use	Female non-nicotine	Female nicotine use
1-19	N/A	N/A	N/A	N/A
20-24	$10.37	$19.75	$6.55	$12.09
25-29	$10.88	$20.75	$6.98	$12.96
30-34	$12.23	$23.47	$8.16	$15.31
35-39	$14.53	$28.06	$10.16	$19.31
40-44	$18.35	$35.71	$13.65	$26.31
45-49	$25.68	$50.37	$19.56	$38.13
50-54	$37.53	$74.06	$29.10	$57.20
55-59	$55.91	$110.82	$43.41	$85.83
60-64	$90.46	$179.93	$65.86	$130.72
65+	All plans terminate at age 65			

Coverage amount: $100,000

Age range	Male non-nicotine	Male nicotine use	Female non-nicotine	Female nicotine use
1-19	N/A	N/A	N/A	N/A
20-24	$13.50	$25.99	$8.39	$15.79
25-29	$14.17	$27.34	$8.97	$16.95
30-34	$15.98	$30.95	$10.54	$20.08
35-39	$19.04	$37.07	$13.21	$25.42
40-44	$24.14	$47.28	$17.87	$34.74
45-49	$33.91	$66.83	$25.75	$50.50
50-54	$49.70	$98.41	$38.46	$75.93
55-59	$74.22	$147.43	$57.55	$114.10
60-64	$120.29	$239.57	$87.48	$173.96
65+	All plans terminate at age 65			

AD&D coverage amount‡

Age range	$10,000	$15,000	$25,000	$50,000	$75,000	$100,000
1-19	$1.00	$1.50	$2.50	N/A	N/A	N/A
20-64	$1.00	$1.50	$2.50	$5.00	$7.50	$10.00
65+	N/A	N/A	N/A	N/A	N/A	N/A

Footnotes:

* Underwritten by Blue Shield of California Life & Health Insurance Company.

† Life insurance may be purchased with or without AD&D.

‡ AD&D may only be purchased if a life insurance policy is purchased. Rates in table reflect additional increase to monthly premium. For example a 40-year-old woman who does not use nicotine would pay a monthly premium of $22.87 for $50,000 coverage of life insurance ($17.87) and AD&D ($5.00).

Monthly rates for Region 1 – PPO plans

Age	Platinum 90 PPO	Gold 80 PPO	Silver 70 PPO	Silver 73 PPO	Silver 87 PPO	Silver 94 PPO
0 to 14	$602.16	$447.76	$375.47	$375.47	$375.47	$375.47
15	$655.69	$487.56	$408.85	$408.85	$408.85	$408.85
16	$676.16	$502.78	$421.61	$421.61	$421.61	$421.61
17	$696.62	$517.99	$434.37	$434.37	$434.37	$434.37
18	$718.66	$534.38	$448.11	$448.11	$448.11	$448.11
19	$740.70	$550.77	$461.85	$461.85	$461.85	$461.85
20	$763.53	$567.74	$476.09	$476.09	$476.09	$476.09
21	$787.14	$585.30	$490.81	$490.81	$490.81	$490.81
22	$787.14	$585.30	$490.81	$490.81	$490.81	$490.81
23	$787.14	$585.30	$490.81	$490.81	$490.81	$490.81
24	$787.14	$585.30	$490.81	$490.81	$490.81	$490.81
25	$790.29	$587.65	$492.78	$492.78	$492.78	$492.78
26	$806.03	$599.35	$502.59	$502.59	$502.59	$502.59
27	$824.93	$613.40	$514.37	$514.37	$514.37	$514.37
28	$855.62	$636.23	$533.51	$533.51	$533.51	$533.51
29	$880.81	$654.96	$549.22	$549.22	$549.22	$549.22
30	$893.41	$664.32	$557.07	$557.07	$557.07	$557.07
31	$912.30	$678.37	$568.85	$568.85	$568.85	$568.85
32	$931.19	$692.41	$580.63	$580.63	$580.63	$580.63
33	$943.00	$701.19	$587.99	$587.99	$587.99	$587.99
34	$955.59	$710.56	$595.85	$595.85	$595.85	$595.85
35	$961.89	$715.24	$599.77	$599.77	$599.77	$599.77
36	$968.18	$719.92	$603.70	$603.70	$603.70	$603.70
37	$974.48	$724.61	$607.63	$607.63	$607.63	$607.63
38	$980.78	$729.29	$611.55	$611.55	$611.55	$611.55
39	$993.37	$738.65	$619.40	$619.40	$619.40	$619.40
40	$1,005.97	$748.02	$627.26	$627.26	$627.26	$627.26
41	$1,024.86	$762.07	$639.04	$639.04	$639.04	$639.04
42	$1,042.96	$775.53	$650.33	$650.33	$650.33	$650.33
43	$1,068.15	$794.26	$666.03	$666.03	$666.03	$666.03
44	$1,099.64	$817.67	$685.66	$685.66	$685.66	$685.66
45	$1,136.63	$845.18	$708.73	$708.73	$708.73	$708.73
46	$1,180.71	$877.96	$736.22	$736.22	$736.22	$736.22
47	$1,230.30	$914.83	$767.14	$767.14	$767.14	$767.14
48	$1,286.98	$956.97	$802.48	$802.48	$802.48	$802.48
49	$1,342.86	$998.53	$837.33	$837.33	$837.33	$837.33
50	$1,405.84	$1,045.35	$876.59	$876.59	$876.59	$876.59
51	$1,468.02	$1,091.59	$915.36	$915.36	$915.36	$915.36
52	$1,536.50	$1,142.51	$958.06	$958.06	$958.06	$958.06
53	$1,605.77	$1,194.02	$1,001.26	$1,001.26	$1,001.26	$1,001.26
54	$1,680.55	$1,249.62	$1,047.88	$1,047.88	$1,047.88	$1,047.88
55	$1,755.33	$1,305.23	$1,094.51	$1,094.51	$1,094.51	$1,094.51
56	$1,836.40	$1,365.51	$1,145.06	$1,145.06	$1,145.06	$1,145.06
57	$1,918.27	$1,426.39	$1,196.11	$1,196.11	$1,196.11	$1,196.11
58	$2,005.64	$1,491.35	$1,250.59	$1,250.59	$1,250.59	$1,250.59
59	$2,048.93	$1,523.55	$1,277.58	$1,277.58	$1,277.58	$1,277.58
60	$2,136.30	$1,588.52	$1,332.06	$1,332.06	$1,332.06	$1,332.06
61	$2,211.87	$1,644.70	$1,379.18	$1,379.18	$1,379.18	$1,379.18
62	$2,261.46	$1,681.58	$1,410.10	$1,410.10	$1,410.10	$1,410.10
63	$2,323.64	$1,727.82	$1,448.88	$1,448.88	$1,448.88	$1,448.88
64+	$2,361.43	$1,755.91	$1,472.44	$1,472.44	$1,472.44	$1,472.44

Monthly rates for Region 1 – PPO plans (continued)

Age	Silver 70 Off Exchange PPO	Silver 1750 PPO	Silver 2600 HDHP PPO	Bronze 60 PPO	Bronze 60 HDHP PPO	Minimum Coverage PPO
0 to 14	$357.38	$335.75	$324.60	$300.37	$297.48	$285.99
15	$389.14	$365.60	$353.46	$327.07	$323.93	$311.41
16	$401.29	$377.01	$364.49	$337.28	$334.04	$321.13
17	$413.43	$388.42	$375.52	$347.49	$344.15	$330.85
18	$426.51	$400.71	$387.40	$358.49	$355.04	$341.32
19	$439.60	$413.00	$399.28	$369.48	$365.93	$351.79
20	$453.14	$425.72	$411.59	$380.87	$377.20	$362.63
21	$467.16	$438.89	$424.32	$392.65	$388.87	$373.84
22	$467.16	$438.89	$424.32	$392.65	$388.87	$373.84
23	$467.16	$438.89	$424.32	$392.65	$388.87	$373.84
24	$467.16	$438.89	$424.32	$392.65	$388.87	$373.84
25	$469.03	$440.65	$426.01	$394.22	$390.42	$375.34
26	$478.37	$449.42	$434.50	$402.07	$398.20	$382.82
27	$489.58	$459.96	$444.68	$411.49	$407.53	$391.79
28	$507.80	$477.07	$461.23	$426.81	$422.70	$406.37
29	$522.75	$491.12	$474.81	$439.37	$435.14	$418.33
30	$530.22	$498.14	$481.60	$445.65	$441.37	$424.31
31	$541.44	$508.67	$491.78	$455.08	$450.70	$433.28
32	$552.65	$519.21	$501.97	$464.50	$460.03	$442.26
33	$559.65	$525.79	$508.33	$470.39	$465.86	$447.86
34	$567.13	$532.81	$515.12	$476.67	$472.09	$453.85
35	$570.87	$536.32	$518.52	$479.81	$475.20	$456.84
36	$574.60	$539.84	$521.91	$482.96	$478.31	$459.83
37	$578.34	$543.35	$525.31	$486.10	$481.42	$462.82
38	$582.08	$546.86	$528.70	$489.24	$484.53	$465.81
39	$589.55	$553.88	$535.49	$495.52	$490.75	$471.79
40	$597.03	$560.90	$542.28	$501.80	$496.97	$477.77
41	$608.24	$571.44	$552.46	$511.23	$506.31	$486.74
42	$618.98	$581.53	$562.22	$520.26	$515.25	$495.34
43	$633.93	$595.57	$575.80	$532.82	$527.70	$507.31
44	$652.62	$613.13	$592.77	$548.53	$543.25	$522.26
45	$674.58	$633.76	$612.71	$566.98	$561.53	$539.83
46	$700.74	$658.34	$636.48	$588.97	$583.30	$560.77
47	$730.17	$685.99	$663.21	$613.71	$607.80	$584.32
48	$763.80	$717.59	$693.76	$641.98	$635.80	$611.23
49	$796.97	$748.75	$723.89	$669.86	$663.41	$637.78
50	$834.34	$783.86	$757.83	$701.27	$694.52	$667.69
51	$871.25	$818.53	$791.35	$732.29	$725.24	$697.22
52	$911.89	$856.71	$828.27	$766.45	$759.07	$729.74
53	$953.00	$895.34	$865.61	$801.00	$793.29	$762.64
54	$997.38	$937.03	$905.92	$838.30	$830.24	$798.16
55	$1,041.76	$978.73	$946.23	$875.60	$867.18	$833.67
56	$1,089.88	$1,023.93	$989.93	$916.05	$907.23	$872.18
57	$1,138.46	$1,069.58	$1,034.06	$956.88	$947.67	$911.06
58	$1,190.32	$1,118.29	$1,081.16	$1,000.46	$990.84	$952.55
59	$1,216.01	$1,142.43	$1,104.50	$1,022.06	$1,012.23	$973.12
60	$1,267.87	$1,191.15	$1,151.60	$1,065.64	$1,055.39	$1,014.61
61	$1,312.71	$1,233.28	$1,192.33	$1,103.34	$1,092.72	$1,050.50
62	$1,342.14	$1,260.93	$1,219.06	$1,128.07	$1,117.22	$1,074.05
63	$1,379.05	$1,295.61	$1,252.59	$1,159.09	$1,147.94	$1,103.59
64+	$1,401.47	$1,316.67	$1,272.95	$1,177.94	$1,166.61	$1,121.53

Monthly rates for Region 1 – HMO plans

Age	Platinum 90 Trio HMO	Gold 80 Trio HMO	Silver 70 Trio HMO	Silver 73 Trio HMO	Silver 87 Trio HMO	Silver 94 Trio HMO	Silver 70 Off Exchange Trio HMO	Bronze 7500 Trio HM0
0 to 14	$564.30	$484.74	$446.02	$446.02	$446.02	$446.02	$415.00	$391.09
15	$614.46	$527.83	$485.67	$485.67	$485.67	$485.67	$451.89	$425.86
16	$633.64	$544.30	$500.83	$500.83	$500.83	$500.83	$465.99	$439.15
17	$652.82	$560.78	$515.99	$515.99	$515.99	$515.99	$480.10	$452.44
18	$673.48	$578.52	$532.31	$532.31	$532.31	$532.31	$495.29	$466.76
19	$694.13	$596.26	$548.64	$548.64	$548.64	$548.64	$510.48	$481.07
20	$715.52	$614.64	$565.55	$565.55	$565.55	$565.55	$526.21	$495.90
21	$737.65	$633.65	$583.04	$583.04	$583.04	$583.04	$542.48	$511.23
22	$737.65	$633.65	$583.04	$583.04	$583.04	$583.04	$542.48	$511.23
23	$737.65	$633.65	$583.04	$583.04	$583.04	$583.04	$542.48	$511.23
24	$737.65	$633.65	$583.04	$583.04	$583.04	$583.04	$542.48	$511.23
25	$740.60	$636.18	$585.37	$585.37	$585.37	$585.37	$544.65	$513.28
26	$755.36	$648.86	$597.03	$597.03	$597.03	$597.03	$555.50	$523.50
27	$773.06	$664.06	$611.02	$611.02	$611.02	$611.02	$568.52	$535.77
28	$801.83	$688.78	$633.76	$633.76	$633.76	$633.76	$589.68	$555.71
29	$825.43	$709.05	$652.42	$652.42	$652.42	$652.42	$607.04	$572.07
30	$837.24	$719.19	$661.75	$661.75	$661.75	$661.75	$615.72	$580.25
31	$854.94	$734.40	$675.74	$675.74	$675.74	$675.74	$628.74	$592.52
32	$872.64	$749.61	$689.74	$689.74	$689.74	$689.74	$641.76	$604.79
33	$883.71	$759.11	$698.48	$698.48	$698.48	$698.48	$649.90	$612.46
34	$895.51	$769.25	$707.81	$707.81	$707.81	$707.81	$658.58	$620.64
35	$901.41	$774.32	$712.47	$712.47	$712.47	$712.47	$662.92	$624.73
36	$907.31	$779.39	$717.14	$717.14	$717.14	$717.14	$667.26	$628.82
37	$913.21	$784.46	$721.80	$721.80	$721.80	$721.80	$671.60	$632.91
38	$919.12	$789.53	$726.47	$726.47	$726.47	$726.47	$675.94	$637.00
39	$930.92	$799.66	$735.80	$735.80	$735.80	$735.80	$684.62	$645.18
40	$942.72	$809.80	$745.12	$745.12	$745.12	$745.12	$693.30	$653.36
41	$960.42	$825.01	$759.12	$759.12	$759.12	$759.12	$706.31	$665.63
42	$977.39	$839.58	$772.53	$772.53	$772.53	$772.53	$718.79	$677.38
43	$1,000.99	$859.86	$791.18	$791.18	$791.18	$791.18	$736.15	$693.74
44	$1,030.50	$885.21	$814.51	$814.51	$814.51	$814.51	$757.85	$714.19
45	$1,065.17	$914.99	$841.91	$841.91	$841.91	$841.91	$783.35	$738.22
46	$1,106.48	$950.47	$874.56	$874.56	$874.56	$874.56	$813.73	$766.85
47	$1,152.95	$990.39	$911.29	$911.29	$911.29	$911.29	$847.90	$799.06
48	$1,206.06	$1,036.02	$953.27	$953.27	$953.27	$953.27	$886.96	$835.87
49	$1,258.44	$1,081.00	$994.66	$994.66	$994.66	$994.66	$925.48	$872.16
50	$1,317.45	$1,131.70	$1,041.31	$1,041.31	$1,041.31	$1,041.31	$968.88	$913.06
51	$1,375.72	$1,181.75	$1,087.37	$1,087.37	$1,087.37	$1,087.37	$1,011.73	$953.45
52	$1,439.90	$1,236.88	$1,138.09	$1,138.09	$1,138.09	$1,138.09	$1,058.93	$997.93
53	$1,504.81	$1,292.64	$1,189.40	$1,189.40	$1,189.40	$1,189.40	$1,106.67	$1,042.92
54	$1,574.89	$1,352.84	$1,244.79	$1,244.79	$1,244.79	$1,244.79	$1,158.20	$1,091.48
55	$1,644.97	$1,413.04	$1,300.18	$1,300.18	$1,300.18	$1,300.18	$1,209.74	$1,140.05
56	$1,720.94	$1,478.30	$1,360.23	$1,360.23	$1,360.23	$1,360.23	$1,265.62	$1,192.71
57	$1,797.66	$1,544.20	$1,420.87	$1,420.87	$1,420.87	$1,420.87	$1,322.04	$1,245.88
58	$1,879.54	$1,614.54	$1,485.58	$1,485.58	$1,485.58	$1,485.58	$1,382.25	$1,302.62
59	$1,920.11	$1,649.39	$1,517.65	$1,517.65	$1,517.65	$1,517.65	$1,412.09	$1,330.74
60	$2,001.99	$1,719.72	$1,582.37	$1,582.37	$1,582.37	$1,582.37	$1,472.30	$1,387.49
61	$2,072.80	$1,780.55	$1,638.34	$1,638.34	$1,638.34	$1,638.34	$1,524.38	$1,436.57
62	$2,119.28	$1,820.47	$1,675.07	$1,675.07	$1,675.07	$1,675.07	$1,558.56	$1,468.77
63	$2,177.55	$1,870.53	$1,721.13	$1,721.13	$1,721.13	$1,721.13	$1,601.41	$1,509.16
64+	$2,212.96	$1,900.95	$1,749.12	$1,749.12	$1,749.12	$1,749.12	$1,627.45	$1,533.70

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