

Monthly rates shown below are for Kaiser medical premiums only.
 RealCare Insurance Marketing, Inc. will charge a separate \$20 monthly fee for administrative services provided to C.A.R. members.



Region 3



Kaiser Medical Plan Rates

Rates Effective 6/1/14 through 5/31/15

The following county is entirely within Rate Area 3: Sacramento.

Portions of the following counties are also within Rate Area 3: El Dorado, Placer, Yolo

Kaiser Medical Plans										
Age on 6/1/14	Bronze 5000/60	Bronze HSA 3500/30	Bronze HSA 4500/40%	Silver 1000/40	Silver 1500/45	Silver HSA 1500/20%	Gold 0/30	Gold 500/30	Gold HRA 2000/30	Platinum 0/20
0-18*	\$125.49	\$133.08	\$123.59	\$168.41	\$163.99	\$157.89	\$197.68	\$194.05	\$182.68	\$215.40
19-20	\$114.00	\$121.59	\$112.10	\$156.92	\$152.50	\$146.40	\$182.19	\$178.56	\$167.19	\$199.91
21	\$179.53	\$191.49	\$176.53	\$247.11	\$240.15	\$230.55	\$286.92	\$281.20	\$263.29	\$314.81
22	\$179.53	\$191.49	\$176.53	\$247.11	\$240.15	\$230.55	\$286.92	\$281.20	\$263.29	\$314.81
23	\$179.53	\$191.49	\$176.53	\$247.11	\$240.15	\$230.55	\$286.92	\$281.20	\$263.29	\$314.81
24	\$179.53	\$191.49	\$176.53	\$247.11	\$240.15	\$230.55	\$286.92	\$281.20	\$263.29	\$314.81
25	\$180.25	\$192.25	\$177.24	\$248.10	\$241.11	\$231.47	\$288.06	\$282.33	\$264.35	\$316.07
26	\$183.84	\$196.08	\$180.77	\$253.04	\$245.92	\$236.08	\$293.80	\$287.95	\$269.61	\$322.37
27	\$188.15	\$200.68	\$185.01	\$258.97	\$251.68	\$241.61	\$300.69	\$294.70	\$275.93	\$329.92
28	\$195.15	\$208.15	\$191.89	\$268.61	\$261.05	\$250.60	\$311.88	\$305.67	\$286.20	\$342.20
29	\$200.90	\$214.27	\$197.54	\$276.52	\$268.73	\$257.98	\$321.06	\$314.67	\$294.63	\$352.28
30	\$203.77	\$217.34	\$200.36	\$280.47	\$272.57	\$261.67	\$325.65	\$319.17	\$298.84	\$357.31
31	\$208.08	\$221.93	\$204.60	\$286.40	\$278.34	\$267.20	\$332.54	\$325.92	\$305.16	\$364.87
32	\$212.39	\$226.53	\$208.84	\$292.33	\$284.10	\$272.74	\$339.42	\$332.66	\$311.48	\$372.42
33	\$215.08	\$229.40	\$211.49	\$296.04	\$287.70	\$276.19	\$343.73	\$336.88	\$315.43	\$377.15
34	\$217.95	\$232.46	\$214.31	\$299.99	\$291.55	\$279.88	\$348.32	\$341.38	\$319.64	\$382.18
35	\$219.39	\$234.00	\$215.72	\$301.97	\$293.47	\$281.73	\$350.61	\$343.63	\$321.74	\$384.70
36	\$220.83	\$235.53	\$217.14	\$303.95	\$295.39	\$283.57	\$352.91	\$345.88	\$323.85	\$387.22
37	\$222.26	\$237.06	\$218.55	\$305.92	\$297.31	\$285.42	\$355.20	\$348.13	\$325.96	\$389.74
38	\$223.70	\$238.59	\$219.96	\$307.90	\$299.23	\$287.26	\$357.50	\$350.38	\$328.06	\$392.26
39	\$226.57	\$241.66	\$222.78	\$311.85	\$303.07	\$290.95	\$362.09	\$354.88	\$332.28	\$397.29
40	\$229.45	\$244.72	\$225.61	\$315.81	\$306.92	\$294.64	\$366.68	\$359.38	\$336.49	\$402.33
41	\$233.75	\$249.31	\$229.85	\$321.74	\$312.68	\$300.17	\$373.57	\$366.13	\$342.81	\$409.89
42	\$237.88	\$253.72	\$233.91	\$327.42	\$318.20	\$305.47	\$380.17	\$372.60	\$348.86	\$417.13
43	\$243.63	\$259.85	\$239.55	\$335.33	\$325.89	\$312.85	\$389.35	\$381.59	\$357.29	\$427.20
44	\$250.81	\$267.51	\$246.62	\$345.21	\$335.50	\$322.07	\$400.82	\$392.84	\$367.82	\$439.79
45	\$259.25	\$276.51	\$254.91	\$356.83	\$346.78	\$332.91	\$414.31	\$406.06	\$380.20	\$454.59
46	\$269.30	\$287.23	\$264.80	\$370.67	\$360.23	\$345.82	\$430.38	\$421.81	\$394.94	\$472.22
47	\$280.61	\$299.29	\$275.92	\$386.23	\$375.36	\$360.34	\$448.45	\$439.52	\$411.53	\$492.05
48	\$293.54	\$313.08	\$288.63	\$404.03	\$392.65	\$376.94	\$469.11	\$459.77	\$430.48	\$514.72
49	\$306.29	\$326.67	\$301.16	\$421.57	\$409.70	\$393.31	\$489.48	\$479.73	\$449.18	\$537.07
50	\$320.65	\$341.99	\$315.29	\$441.34	\$428.92	\$411.75	\$512.43	\$502.23	\$470.24	\$562.26
51	\$334.83	\$357.12	\$329.23	\$460.86	\$447.89	\$429.97	\$535.10	\$524.45	\$491.04	\$587.13
52	\$350.45	\$373.78	\$344.59	\$482.36	\$468.78	\$450.02	\$560.06	\$548.91	\$513.95	\$614.52
53	\$366.25	\$390.63	\$360.13	\$504.11	\$489.91	\$470.31	\$585.31	\$573.66	\$537.12	\$642.22
54	\$383.31	\$408.82	\$376.90	\$527.58	\$512.73	\$492.21	\$612.57	\$600.37	\$562.13	\$672.13
55	\$400.36	\$427.01	\$393.67	\$551.06	\$535.54	\$514.12	\$639.83	\$627.09	\$587.14	\$702.03
56	\$418.85	\$446.74	\$411.85	\$576.51	\$560.28	\$537.86	\$669.38	\$656.05	\$614.26	\$734.46
57	\$437.53	\$466.65	\$430.21	\$602.21	\$585.26	\$561.84	\$699.22	\$685.29	\$641.65	\$767.20
58	\$457.45	\$487.91	\$449.80	\$629.64	\$611.91	\$587.43	\$731.07	\$716.51	\$670.87	\$802.14
59	\$467.33	\$498.44	\$459.51	\$643.23	\$625.12	\$600.11	\$746.85	\$731.97	\$685.35	\$819.46
60	\$487.26	\$519.69	\$479.11	\$670.66	\$651.78	\$625.70	\$778.69	\$763.19	\$714.58	\$854.40
61	\$504.49	\$538.08	\$496.06	\$694.38	\$674.83	\$647.83	\$806.24	\$790.18	\$739.85	\$884.62
62	\$515.80	\$550.14	\$507.18	\$709.95	\$689.96	\$662.36	\$824.31	\$807.90	\$756.44	\$904.46
63	\$529.99	\$565.27	\$521.12	\$729.47	\$708.94	\$680.57	\$846.98	\$830.11	\$777.24	\$929.33
64+	\$538.59	\$574.47	\$529.59	\$741.33	\$720.45	\$691.65	\$860.76	\$843.60	\$789.87	\$944.43

*Includes Pediatric Dental plan



C.A.R. HEALTH PLAN

How To Calculate Your Medical Rates

For Assistance, Call RealCare Insurance Marketing at (800) 939-8088

Step 1: Review Plan Options

Find the plan you want from the Kaiser Plan Comparison and benefit summaries available on the RealCare website. Once you select a plan, you will only be allowed to change it during Open Enrollment or if you experience a qualifying event. Information on benefits and rates for all plans and coverage options are available online.

For more information please follow the link below. If you wish to confirm your eligibility you can call RealCare at (800) 939-8088, Ext. 202.

Once you've decided which plan you want and who you want to cover, use the worksheet below to calculate your premiums. All rates will be confirmed by RealCare.

www.RealCareCAR.com

[Qualifying Events](#)

Step 2: Confirm Eligibility and Find Your Rating Region

Review the Rating Region guide to confirm that you live within a Kaiser service area and determine which rating area you should use. Your rate is determined by your home zip code. The zip code of a P.O. Box or other purchased mailbox may not be used. If you move to a different rating area during the year your rate will be updated on the first of the month following notice of your address change.

Step 3: Medical Rate Worksheet

- Write in the name of the plan you've selected and locate the plan on the rate page for your rating region
- List each family member you want to cover on the worksheet below
- Enter the rate for each family member, based on their age as of 6/1/14
- For children under 21, include a rate for only the three oldest children
- For children 21 and older, enter each child's rate
- Add up the rates

2014 Health Plan Selection: _____

	Family Member Name	Age as of 6/1/14	Medical Rate
C.A.R. Member			\$
Spouse/DP			\$
Child			\$
Child			\$
Child			\$
Child			\$
Monthly Administration Fee			\$ 20.00
Total			\$