

# Employer Group Plans | 公司團體計劃

## 2018 Monthly Rates | N. San Mateo County | 北聖馬刁縣

January 1 - December 31, 2019 | 只適用於 1/1/18 – 12/31/19

- Each family member will be charged the premium for their age and rating region for their household.
- Only the first three of the oldest children under 21 in the family are charged; additional enrolled children will have no premium rate.
- All dependents age 15 and older are charged premiums based on their ages.

- 每位家庭成員的月費是根據年齡及居住地區計算。
- 只有前三名年齡最大的 21 歲以下子女會被計算入投保費用，額外的投保子女則免費。
- 所有 15 歲或以上的子女的月費是根據年齡計算。

	Ruby 10 HMO Platinum	Ruby 20 HMO Platinum	Ruby 40 HMO Platinum	Opal 25 HMO Gold	Opal 50 HMO Silver
AGE / 年齡	RATE / 月費	RATE / 月費	RATE / 月費	RATE / 月費	AGE / 年齡
0-14	347.44	340.67	321.44	275.31	245.32
15	378.32	370.95	350.01	299.79	267.12
16	390.13	382.53	360.93	309.14	275.46
17	401.94	394.11	371.86	318.50	283.80
18	414.65	406.58	383.62	328.58	292.78
19	427.37	419.05	395.39	338.65	301.75
20	440.54	431.96	407.57	349.09	311.05
21	454.16	445.32	420.18	359.89	320.67
22	454.16	445.32	420.18	359.89	320.67
23	454.16	445.32	420.18	359.89	320.67
24	454.16	445.32	420.18	359.89	320.67
25	455.98	447.10	421.86	361.33	321.96
26	465.06	456.01	430.26	368.52	328.37
27	475.96	466.69	440.35	377.16	336.07
28	493.68	484.06	456.73	391.20	348.57
29	508.21	498.31	470.18	402.71	358.83
30	515.48	505.44	476.90	408.47	363.97
31	526.38	516.12	486.99	417.11	371.66
32	537.28	526.81	497.07	425.75	379.36
33	544.09	533.49	503.37	431.14	384.17
34	551.36	540.62	510.10	436.90	389.30
35	554.99	544.18	513.46	439.78	391.86
36	558.62	547.74	516.82	442.66	394.43
37	562.26	551.30	520.18	445.54	396.99
38	565.89	554.87	523.54	448.42	399.56
39	573.16	561.99	530.26	454.18	404.69
40	580.42	569.12	536.99	459.94	409.82
41	591.32	579.81	547.07	468.57	417.52
42	601.77	590.05	556.74	476.85	424.89
43	616.30	604.30	570.18	488.37	435.15
44	634.47	622.11	586.99	502.76	447.98
45	655.81	643.04	606.74	519.68	463.05
46	681.25	667.98	630.27	539.83	481.01
47	709.86	696.03	656.74	562.50	501.21
48	742.56	728.10	686.99	588.41	524.30
49	774.81	759.71	716.82	613.97	547.07
50	811.14	795.34	750.44	642.76	572.72
51	847.02	830.52	783.63	671.19	598.06
52	886.53	869.26	820.19	702.50	625.96
53	926.50	908.45	857.16	734.17	654.18
54	969.64	950.76	897.08	768.36	684.64
55	1012.79	993.06	937.00	802.55	715.10
56	1059.57	1038.93	980.28	839.62	748.13
57	1106.80	1085.24	1023.97	877.04	781.48
58	1157.21	1134.67	1070.61	916.99	817.08
59	1182.19	1159.17	1093.72	936.79	834.71
60	1232.60	1208.60	1140.36	976.73	870.31
61	1276.20	1251.35	1180.70	1011.28	901.09
62	1304.82	1279.40	1207.17	1033.95	921.30
63	1340.69	1314.58	1240.37	1062.39	946.63
64+	1362.48	1335.96	1260.54	1079.67	962.01



# Employer Group Plans | 公司團體計劃

## 2018 Monthly Rates | N. San Mateo County | 北聖馬刁縣

January 1 - December 31, 2019 | 只適用於 1/1/18 – 12/31/19

- Each family member will be charged the premium for their age and rating region for their household.
- Only the first three of the oldest children under 21 in the family are charged; additional enrolled children will have no premium rate.
- All dependents age 15 and older are charged premiums based on their ages.

- 每位家庭成員的月費是根據年齡及居住地區計算。
- 只有前三名年齡最大的21歲以下子女會被計算入投保費用，額外的投保子女則免費。
- 所有15歲或以上的子女的月費是根據年齡計算。

PLANS AVAILABLE OUTSIDE AND INSIDE COVERED CALIFORNIA (SHOP) 可通過或不通過投保加州市場選擇這些醫療計劃 (SHOP)

	Platinum <sup>90</sup> HMO 0/15 + Child Dental	Gold <sup>80</sup> HMO 0/30 + Child Dental	Silver <sup>70</sup> HMO 2000/45 + Child Dental	Bronze <sup>60</sup> HMO 6300/75 + Child Dental	Bronze <sup>60</sup> HDHP 6300/40% + Child Dental
AGE / 年齡	RATE / 月費	RATE / 月費	RATE / 月費	RATE / 月費	RATE / 月費
0-14	339.78	307.19	256.04	201.44	199.42
15	369.98	334.50	278.80	219.34	217.15
16	381.53	344.94	287.50	226.19	223.93
17	393.08	355.38	296.20	233.04	230.71
18	405.51	366.62	305.57	240.41	238.01
19	417.95	377.86	314.94	247.78	245.30
20	430.83	389.51	324.65	255.42	252.86
21	444.16	401.56	334.69	263.32	260.68
22	444.16	401.56	334.69	263.32	260.68
23	444.16	401.56	334.69	263.32	260.68
24	444.16	401.56	334.69	263.32	260.68
25	445.93	403.16	336.03	264.37	261.73
26	454.81	411.19	342.72	269.64	266.94
27	465.47	420.83	350.75	275.96	273.20
28	482.80	436.49	363.81	286.23	283.36
29	497.01	449.34	374.52	294.65	291.71
30	504.12	455.77	379.87	298.87	295.88
31	514.78	465.40	387.90	305.19	302.13
32	525.44	475.04	395.94	311.51	308.39
33	532.10	481.06	400.96	315.45	312.30
34	539.20	487.49	406.31	319.67	316.47
35	542.76	490.70	408.99	321.77	318.56
36	546.31	493.91	411.67	323.88	320.64
37	549.86	497.13	414.34	325.99	322.73
38	553.42	500.34	417.02	328.09	324.81
39	560.52	506.76	422.38	332.31	328.98
40	567.63	513.19	427.73	336.52	333.16
41	578.29	522.83	435.76	342.84	339.41
42	588.51	532.06	443.46	348.90	345.41
43	602.72	544.91	454.17	357.32	353.75
44	620.48	560.97	467.56	367.86	364.18
45	641.36	579.85	483.29	380.23	376.43
46	666.23	602.33	502.03	394.98	391.03
47	694.21	627.63	523.12	411.57	407.45
48	726.19	656.54	547.22	430.52	426.22
49	757.73	685.05	570.98	449.22	444.73
50	793.26	717.18	597.75	470.29	465.58
51	828.35	748.90	624.19	491.09	486.18
52	866.99	783.84	653.31	514.00	508.86
53	906.08	819.17	682.77	537.17	531.80
54	948.27	857.32	714.56	562.18	556.56
55	990.47	895.47	746.36	587.20	581.33
56	1036.21	936.83	780.83	614.32	608.18
57	1082.41	978.59	815.64	641.71	635.29
58	1131.71	1023.16	852.79	670.93	664.22
59	1156.14	1045.25	871.19	685.42	678.56
60	1205.44	1089.82	908.35	714.65	707.50
61	1248.08	1128.37	940.48	739.92	732.52
62	1276.06	1153.67	961.56	756.51	748.95
63	1311.15	1185.39	988.00	777.31	769.54
64+	1332.48	1204.68	1004.07	789.96	782.04