

Individual & Family Plans | 個人/家庭計劃

2017 Monthly Rates | N. San Mateo County | 北聖馬刁縣

- 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 21 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人投保費用,額外的投保子女則免費。
- 所有21歲或以上的子女的月費是根據年齡計算。

	Jade	Copay 25	Amber	ActiveChoice PPO
AGE/年齢	RATE/ 月費	RATE/ 月費	RATE/ 月費	RATE/ 月費
0-20	\$293.08	\$287.24	\$211.51	\$204.17
21	\$461.55	\$452.35	\$333.09	\$321.53
22	\$461.55	\$452.35	\$333.09	\$321.53
23	\$461.55	\$452.35	\$333.09	\$321.53
24	\$461.55	\$452.35	\$333.09	\$321.53
25	\$463.39	\$454.16	\$334.42	\$322.82
26	\$472.62	\$463.21	\$341.09	\$329.25
27	\$483.70	\$474.07	\$349.08	\$336.97
28	\$501.70	\$491.71	\$362.07	\$349.51
29	\$516.47	\$506.18	\$372.73	\$359.79
30	\$523.86	\$513.42	\$378.06	\$364.94
31	\$534.93	\$524.28	\$386.05	\$372.66
32	\$546.01	\$535.13	\$394.05	\$380.37
33	\$552.93	\$541.92	\$399.04	\$385.20
34	\$560.32	\$549.16	\$404.37	\$390.34
35	\$564.01	\$552.77	\$407.04	\$392.91
36	\$567.70	\$556.39	\$409.70	\$395.49
37	\$571.39	\$560.01	\$412.37	\$398.06
38	\$575.09	\$563.63	\$415.03	\$400.63
39	\$582.47	\$570.87	\$420.36	\$405.77
40	\$589.86	\$578.11	\$425.69	\$410.92
41	\$600.93	\$588.96	\$433.68	\$418.64
42	\$611.55	\$599.37	\$441.35	\$426.03
43	\$626.32	\$613.84	\$452.00	\$436.32
44	\$644.78	\$631.94	\$465.33	\$449.18
45	\$666.47	\$653.20	\$480.98	\$464.29
46	\$692.32	\$678.53	\$499.64	\$482.30
47	\$721.40	\$707.03	\$520.62	\$502.56
48	\$754.63	\$739.60	\$520.02	\$502.50
			\$568.25	
49	\$787.40	\$771.71 \$807.90	·	\$548.53 \$574.26
50	\$824.32		\$594.90	
51	\$860.78 \$900.94	\$843.64 \$882.99	\$621.21	\$599.66 \$627.63
52	·		\$650.19	
53	\$941.55	\$922.80	\$679.51	\$655.93
54	\$985.40	\$965.77	\$711.15	\$686.47
55	\$1,029.25	\$1,008.75	\$742.79	\$717.02
56	\$1,076.79	\$1,055.34	\$777.10	\$750.14
57	\$1,124.79	\$1,102.38	\$811.74	\$783.57
58	\$1,176.02	\$1,152.59	\$848.72	\$819.26
59	\$1,201.41	\$1,177.47	\$867.04	\$836.95
60	\$1,252.64	\$1,227.68	\$904.01	\$872.64
61	\$1,296.95	\$1,271.11	\$935.99	\$903.51
62	\$1,326.02	\$1,299.61	\$956.97	\$923.76
63	\$1,362.48	\$1,335.34	\$983.28	\$949.16
64+	\$1,384.65	\$1,357.05	\$999.27	\$964.59



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	PLANS AVAILABLE OUTSIDE AND INSIDE COVERED CALIFORNIA 可通過或不通過投保加州市場選擇這些醫療計劃					
	Platinum ⁹⁰ HMO	Gold ⁸⁰ HMO	Silver ⁷⁰ HMO	Bronze ⁶⁰ HMO	Minimum Coverage HMO 最低保障 HMO	
AGE/年齡	RATE/ 月費	RATE / 月費	RATE/ 月費	RATE/ 月費	RATE/ 月費	
0-20	\$301.09	\$272.90	\$221.35	\$170.64	\$168.81	
21	\$474.16	\$429.76	\$348.59	\$268.73	\$265.84	
22	\$474.16	\$429.76	\$348.59	\$268.73	\$265.84	
23	\$474.16	\$429.76	\$348.59	\$268.73	\$265.84	
24	\$474.16	\$429.76	\$348.59	\$268.73	\$265.84	
25	\$476.05	\$431.48	\$349.98	\$269.81	\$266.91	
26	\$485.54	\$440.08	\$356.96	\$275.18	\$272.22	
27	\$496.91	\$450.39	\$365.32	\$281.63	\$278.60	
28	\$515.41	\$467.15	\$378.92	\$292.11	\$288.97	
29	\$530.58	\$480.90	\$390.07	\$300.71	\$297.48	
30	\$538.17	\$487.78	\$395.65	\$305.01	\$301.73	
31	\$549.55	\$498.09	\$404.02	\$311.46	\$308.11	
32	\$560.93	\$508.41	\$412.38	\$317.91	\$314.49	
33	\$568.04	\$514.85	\$417.61	\$321.94	\$318.48	
34	\$575.62	\$521.73	\$423.19	\$326.24	\$322.73	
35	\$579.42	\$525.17	\$425.98	\$328.39	\$324.86	
36	\$583.21	\$528.61	\$428.77	\$330.54	\$326.99	
37	\$587.00	\$532.04	\$431.55	\$332.69	\$329.11	
38	\$590.80	\$535.48	\$434.34	\$334.84	\$331.24	
39	\$598.38	\$542.36	\$439.92	\$339.14	\$335.49	
40	\$605.97	\$549.23	\$445.50	\$343.44	\$339.75	
41	\$617.35	\$559.55	\$453.86	\$349.89	\$346.13	
42	\$628.26	\$569.43	\$461.88	\$356.07	\$352.24	
43	\$643.43	\$583.19	\$473.04	\$364.67	\$360.75	
44	\$662.40	\$600.38	\$486.98	\$375.42	\$371.38	
45	\$684.68	\$620.57	\$503.36	\$388.05	\$383.88	
46	\$711.23	\$644.64	\$522.88	\$403.10	\$398.76	
47	\$741.10	\$671.72	\$544.85	\$420.03	\$415.51	
48	\$775.24	\$702.66	\$569.94	\$439.38	\$434.65	
49	\$808.91	\$733.17	\$594.69	\$458.46	\$453.53	
50	\$846.84	\$767.55	\$622.58	\$479.96	\$474.79	
51	\$884.30	\$801.50	\$650.12	\$501.18	\$495.80	
52	\$925.55	\$838.89	\$680.45	\$524.56	\$518.92	
53	\$967.28	\$876.71	\$711.12	\$548.21	\$542.32	
54	\$1,012.32	\$917.54	\$744.24	\$573.74	\$567.57	
55	\$1,057.37	\$958.37	\$777.35	\$599.27	\$592.83	
56	\$1,106.20	\$1,002.63	\$813.26	\$626.95	\$620.21	
57	\$1,155.52	\$1,047.33	\$849.51	\$654.90	\$647.86	
58	\$1,208.15	\$1,095.03	\$888.21	\$684.73	\$677.37	
59	\$1,234.23	\$1,118.67	\$907.38	\$699.51	\$691.99	
60	\$1,286.86	\$1,166.37	\$946.07	\$729.34	\$721.50	
61	\$1,332.38	\$1,207.63	\$979.54	\$755.14	\$747.02	
62	\$1,362.25	\$1,234.70	\$1,001.50	\$772.07	\$763.76	
63	\$1,399.71	\$1,268.65	\$1,029.04	\$793.30	\$784.77	
64+	\$1,422.48	\$1,289.28	\$1,045.77	\$806.19	\$797.52	