

# Individual & Family Plans | 個人/家庭計劃

## 2023 Monthly Rates | San Mateo County | 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入投保費用，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 15 Platinum HMO	Silver 70 Off Exchange HMO	Amber 50 Silver HMO	ActiveChoice PPO
AGE / 年齡	RATE / 月費	RATE / 月費	RATE / 月費	RATE / 月費
0-14	\$491.94	\$377.97	\$368.02	\$354.21
15	\$535.67	\$411.57	\$400.73	\$385.69
16	\$552.39	\$424.41	\$413.24	\$397.73
17	\$569.11	\$437.26	\$425.75	\$409.77
18	\$587.12	\$451.09	\$439.22	\$422.73
19	\$605.12	\$464.93	\$452.69	\$435.70
20	\$623.77	\$479.26	\$466.64	\$449.13
21	\$643.06	\$494.08	\$481.07	\$463.02
22	\$643.06	\$494.08	\$481.07	\$463.02
23	\$643.06	\$494.08	\$481.07	\$463.02
24	\$643.06	\$494.08	\$481.07	\$463.02
25	\$645.63	\$496.05	\$483.00	\$464.87
26	\$658.50	\$505.94	\$492.62	\$474.13
27	\$673.93	\$517.79	\$504.17	\$485.24
28	\$699.01	\$537.06	\$522.93	\$503.30
29	\$719.59	\$552.87	\$538.32	\$518.11
30	\$729.88	\$560.78	\$546.02	\$525.52
31	\$745.31	\$572.64	\$557.56	\$536.64
32	\$760.74	\$584.49	\$569.11	\$547.75
33	\$770.39	\$591.91	\$576.33	\$554.69
34	\$780.68	\$599.81	\$584.02	\$562.10
35	\$785.82	\$603.76	\$587.87	\$565.81
36	\$790.97	\$607.72	\$591.72	\$569.51
37	\$796.11	\$611.67	\$595.57	\$573.21
38	\$801.26	\$615.62	\$599.42	\$576.92
39	\$811.54	\$623.53	\$607.12	\$584.33
40	\$821.83	\$631.43	\$614.81	\$591.73
41	\$837.27	\$643.29	\$626.36	\$602.85
42	\$852.06	\$654.65	\$637.42	\$613.50
43	\$872.64	\$670.46	\$652.82	\$628.31
44	\$898.36	\$690.23	\$672.06	\$646.83
45	\$928.58	\$713.45	\$694.67	\$668.60
46	\$964.59	\$741.12	\$721.61	\$694.52
47	\$1005.11	\$772.24	\$751.92	\$723.69
48	\$1051.41	\$807.82	\$786.56	\$757.03
49	\$1097.06	\$842.90	\$820.71	\$789.91
50	\$1148.51	\$882.42	\$859.20	\$826.95
51	\$1199.31	\$921.45	\$897.20	\$863.52
52	\$1255.26	\$964.44	\$939.06	\$903.81
53	\$1311.85	\$1007.92	\$981.39	\$944.55
54	\$1372.94	\$1054.86	\$1027.09	\$988.54
55	\$1434.03	\$1101.79	\$1072.79	\$1032.53
56	\$1500.26	\$1152.68	\$1122.35	\$1080.22
57	\$1567.14	\$1204.07	\$1172.38	\$1128.37
58	\$1638.52	\$1258.91	\$1225.78	\$1179.76
59	\$1673.89	\$1286.08	\$1252.24	\$1205.23
60	\$1745.27	\$1340.93	\$1305.63	\$1256.63
61	\$1807.00	\$1388.36	\$1351.82	\$1301.07
62	\$1847.52	\$1419.49	\$1382.13	\$1330.24
63	\$1898.32	\$1458.52	\$1420.13	\$1366.82
64+	\$1929.18	\$1482.22	\$1443.21	\$1389.04

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AGE / 年齡	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					ONLY AVAILABLE INSIDE COVERED CALIFORNIA 僅可透過 Covered CA 投保加州選擇此醫療計劃
	Platinum <sup>90</sup> HMO	Gold <sup>80</sup> HMO	Bronze <sup>60</sup> HMO	Bronze <sup>60</sup> HDHP	Minimum Coverage HMO 最低保障 HMO	Silver <sup>70</sup> HMO
	RATE / 月費	RATE / 月費	RATE / 月費	RATE / 月費	RATE / 月費	RATE / 月費
0-14	\$505.37	\$461.49	\$304.57	\$304.38	\$293.18	\$408.21
15	\$550.29	\$502.51	\$331.64	\$331.44	\$319.24	\$444.49
16	\$567.46	\$518.20	\$342.00	\$341.78	\$329.20	\$458.37
17	\$584.64	\$533.88	\$352.35	\$352.13	\$339.16	\$472.24
18	\$603.13	\$550.77	\$363.49	\$363.27	\$349.89	\$487.18
19	\$621.63	\$567.67	\$374.64	\$374.41	\$360.63	\$502.12
20	\$640.79	\$585.16	\$386.19	\$385.95	\$371.74	\$517.60
21	\$660.61	\$603.26	\$398.13	\$397.88	\$383.24	\$533.60
22	\$660.61	\$603.26	\$398.13	\$397.88	\$383.24	\$533.60
23	\$660.61	\$603.26	\$398.13	\$397.88	\$383.24	\$533.60
24	\$660.61	\$603.26	\$398.13	\$397.88	\$383.24	\$533.60
25	\$663.25	\$605.67	\$399.72	\$399.47	\$384.77	\$535.74
26	\$676.46	\$617.74	\$407.69	\$407.43	\$392.43	\$546.41
27	\$692.32	\$632.21	\$417.24	\$416.98	\$401.63	\$559.22
28	\$718.08	\$655.74	\$432.77	\$432.50	\$416.58	\$580.03
29	\$739.22	\$675.05	\$445.51	\$445.23	\$428.84	\$597.10
30	\$749.79	\$684.70	\$451.88	\$451.60	\$434.97	\$605.64
31	\$765.64	\$699.18	\$461.43	\$461.15	\$444.17	\$618.45
32	\$781.50	\$713.65	\$470.99	\$470.70	\$453.37	\$631.25
33	\$791.41	\$722.70	\$476.96	\$476.66	\$459.12	\$639.26
34	\$801.98	\$732.35	\$483.33	\$483.03	\$465.25	\$647.80
35	\$807.26	\$737.18	\$486.52	\$486.21	\$468.32	\$652.06
36	\$812.55	\$742.01	\$489.70	\$489.40	\$471.38	\$656.33
37	\$817.83	\$746.83	\$492.89	\$492.58	\$474.45	\$660.60
38	\$823.12	\$751.66	\$496.07	\$495.76	\$477.51	\$664.87
39	\$833.69	\$761.31	\$502.44	\$502.13	\$483.64	\$673.41
40	\$844.26	\$770.96	\$508.81	\$508.49	\$489.78	\$681.95
41	\$860.11	\$785.44	\$518.37	\$518.04	\$498.97	\$694.75
42	\$875.31	\$799.32	\$527.52	\$527.19	\$507.79	\$707.03
43	\$896.44	\$818.62	\$540.26	\$539.93	\$520.05	\$724.10
44	\$922.87	\$842.75	\$556.19	\$555.84	\$535.38	\$745.44
45	\$953.92	\$871.10	\$574.90	\$574.54	\$553.39	\$770.52
46	\$990.91	\$904.89	\$597.20	\$596.82	\$574.85	\$800.41
47	\$1032.53	\$942.89	\$622.28	\$621.89	\$599.00	\$834.02
48	\$1080.09	\$986.33	\$650.95	\$650.54	\$626.59	\$872.44
49	\$1127.00	\$1029.16	\$679.21	\$678.79	\$653.80	\$910.33
50	\$1179.85	\$1077.42	\$711.06	\$710.62	\$684.46	\$953.02
51	\$1232.03	\$1125.08	\$742.52	\$742.05	\$714.74	\$995.17
52	\$1289.51	\$1177.56	\$777.15	\$776.67	\$748.08	\$1041.59
53	\$1347.64	\$1230.65	\$812.19	\$811.68	\$781.80	\$1088.55
54	\$1410.40	\$1287.95	\$850.01	\$849.48	\$818.21	\$1139.24
55	\$1473.16	\$1345.26	\$887.83	\$887.28	\$854.62	\$1189.94
56	\$1541.20	\$1407.40	\$928.84	\$928.26	\$894.09	\$1244.90
57	\$1609.90	\$1470.14	\$970.25	\$969.64	\$933.95	\$1300.39
58	\$1683.23	\$1537.10	\$1014.44	\$1013.81	\$976.49	\$1359.62
59	\$1719.56	\$1570.28	\$1036.34	\$1035.69	\$997.56	\$1388.97
60	\$1792.89	\$1637.24	\$1080.53	\$1079.85	\$1040.10	\$1448.20
61	\$1856.31	\$1695.15	\$1118.75	\$1118.05	\$1076.89	\$1499.43
62	\$1897.93	\$1733.16	\$1143.83	\$1143.12	\$1101.04	\$1533.04
63	\$1950.11	\$1780.82	\$1175.28	\$1174.55	\$1131.31	\$1575.20
64+	\$1981.81	\$1809.76	\$1194.39	\$1193.64	\$1149.70	\$1600.80