



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA									
Rating Area:					CARA17 *				
Plan ID: 14057013 Plan Name: Aetna Value Network HMO Platinum									
CA \$20/30 0 M									
Age	Rate			Age	Rate			Age	Rate
0-14	374.57			31	567.49			48	800.56
15	407.87			32	579.24			49	835.33
16	420.60			33	586.59			50	874.50
17	433.33			34	594.42			51	913.18
18	447.04			35	598.34			52	955.78
19	460.75			36	602.26			53	998.87
20	474.95			37	606.17			54	1045.38
21	489.64			38	610.09			55	1091.90
22	489.64			39	617.93			56	1142.33
23	489.64			40	625.76			57	1193.25
24	489.64			41	637.51			58	1247.60
25	491.60			42	648.77			59	1274.53
26	501.39			43	664.44			60	1328.88
27	513.14			44	684.03			61	1375.89
28	532.24			45	707.04			62	1406.74
29	547.91			46	734.46			63	1445.42
30	555.74			47	765.31			64+	1468.43

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA										
Rating Area:					CARA17 *					
Plan ID: 14057014					Plan Name: Aetna Value Network HMO Platinum					
CA \$20/30 0 WINF										
Age	Rate			Age	Rate			Age	Rate	
0-14	389.56			31	590.19			48	832.58	
15	424.18			32	602.41			49	868.74	
16	437.42			33	610.05			50	909.48	
17	450.66			34	618.20			51	949.71	
18	464.92			35	622.27			52	994.01	
19	479.18			36	626.35			53	1038.82	
20	493.95			37	630.42			54	1087.20	
21	509.23			38	634.49			55	1135.57	
22	509.23			39	642.64			56	1188.02	
23	509.23			40	650.79			57	1240.98	
24	509.23			41	663.01			58	1297.51	
25	511.26			42	674.72			59	1325.51	
26	521.45			43	691.02			60	1382.04	
27	533.67			44	711.39			61	1430.92	
28	553.53			45	735.32			62	1463.00	
29	569.82			46	763.84			63	1503.23	
30	577.97			47	795.92			64+	1527.17	

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Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

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Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA									
Rating Area:					CARA17 *				
Plan ID: 14057015 Plan Name: AWH Southern CA HMO Platinum CA \$20/30 0 M									
Age	Rate			Age	Rate			Age	Rate
0-14	364.82			31	552.71			48	779.71
15	397.25			32	564.16			49	813.57
16	409.65			33	571.31			50	851.72
17	422.04			34	578.94			51	889.39
18	435.40			35	582.75			52	930.88
19	448.75			36	586.57			53	972.85
20	462.58			37	590.38			54	1018.15
21	476.89			38	594.20			55	1063.46
22	476.89			39	601.83			56	1112.58
23	476.89			40	609.46			57	1162.17
24	476.89			41	620.91			58	1215.11
25	478.79			42	631.87			59	1241.33
26	488.33			43	647.13			60	1294.27
27	499.78			44	666.21			61	1340.05
28	518.38			45	688.62			62	1370.09
29	533.64			46	715.33			63	1407.77
30	541.27			47	745.37			64+	1430.18

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

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Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

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Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA										
Rating Area:					CARA17 *					
Plan ID: 14057016					Plan Name: AWH Southern CA HMO Platinum					
CA \$20/30 0 WINF										
Age	Rate			Age	Rate			Age	Rate	
0-14	379.41			31	574.82			48	810.90	
15	413.14			32	586.72			49	846.11	
16	426.03			33	594.16			50	885.79	
17	438.93			34	602.10			51	924.97	
18	452.81			35	606.06			52	968.12	
19	466.70			36	610.03			53	1011.76	
20	481.08			37	614.00			54	1058.88	
21	495.96			38	617.97			55	1105.99	
22	495.96			39	625.90			56	1157.08	
23	495.96			40	633.84			57	1208.66	
24	495.96			41	645.74			58	1263.71	
25	497.95			42	657.15			59	1290.99	
26	507.86			43	673.02			60	1346.04	
27	519.77			44	692.86			61	1393.65	
28	539.11			45	716.17			62	1424.90	
29	554.98			46	743.94			63	1464.08	
30	562.92			47	775.19			64+	1487.39	

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Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

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Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA									
Rating Area:					CARA17 *				
Plan ID: 14057017 Plan Name: HMO Platinum									
CA \$25/50 0									
Age	Rate			Age	Rate			Age	Rate
0-14	450.61			31	682.69			48	963.06
15	490.66			32	696.82			49	1004.88
16	505.98			33	705.66			50	1052.01
17	521.29			34	715.08			51	1098.54
18	537.78			35	719.79			52	1149.79
19	554.28			36	724.51			53	1201.62
20	571.36			37	729.22			54	1257.58
21	589.03			38	733.93			55	1313.54
22	589.03			39	743.36			56	1374.21
23	589.03			40	752.78			57	1435.46
24	589.03			41	766.92			58	1500.85
25	591.39			42	780.46			59	1533.24
26	603.17			43	799.31			60	1598.63
27	617.30			44	822.87			61	1655.17
28	640.28			45	850.56			62	1692.28
29	659.12			46	883.54			63	1738.82
30	668.55			47	920.65			64+	1766.50

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Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA									
Rating Area:					CARA17 *				
Plan ID: 14057018 Plan Name: HMO Platinum									
CA \$25/50 0 WINF									
Age	Rate			Age	Rate			Age	Rate
0-14	468.63			31	709.99			48	1001.59
15	510.29			32	724.69			49	1045.08
16	526.22			33	733.88			50	1094.09
17	542.14			34	743.69			51	1142.48
18	559.30			35	748.59			52	1195.78
19	576.45			36	753.49			53	1249.69
20	594.21			37	758.39			54	1307.88
21	612.59			38	763.29			55	1366.08
22	612.59			39	773.09			56	1429.17
23	612.59			40	782.89			57	1492.88
24	612.59			41	797.59			58	1560.88
25	615.04			42	811.68			59	1594.57
26	627.29			43	831.29			60	1662.57
27	642.00			44	855.79			61	1721.38
28	665.89			45	884.58			62	1759.97
29	685.49			46	918.89			63	1808.37
30	695.29			47	957.48			64+	1837.16

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Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

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Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA										
Rating Area:					CARA17 *					
Plan ID: 14057019					Plan Name: Aetna Value Network HMO Platinum					
CA \$25/50 0										
Age	Rate			Age	Rate			Age	Rate	
0-14	386.85			31	586.09			48	826.79	
15	421.23			32	598.22			49	862.69	
16	434.38			33	605.81			50	903.15	
17	447.53			34	613.90			51	943.10	
18	461.69			35	617.94			52	987.09	
19	475.85			36	621.99			53	1031.59	
20	490.51			37	626.03			54	1079.63	
21	505.68			38	630.08			55	1127.67	
22	505.68			39	638.17			56	1179.76	
23	505.68			40	646.26			57	1232.35	
24	505.68			41	658.40			58	1288.48	
25	507.70			42	670.03			59	1316.29	
26	517.82			43	686.21			60	1372.42	
27	529.95			44	706.44			61	1420.97	
28	549.68			45	730.20			62	1452.82	
29	565.86			46	758.52			63	1492.77	
30	573.95			47	790.38			64+	1516.54	

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Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

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Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA										
Rating Area:					CARA17 *					
Plan ID: 14057020					Plan Name: Aetna Value Network HMO Platinum					
CA \$25/50 0 WINF										
Age	Rate			Age	Rate			Age	Rate	
0-14	402.32			31	609.53			48	859.86	
15	438.08			32	622.15			49	897.20	
16	451.76			33	630.04			50	939.27	
17	465.43			34	638.45			51	980.82	
18	480.15			35	642.66			52	1026.57	
19	494.88			36	646.87			53	1072.85	
20	510.13			37	651.08			54	1122.82	
21	525.91			38	655.28			55	1172.78	
22	525.91			39	663.70			56	1226.95	
23	525.91			40	672.11			57	1281.64	
24	525.91			41	684.73			58	1340.02	
25	528.01			42	696.83			59	1368.94	
26	538.53			43	713.66			60	1427.32	
27	551.15			44	734.69			61	1477.80	
28	571.66			45	759.41			62	1510.94	
29	588.49			46	788.86			63	1552.48	
30	596.91			47	822.00			64+	1577.20	

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Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

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Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA									
Rating Area:					CARA17 *				
Plan ID: 14057021 Plan Name: AWH Southern CA HMO Platinum CA \$25/50 0									
Age	Rate			Age	Rate			Age	Rate
0-14	376.77			31	570.82			48	805.25
15	410.26			32	582.64			49	840.22
16	423.07			33	590.03			50	879.62
17	435.87			34	597.91			51	918.53
18	449.66			35	601.85			52	961.38
19	463.45			36	605.79			53	1004.72
20	477.73			37	609.73			54	1051.51
21	492.51			38	613.67			55	1098.30
22	492.51			39	621.55			56	1149.03
23	492.51			40	629.43			57	1200.25
24	492.51			41	641.25			58	1254.92
25	494.48			42	652.58			59	1282.00
26	504.33			43	668.34			60	1336.67
27	516.15			44	688.04			61	1383.95
28	535.36			45	711.18			62	1414.98
29	551.12			46	738.77			63	1453.89
30	559.00			47	769.79			64+	1477.04

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Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

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Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA									
Rating Area:					CARA17 *				
Plan ID: 14057022 Plan Name: AWH Southern CA HMO Platinum CA \$25/50 0 WINF									
Age	Rate			Age	Rate			Age	Rate
0-14	391.84			31	593.65			48	837.46
15	426.67			32	605.94			49	873.83
16	439.99			33	613.63			50	914.81
17	453.31			34	621.82			51	955.27
18	467.65			35	625.92			52	999.83
19	481.99			36	630.02			53	1044.91
20	496.84			37	634.12			54	1093.57
21	512.21			38	638.21			55	1142.23
22	512.21			39	646.41			56	1194.99
23	512.21			40	654.60			57	1248.26
24	512.21			41	666.90			58	1305.11
25	514.26			42	678.68			59	1333.28
26	524.50			43	695.07			60	1390.14
27	536.80			44	715.56			61	1439.31
28	556.77			45	739.63			62	1471.58
29	573.16			46	768.32			63	1512.05
30	581.36			47	800.58			64+	1536.12

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Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA									
Rating Area:					CARA17 *				
Plan ID: 14057023 Plan Name: HMO Gold									
CA \$30/65 1250									
Age	Rate			Age	Rate			Age	Rate
0-14	348.31			31	527.70			48	744.42
15	379.27			32	538.62			49	776.75
16	391.11			33	545.45			50	813.17
17	402.94			34	552.74			51	849.14
18	415.69			35	556.38			52	888.75
19	428.44			36	560.02			53	928.82
20	441.65			37	563.67			54	972.07
21	455.30			38	567.31			55	1015.33
22	455.30			39	574.59			56	1062.22
23	455.30			40	581.88			57	1109.58
24	455.30			41	592.81			58	1160.11
25	457.13			42	603.28			59	1185.16
26	466.23			43	617.85			60	1235.70
27	477.16			44	636.06			61	1279.40
28	494.92			45	657.46			62	1308.09
29	509.49			46	682.96			63	1344.06
30	516.77			47	711.64			64+	1365.46

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Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA										
Rating Area:					CARA17 *					
Plan ID: 14057024					Plan Name: HMO Gold					
CA \$30/65 1250 wINF										
Age	Rate			Age	Rate			Age	Rate	
0-14	362.24			31	548.81			48	774.20	
15	394.44			32	560.17			49	807.82	
16	406.75			33	567.27			50	845.70	
17	419.06			34	574.85			51	883.11	
18	432.32			35	578.64			52	924.30	
19	445.58			36	582.43			53	965.97	
20	459.31			37	586.21			54	1010.96	
21	473.52			38	590.00			55	1055.94	
22	473.52			39	597.58			56	1104.71	
23	473.52			40	605.15			57	1153.96	
24	473.52			41	616.52			58	1206.52	
25	475.41			42	627.41			59	1232.56	
26	484.88			43	642.56			60	1285.12	
27	496.25			44	661.50			61	1330.58	
28	514.71			45	683.76			62	1360.41	
29	529.86			46	710.27			63	1397.82	
30	537.44			47	740.11			64+	1420.08	

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Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

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Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA									
Rating Area:					CARA17 *				
Plan ID: 14057025					Plan Name: Aetna Value Network HMO Gold				
CA \$30/65 1250									
Age	Rate			Age	Rate			Age	Rate
0-14	299.02			31	453.03			48	639.09
15	325.60			32	462.41			49	666.84
16	335.76			33	468.27			50	698.11
17	345.93			34	474.53			51	728.99
18	356.87			35	477.65			52	763.00
19	367.82			36	480.78			53	797.39
20	379.15			37	483.91			54	834.53
21	390.88			38	487.03			55	871.66
22	390.88			39	493.29			56	911.92
23	390.88			40	499.54			57	952.57
24	390.88			41	508.92			58	995.96
25	392.44			42	517.91			59	1017.46
26	400.26			43	530.42			60	1060.84
27	409.64			44	546.06			61	1098.37
28	424.89			45	564.43			62	1122.99
29	437.39			46	586.32			63	1153.87
30	443.65			47	610.94			64+	1172.25

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Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA										
Rating Area:					CARA17 *					
Plan ID: 14057026					Plan Name: Aetna Value Network HMO Gold					
CA \$30/65 1250 wINF										
Age	Rate			Age	Rate			Age	Rate	
0-14	310.98			31	471.15			48	664.65	
15	338.63			32	480.91			49	693.51	
16	349.20			33	487.00			50	726.03	
17	359.76			34	493.51			51	758.15	
18	371.15			35	496.76			52	793.51	
19	382.53			36	500.01			53	829.29	
20	394.32			37	503.26			54	867.91	
21	406.51			38	506.52			55	906.53	
22	406.51			39	513.02			56	948.40	
23	406.51			40	519.52			57	990.67	
24	406.51			41	529.28			58	1035.80	
25	408.14			42	538.63			59	1058.15	
26	416.27			43	551.64			60	1103.28	
27	426.03			44	567.90			61	1142.30	
28	441.88			45	587.01			62	1167.91	
29	454.89			46	609.77			63	1200.03	
30	461.39			47	635.38			64+	1219.13	

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Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA									
Rating Area:					CARA17 *				
Plan ID: 14057027 Plan Name: AWH Southern CA HMO Gold									
CA \$30/65 1250									
Age	Rate			Age	Rate			Age	Rate
0-14	291.23			31	441.23			48	622.44
15	317.12			32	450.36			49	649.47
16	327.02			33	456.08			50	679.92
17	336.92			34	462.17			51	710.00
18	347.58			35	465.21			52	743.12
19	358.24			36	468.26			53	776.62
20	369.28			37	471.30			54	812.79
21	380.70			38	474.35			55	848.95
22	380.70			39	480.44			56	888.17
23	380.70			40	486.53			57	927.76
24	380.70			41	495.67			58	970.02
25	382.22			42	504.42			59	990.95
26	389.83			43	516.61			60	1033.21
27	398.97			44	531.83			61	1069.76
28	413.82			45	549.73			62	1093.74
29	426.00			46	571.05			63	1123.82
30	432.09			47	595.03			64+	1141.71

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA										
Rating Area:					CARA17 *					
Plan ID: 14057028					Plan Name: AWH Southern CA HMO Gold					
CA \$30/65 1250 wINF										
Age	Rate			Age	Rate			Age	Rate	
0-14	302.88			31	458.88			48	647.34	
15	329.81			32	468.38			49	675.45	
16	340.10			33	474.32			50	707.12	
17	350.39			34	480.65			51	738.40	
18	361.48			35	483.82			52	772.85	
19	372.57			36	486.99			53	807.69	
20	384.05			37	490.16			54	845.30	
21	395.93			38	493.32			55	882.91	
22	395.93			39	499.66			56	923.69	
23	395.93			40	505.99			57	964.87	
24	395.93			41	515.49			58	1008.82	
25	397.51			42	524.60			59	1030.59	
26	405.43			43	537.27			60	1074.54	
27	414.93			44	553.11			61	1112.55	
28	430.37			45	571.72			62	1137.49	
29	443.04			46	593.89			63	1168.77	
30	449.37			47	618.83			64+	1187.38	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA									
Rating Area:					CARA17 *				
Plan ID: 14057029 Plan Name: HMO Gold									
CA \$35/70 0									
Age	Rate			Age	Rate			Age	Rate
0-14	404.67			31	613.09			48	864.88
15	440.64			32	625.78			49	902.44
16	454.39			33	633.72			50	944.75
17	468.15			34	642.18			51	986.54
18	482.96			35	646.41			52	1032.56
19	497.77			36	650.64			53	1079.11
20	513.11			37	654.87			54	1129.37
21	528.98			38	659.11			55	1179.62
22	528.98			39	667.57			56	1234.11
23	528.98			40	676.03			57	1289.12
24	528.98			41	688.73			58	1347.84
25	531.09			42	700.90			59	1376.93
26	541.67			43	717.82			60	1435.65
27	554.37			44	738.98			61	1486.43
28	575.00			45	763.84			62	1519.75
29	591.93			46	793.47			63	1561.54
30	600.39			47	826.79			64+	1586.40

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA									
Rating Area:					CARA17 *				
Plan ID: 14057030 Plan Name: HMO Gold									
CA \$35/70 0 WINF									
Age	Rate			Age	Rate			Age	Rate
0-14	420.85			31	637.61			48	899.47
15	458.26			32	650.81			49	938.53
16	472.57			33	659.06			50	982.54
17	486.87			34	667.87			51	1026.01
18	502.28			35	672.27			52	1073.87
19	517.68			36	676.67			53	1122.28
20	533.63			37	681.07			54	1174.54
21	550.14			38	685.47			55	1226.81
22	550.14			39	694.27			56	1283.47
23	550.14			40	703.08			57	1340.68
24	550.14			41	716.28			58	1401.75
25	552.34			42	728.93			59	1432.01
26	563.34			43	746.54			60	1493.07
27	576.54			44	768.54			61	1545.89
28	598.00			45	794.40			62	1580.54
29	615.60			46	825.21			63	1624.00
30	624.41			47	859.86			64+	1649.86

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA										
Rating Area:					CARA17 *					
Plan ID: 14057031					Plan Name: Aetna Value Network HMO Gold					
CA \$35/70 0										
Age	Rate			Age	Rate			Age	Rate	
0-14	347.41			31	526.33			48	742.50	
15	378.29			32	537.23			49	774.74	
16	390.10			33	544.04			50	811.07	
17	401.90			34	551.31			51	846.95	
18	414.62			35	554.94			52	886.46	
19	427.33			36	558.58			53	926.42	
20	440.50			37	562.21			54	969.56	
21	454.13			38	565.84			55	1012.70	
22	454.13			39	573.11			56	1059.48	
23	454.13			40	580.37			57	1106.71	
24	454.13			41	591.27			58	1157.12	
25	455.94			42	601.72			59	1182.09	
26	465.03			43	616.25			60	1232.50	
27	475.93			44	634.42			61	1276.10	
28	493.64			45	655.76			62	1304.71	
29	508.17			46	681.19			63	1340.58	
30	515.43			47	709.80			64+	1361.93	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA										
Rating Area:					CARA17 *					
Plan ID: 14057032					Plan Name: Aetna Value Network HMO Gold					
CA \$35/70 0 WINF										
Age	Rate			Age	Rate			Age	Rate	
0-14	361.30			31	547.39			48	772.20	
15	393.42			32	558.72			49	805.73	
16	405.70			33	565.81			50	843.51	
17	417.98			34	573.36			51	880.83	
18	431.20			35	577.14			52	921.91	
19	444.43			36	580.92			53	963.48	
20	458.12			37	584.70			54	1008.34	
21	472.29			38	588.48			55	1053.21	
22	472.29			39	596.03			56	1101.86	
23	472.29			40	603.59			57	1150.98	
24	472.29			41	614.92			58	1203.40	
25	474.18			42	625.79			59	1229.38	
26	483.63			43	640.90			60	1281.80	
27	494.96			44	659.79			61	1327.14	
28	513.38			45	681.99			62	1356.90	
29	528.50			46	708.44			63	1394.21	
30	536.05			47	738.19			64+	1416.40	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA										
Rating Area:					CARA17 *					
Plan ID: 14057033					Plan Name: AWH Southern CA HMO Gold					
CA \$35/70 0										
Age	Rate			Age	Rate			Age	Rate	
0-14	338.36			31	512.62			48	723.16	
15	368.43			32	523.24			49	754.56	
16	379.93			33	529.87			50	789.95	
17	391.43			34	536.95			51	824.89	
18	403.82			35	540.49			52	863.37	
19	416.20			36	544.03			53	902.29	
20	429.03			37	547.57			54	944.31	
21	442.30			38	551.10			55	986.33	
22	442.30			39	558.18			56	1031.88	
23	442.30			40	565.26			57	1077.88	
24	442.30			41	575.87			58	1126.98	
25	444.07			42	586.05			59	1151.30	
26	452.91			43	600.20			60	1200.40	
27	463.53			44	617.89			61	1242.86	
28	480.78			45	638.68			62	1270.72	
29	494.93			46	663.45			63	1305.66	
30	502.01			47	691.31			64+	1326.45	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA										
Rating Area:					CARA17 *					
Plan ID: 14057034					Plan Name: AWH Southern CA HMO Gold					
CA \$35/70 0 WINF										
Age	Rate			Age	Rate			Age	Rate	
0-14	351.89			31	533.13			48	752.08	
15	383.17			32	544.17			49	784.74	
16	395.13			33	551.07			50	821.54	
17	407.09			34	558.43			51	857.88	
18	419.97			35	562.11			52	897.90	
19	432.85			36	565.79			53	938.38	
20	446.19			37	569.47			54	982.08	
21	459.99			38	573.15			55	1025.78	
22	459.99			39	580.51			56	1073.16	
23	459.99			40	587.87			57	1121.00	
24	459.99			41	598.91			58	1172.06	
25	461.83			42	609.49			59	1197.35	
26	471.03			43	624.21			60	1248.41	
27	482.07			44	642.61			61	1292.57	
28	500.01			45	664.23			62	1321.55	
29	514.73			46	689.99			63	1357.89	
30	522.09			47	718.96			64+	1379.51	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA									
Rating Area:					CARA17 *				
Plan ID: 14057035 Plan Name: Aetna Value Network HMO Gold									
CA \$35/55 250 M									
Age	Rate			Age	Rate			Age	Rate
0-14	343.63			31	520.61			48	734.42
15	374.17			32	531.39			49	766.32
16	385.85			33	538.13			50	802.25
17	397.53			34	545.32			51	837.74
18	410.11			35	548.91			52	876.82
19	422.69			36	552.50			53	916.35
20	435.71			37	556.10			54	959.02
21	449.19			38	559.69			55	1001.69
22	449.19			39	566.88			56	1047.96
23	449.19			40	574.06			57	1094.67
24	449.19			41	584.84			58	1144.53
25	450.99			42	595.18			59	1169.24
26	459.97			43	609.55			60	1219.10
27	470.75			44	627.52			61	1262.22
28	488.27			45	648.63			62	1290.52
29	502.64			46	673.78			63	1326.01
30	509.83			47	702.08			64+	1347.12

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA										
Rating Area:					CARA17 *					
Plan ID: 14057036					Plan Name: Aetna Value Network HMO Gold					
CA \$35/55 250 WINF										
Age	Rate			Age	Rate			Age	Rate	
0-14	357.37			31	541.43			48	763.80	
15	389.14			32	552.65			49	796.97	
16	401.29			33	559.65			50	834.34	
17	413.43			34	567.13			51	871.25	
18	426.51			35	570.86			52	911.89	
19	439.59			36	574.60			53	953.00	
20	453.14			37	578.34			54	997.38	
21	467.16			38	582.08			55	1041.76	
22	467.16			39	589.55			56	1089.88	
23	467.16			40	597.03			57	1138.46	
24	467.16			41	608.24			58	1190.31	
25	469.02			42	618.98			59	1216.01	
26	478.37			43	633.93			60	1267.86	
27	489.58			44	652.62			61	1312.71	
28	507.80			45	674.57			62	1342.14	
29	522.75			46	700.73			63	1379.05	
30	530.22			47	730.17			64+	1401.00	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA										
Rating Area:					CARA17 *					
Plan ID: 14057037					Plan Name: AWH Southern CA HMO Gold					
CA \$35/55 250 M										
Age	Rate			Age	Rate			Age	Rate	
0-14	334.68			31	507.05			48	715.29	
15	364.43			32	517.55			49	746.36	
16	375.80			33	524.11			50	781.35	
17	387.18			34	531.11			51	815.92	
18	399.43			35	534.61			52	853.98	
19	411.68			36	538.11			53	892.48	
20	424.36			37	541.61			54	934.04	
21	437.49			38	545.11			55	975.60	
22	437.49			39	552.11			56	1020.66	
23	437.49			40	559.11			57	1066.16	
24	437.49			41	569.61			58	1114.72	
25	439.24			42	579.67			59	1138.78	
26	447.99			43	593.67			60	1187.34	
27	458.49			44	611.17			61	1229.34	
28	475.55			45	631.73			62	1256.90	
29	489.55			46	656.23			63	1291.47	
30	496.55			47	683.79			64+	1312.03	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA										
Rating Area:					CARA17 *					
Plan ID: 14057038					Plan Name: AWH Southern CA HMO Gold					
CA \$35/55 250 wINF										
Age	Rate			Age	Rate			Age	Rate	
0-14	348.07			31	527.33			48	743.91	
15	379.01			32	538.25			49	776.21	
16	390.83			33	545.08			50	812.61	
17	402.66			34	552.36			51	848.55	
18	415.40			35	556.00			52	888.14	
19	428.14			36	559.64			53	928.18	
20	441.34			37	563.28			54	971.40	
21	454.99			38	566.92			55	1014.62	
22	454.99			39	574.20			56	1061.49	
23	454.99			40	581.47			57	1108.81	
24	454.99			41	592.39			58	1159.31	
25	456.81			42	602.86			59	1184.33	
26	465.91			43	617.42			60	1234.84	
27	476.83			44	635.62			61	1278.52	
28	494.57			45	657.00			62	1307.18	
29	509.13			46	682.48			63	1343.12	
30	516.41			47	711.15			64+	1364.51	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA									
Rating Area:					CARA17 *				
Plan ID: 14057039 Plan Name: HMO Gold									
CA \$35/55 500									
Age	Rate			Age	Rate			Age	Rate
0-14	365.01			31	553.00			48	780.12
15	397.45			32	564.45			49	814.00
16	409.86			33	571.61			50	852.17
17	422.27			34	579.24			51	889.86
18	435.63			35	583.06			52	931.37
19	448.99			36	586.88			53	973.36
20	462.82			37	590.70			54	1018.69
21	477.14			38	594.51			55	1064.01
22	477.14			39	602.15			56	1113.16
23	477.14			40	609.78			57	1162.78
24	477.14			41	621.23			58	1215.74
25	479.05			42	632.21			59	1241.99
26	488.59			43	647.47			60	1294.95
27	500.04			44	666.56			61	1340.75
28	518.65			45	688.99			62	1370.81
29	533.92			46	715.71			63	1408.51
30	541.55			47	745.76			64+	1430.93

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA										
Rating Area:					CARA17 *					
Plan ID: 14057040					Plan Name: HMO Gold					
CA \$35/55 500 wINF										
Age	Rate			Age	Rate			Age	Rate	
0-14	379.61			31	575.12			48	811.32	
15	413.35			32	587.03			49	846.56	
16	426.25			33	594.47			50	886.25	
17	439.16			34	602.41			51	925.45	
18	453.05			35	606.38			52	968.63	
19	466.95			36	610.35			53	1012.29	
20	481.34			37	614.32			54	1059.43	
21	496.22			38	618.29			55	1106.58	
22	496.22			39	626.23			56	1157.69	
23	496.22			40	634.17			57	1209.29	
24	496.22			41	646.08			58	1264.37	
25	498.21			42	657.49			59	1291.67	
26	508.13			43	673.37			60	1346.75	
27	520.04			44	693.22			61	1394.38	
28	539.39			45	716.54			62	1425.65	
29	555.27			46	744.33			63	1464.85	
30	563.21			47	775.60			64+	1488.17	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA									
Rating Area:					CARA17 *				
Plan ID: 14057041 Plan Name: Aetna Value Network HMO Gold CA \$35/55 500									
Age	Rate			Age	Rate			Age	Rate
0-14	313.36			31	474.75			48	669.73
15	341.22			32	484.58			49	698.82
16	351.87			33	490.73			50	731.58
17	362.52			34	497.28			51	763.94
18	373.98			35	500.56			52	799.58
19	385.45			36	503.84			53	835.63
20	397.33			37	507.11			54	874.54
21	409.62			38	510.39			55	913.46
22	409.62			39	516.94			56	955.65
23	409.62			40	523.50			57	998.25
24	409.62			41	533.33			58	1043.72
25	411.26			42	542.75			59	1066.25
26	419.45			43	555.86			60	1111.71
27	429.28			44	572.24			61	1151.04
28	445.26			45	591.49			62	1176.84
29	458.37			46	614.43			63	1209.20
30	464.92			47	640.24			64+	1228.46

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA										
Rating Area:					CARA17 *					
Plan ID: 14057042					Plan Name: Aetna Value Network HMO Gold					
CA \$35/55 500 wINF										
Age	Rate			Age	Rate			Age	Rate	
0-14	325.90			31	493.74			48	696.52	
15	354.86			32	503.97			49	726.77	
16	365.94			33	510.36			50	760.85	
17	377.02			34	517.17			51	794.50	
18	388.94			35	520.58			52	831.57	
19	400.87			36	523.99			53	869.05	
20	413.23			37	527.40			54	909.52	
21	426.01			38	530.80			55	949.99	
22	426.01			39	537.62			56	993.87	
23	426.01			40	544.44			57	1038.18	
24	426.01			41	554.66			58	1085.47	
25	427.71			42	564.46			59	1108.90	
26	436.23			43	578.09			60	1156.18	
27	446.46			44	595.13			61	1197.08	
28	463.07			45	615.15			62	1223.92	
29	476.70			46	639.01			63	1257.57	
30	483.52			47	665.85			64+	1277.59	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA										
Rating Area:					CARA17 *					
Plan ID: 14057043					Plan Name: AWH Southern CA HMO Gold					
CA \$35/55 500										
Age	Rate			Age	Rate			Age	Rate	
0-14	305.20			31	462.39			48	652.29	
15	332.33			32	471.96			49	680.61	
16	342.70			33	477.94			50	712.53	
17	353.07			34	484.33			51	744.05	
18	364.24			35	487.52			52	778.75	
19	375.41			36	490.71			53	813.86	
20	386.98			37	493.90			54	851.76	
21	398.95			38	497.09			55	889.66	
22	398.95			39	503.48			56	930.76	
23	398.95			40	509.86			57	972.25	
24	398.95			41	519.44			58	1016.53	
25	400.55			42	528.61			59	1038.47	
26	408.53			43	541.38			60	1082.76	
27	418.10			44	557.34			61	1121.06	
28	433.66			45	576.09			62	1146.19	
29	446.43			46	598.43			63	1177.71	
30	452.81			47	623.56			64+	1196.46	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA										
Rating Area:					CARA17 *					
Plan ID: 14057044					Plan Name: AWH Southern CA HMO Gold					
CA \$35/55 500 wINF										
Age	Rate			Age	Rate			Age	Rate	
0-14	317.41			31	480.88			48	678.38	
15	345.62			32	490.84			49	707.84	
16	356.41			33	497.06			50	741.03	
17	367.20			34	503.70			51	773.81	
18	378.81			35	507.02			52	809.91	
19	390.43			36	510.34			53	846.42	
20	402.46			37	513.66			54	885.83	
21	414.91			38	516.98			55	925.25	
22	414.91			39	523.62			56	967.99	
23	414.91			40	530.26			57	1011.14	
24	414.91			41	540.21			58	1057.19	
25	416.57			42	549.76			59	1080.01	
26	424.87			43	563.03			60	1126.07	
27	434.83			44	579.63			61	1165.90	
28	451.01			45	599.13			62	1192.04	
29	464.28			46	622.37			63	1224.82	
30	470.92			47	648.50			64+	1244.32	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA										
Rating Area:					CARA17 *					
Plan ID: 14057045					Plan Name: HMO Silver					
CA \$50/90 0										
Age	Rate			Age	Rate			Age	Rate	
0-14	325.67			31	493.40			48	696.04	
15	354.62			32	503.62			49	726.27	
16	365.69			33	510.01			50	760.33	
17	376.76			34	516.82			51	793.96	
18	388.68			35	520.22			52	831.00	
19	400.60			36	523.63			53	868.46	
20	412.94			37	527.04			54	908.90	
21	425.72			38	530.44			55	949.34	
22	425.72			39	537.25			56	993.19	
23	425.72			40	544.06			57	1037.47	
24	425.72			41	554.28			58	1084.72	
25	427.42			42	564.07			59	1108.14	
26	435.93			43	577.70			60	1155.39	
27	446.15			44	594.72			61	1196.26	
28	462.75			45	614.73			62	1223.08	
29	476.38			46	638.57			63	1256.71	
30	483.19			47	665.39			64+	1276.72	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA									
Rating Area:					CARA17 *				
Plan ID: 14057046 Plan Name: HMO Silver									
CA \$50/90 0 WINF									
Age	Rate			Age	Rate			Age	Rate
0-14	338.70			31	513.14			48	723.89
15	368.81			32	523.77			49	755.32
16	380.32			33	530.41			50	790.74
17	391.83			34	537.49			51	825.72
18	404.23			35	541.03			52	864.24
19	416.62			36	544.58			53	903.20
20	429.46			37	548.12			54	945.26
21	442.74			38	551.66			55	987.32
22	442.74			39	558.74			56	1032.92
23	442.74			40	565.83			57	1078.97
24	442.74			41	576.45			58	1128.11
25	444.51			42	586.64			59	1152.46
26	453.37			43	600.80			60	1201.61
27	464.00			44	618.51			61	1244.11
28	481.26			45	639.32			62	1272.00
29	495.43			46	664.12			63	1306.98
30	502.51			47	692.01			64+	1327.79

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA										
Rating Area:					CARA17 *					
Plan ID: 14057047					Plan Name: Aetna Value Network HMO Silver					
CA \$50/90 0										
Age	Rate			Age	Rate			Age	Rate	
0-14	279.59			31	423.59			48	597.55	
15	304.44			32	432.36			49	623.50	
16	313.94			33	437.84			50	652.74	
17	323.45			34	443.69			51	681.61	
18	333.68			35	446.61			52	713.41	
19	343.91			36	449.54			53	745.57	
20	354.51			37	452.46			54	780.29	
21	365.48			38	455.38			55	815.01	
22	365.48			39	461.23			56	852.66	
23	365.48			40	467.08			57	890.67	
24	365.48			41	475.85			58	931.23	
25	366.94			42	484.26			59	951.34	
26	374.25			43	495.95			60	991.90	
27	383.02			44	510.57			61	1026.99	
28	397.27			45	527.75			62	1050.01	
29	408.97			46	548.21			63	1078.89	
30	414.82			47	571.24			64+	1096.06	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA									
Rating Area:					CARA17 *				
Plan ID: 14057048 Plan Name: Aetna Value Network HMO Silver CA \$50/90 0 WINF									
Age	Rate			Age	Rate			Age	Rate
0-14	290.77			31	440.53			48	621.46
15	316.62			32	449.65			49	648.44
16	326.50			33	455.35			50	678.85
17	336.38			34	461.44			51	708.88
18	347.03			35	464.48			52	741.95
19	357.67			36	467.52			53	775.40
20	368.69			37	470.56			54	811.50
21	380.10			38	473.60			55	847.61
22	380.10			39	479.68			56	886.76
23	380.10			40	485.76			57	926.29
24	380.10			41	494.88			58	968.48
25	381.62			42	503.63			59	989.39
26	389.22			43	515.79			60	1031.58
27	398.34			44	530.99			61	1068.07
28	413.16			45	548.86			62	1092.02
29	425.33			46	570.14			63	1122.04
30	431.41			47	594.09			64+	1139.91

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA									
Rating Area:					CARA17 *				
Plan ID: 14057049					Plan Name: AWH Southern CA HMO Silver				
CA \$50/90 0									
Age	Rate			Age	Rate			Age	Rate
0-14	272.31			31	412.55			48	581.99
15	296.51			32	421.10			49	607.26
16	305.77			33	426.44			50	635.74
17	315.02			34	432.13			51	663.86
18	324.99			35	434.98			52	694.83
19	334.96			36	437.83			53	726.15
20	345.28			37	440.67			54	759.97
21	355.96			38	443.52			55	793.78
22	355.96			39	449.22			56	830.45
23	355.96			40	454.91			57	867.47
24	355.96			41	463.46			58	906.98
25	357.38			42	471.64			59	926.56
26	364.50			43	483.03			60	966.07
27	373.04			44	497.27			61	1000.24
28	386.93			45	514.00			62	1022.66
29	398.32			46	533.94			63	1050.78
30	404.01			47	556.36			64+	1067.51

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA										
Rating Area:					CARA17 *					
Plan ID: 14057050					Plan Name: AWH Southern CA HMO Silver					
CA \$50/90 0 WINF										
Age	Rate			Age	Rate			Age	Rate	
0-14	283.20			31	429.06			48	605.27	
15	308.37			32	437.94			49	631.55	
16	318.00			33	443.49			50	661.17	
17	327.62			34	449.42			51	690.41	
18	337.99			35	452.38			52	722.62	
19	348.35			36	455.34			53	755.20	
20	359.09			37	458.30			54	790.37	
21	370.19			38	461.26			55	825.53	
22	370.19			39	467.19			56	863.66	
23	370.19			40	473.11			57	902.17	
24	370.19			41	481.99			58	943.26	
25	371.68			42	490.51			59	963.62	
26	379.08			43	502.35			60	1004.71	
27	387.96			44	517.16			61	1040.25	
28	402.40			45	534.56			62	1063.57	
29	414.25			46	555.29			63	1092.82	
30	420.17			47	578.61			64+	1110.21	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA										
Rating Area:					CARA17 *					
Plan ID: 14057051					Plan Name: Aetna Value Network HMO Silver					
CA \$55/90 2500 M										
Age	Rate			Age	Rate			Age	Rate	
0-14	283.43			31	429.40			48	605.76	
15	308.62			32	438.30			49	632.07	
16	318.26			33	443.85			50	661.71	
17	327.89			34	449.78			51	690.97	
18	338.26			35	452.75			52	723.21	
19	348.64			36	455.71			53	755.81	
20	359.38			37	458.67			54	791.01	
21	370.50			38	461.64			55	826.21	
22	370.50			39	467.57			56	864.37	
23	370.50			40	473.49			57	902.90	
24	370.50			41	482.39			58	944.02	
25	371.98			42	490.91			59	964.40	
26	379.39			43	502.76			60	1005.53	
27	388.28			44	517.58			61	1041.09	
28	402.73			45	535.00			62	1064.43	
29	414.58			46	555.74			63	1093.70	
30	420.51			47	579.08			64+	1111.12	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA										
Rating Area:					CARA17 *					
Plan ID: 14057052					Plan Name: Aetna Value Network HMO Silver					
CA \$55/90 2500 wINF										
Age	Rate			Age	Rate			Age	Rate	
0-14	294.77			31	446.58			48	629.99	
15	320.97			32	455.83			49	657.35	
16	330.99			33	461.61			50	688.17	
17	341.00			34	467.77			51	718.61	
18	351.79			35	470.86			52	752.14	
19	362.58			36	473.94			53	786.04	
20	373.76			37	477.02			54	822.65	
21	385.32			38	480.10			55	859.25	
22	385.32			39	486.27			56	898.94	
23	385.32			40	492.43			57	939.01	
24	385.32			41	501.68			58	981.78	
25	386.86			42	510.54			59	1002.98	
26	394.56			43	522.87			60	1045.75	
27	403.81			44	538.29			61	1082.74	
28	418.84			45	556.40			62	1107.01	
29	431.17			46	577.97			63	1137.45	
30	437.33			47	602.25			64+	1155.56	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA										
Rating Area:					CARA17 *					
Plan ID: 14057053					Plan Name: AWH Southern CA HMO Silver					
CA \$55/90 2500 M										
Age	Rate			Age	Rate			Age	Rate	
0-14	276.05			31	418.22			48	589.98	
15	300.58			32	426.88			49	615.60	
16	309.97			33	432.29			50	644.47	
17	319.35			34	438.07			51	672.98	
18	329.45			35	440.95			52	704.37	
19	339.56			36	443.84			53	736.12	
20	350.02			37	446.73			54	770.41	
21	360.85			38	449.61			55	804.69	
22	360.85			39	455.39			56	841.85	
23	360.85			40	461.16			57	879.38	
24	360.85			41	469.82			58	919.43	
25	362.29			42	478.12			59	939.28	
26	369.51			43	489.67			60	979.33	
27	378.17			44	504.10			61	1013.98	
28	392.24			45	521.06			62	1036.71	
29	403.79			46	541.27			63	1065.22	
30	409.56			47	564.00			64+	1082.18	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA										
Rating Area:					CARA17 *					
Plan ID: 14057054					Plan Name: AWH Southern CA HMO Silver					
CA \$55/90 2500 wINF										
Age	Rate			Age	Rate			Age	Rate	
0-14	287.09			31	434.95			48	613.58	
15	312.61			32	443.96			49	640.23	
16	322.37			33	449.58			50	670.25	
17	332.12			34	455.59			51	699.90	
18	342.63			35	458.59			52	732.55	
19	353.14			36	461.59			53	765.57	
20	364.02			37	464.60			54	801.22	
21	375.28			38	467.60			55	836.87	
22	375.28			39	473.60			56	875.53	
23	375.28			40	479.61			57	914.56	
24	375.28			41	488.61			58	956.21	
25	376.78			42	497.25			59	976.85	
26	384.29			43	509.25			60	1018.51	
27	393.29			44	524.27			61	1054.54	
28	407.93			45	541.90			62	1078.18	
29	419.94			46	562.92			63	1107.83	
30	425.94			47	586.56			64+	1125.46	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA									
Rating Area:					CARA17 *				
Plan ID: 14057055 Plan Name: HMO Bronze									
CA \$60/95 5800 M									
Age	Rate			Age	Rate			Age	Rate
0-14	314.14			31	475.93			48	671.40
15	342.06			32	485.79			49	700.55
16	352.74			33	491.95			50	733.40
17	363.42			34	498.52			51	765.84
18	374.91			35	501.80			52	801.57
19	386.41			36	505.09			53	837.71
20	398.32			37	508.37			54	876.72
21	410.64			38	511.66			55	915.73
22	410.64			39	518.23			56	958.02
23	410.64			40	524.80			57	1000.73
24	410.64			41	534.65			58	1046.31
25	412.28			42	544.10			59	1068.90
26	420.50			43	557.24			60	1114.48
27	430.35			44	573.66			61	1153.90
28	446.37			45	592.96			62	1179.77
29	459.51			46	615.96			63	1212.21
30	466.08			47	641.83			64+	1231.51

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA										
Rating Area:					CARA17 *					
Plan ID: 14057056					Plan Name: HMO Bronze					
CA \$60/95 5800 wINF										
Age	Rate			Age	Rate			Age	Rate	
0-14	326.71			31	494.97			48	698.25	
15	355.75			32	505.22			49	728.57	
16	366.85			33	511.63			50	762.74	
17	377.95			34	518.46			51	796.48	
18	389.91			35	521.87			52	833.63	
19	401.87			36	525.29			53	871.21	
20	414.25			37	528.71			54	911.79	
21	427.07			38	532.12			55	952.36	
22	427.07			39	538.96			56	996.34	
23	427.07			40	545.79			57	1040.76	
24	427.07			41	556.04			58	1088.16	
25	428.77			42	565.86			59	1111.65	
26	437.32			43	579.53			60	1159.06	
27	447.57			44	596.61			61	1200.06	
28	464.22			45	616.68			62	1226.96	
29	477.89			46	640.60			63	1260.70	
30	484.72			47	667.50			64+	1280.77	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA									
Rating Area:					CARA17 *				
Plan ID: 14057057					Plan Name: HMO Silver				
CA \$65/85 2100									
Age	Rate			Age	Rate			Age	Rate
0-14	340.49			31	515.85			48	727.71
15	370.75			32	526.53			49	759.31
16	382.32			33	533.21			50	794.91
17	393.90			34	540.33			51	830.08
18	406.36			35	543.89			52	868.80
19	418.82			36	547.45			53	907.96
20	431.73			37	551.01			54	950.25
21	445.08			38	554.57			55	992.53
22	445.08			39	561.69			56	1038.37
23	445.08			40	568.81			57	1084.66
24	445.08			41	579.49			58	1134.07
25	446.86			42	589.73			59	1158.54
26	455.76			43	603.97			60	1207.95
27	466.44			44	621.78			61	1250.68
28	483.80			45	642.70			62	1278.72
29	498.05			46	667.62			63	1313.88
30	505.17			47	695.66			64+	1334.80

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA									
Rating Area:					CARA17 *				
Plan ID: 14057058 Plan Name: HMO Silver									
CA \$65/85 2100 wINF									
Age	Rate			Age	Rate			Age	Rate
0-14	354.11			31	536.48			48	756.82
15	385.58			32	547.59			49	789.68
16	397.62			33	554.53			50	826.71
17	409.65			34	561.94			51	863.28
18	422.61			35	565.64			52	903.55
19	435.57			36	569.35			53	944.28
20	449.00			37	573.05			54	988.26
21	462.88			38	576.75			55	1032.23
22	462.88			39	584.16			56	1079.91
23	462.88			40	591.57			57	1128.05
24	462.88			41	602.67			58	1179.43
25	464.74			42	613.32			59	1204.89
26	473.99			43	628.13			60	1256.27
27	485.10			44	646.65			61	1300.70
28	503.15			45	668.40			62	1329.87
29	517.97			46	694.33			63	1366.43
30	525.37			47	723.49			64+	1388.19

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA										
Rating Area:					CARA17 *					
Plan ID: 14057059					Plan Name: Aetna Value Network HMO Silver					
CA \$65/85 2100										
Age	Rate			Age	Rate			Age	Rate	
0-14	292.31			31	442.86			48	624.74	
15	318.29			32	452.03			49	651.87	
16	328.23			33	457.76			50	682.43	
17	338.16			34	463.87			51	712.62	
18	348.86			35	466.93			52	745.86	
19	359.56			36	469.99			53	779.49	
20	370.64			37	473.04			54	815.79	
21	382.10			38	476.10			55	852.09	
22	382.10			39	482.21			56	891.44	
23	382.10			40	488.33			57	931.18	
24	382.10			41	497.50			58	973.60	
25	383.63			42	506.28			59	994.61	
26	391.27			43	518.51			60	1037.02	
27	400.44			44	533.80			61	1073.71	
28	415.34			45	551.75			62	1097.78	
29	427.57			46	573.15			63	1127.96	
30	433.69			47	597.23			64+	1145.92	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA										
Rating Area:					CARA17 *					
Plan ID: 14057060 Plan Name: Aetna Value Network HMO Silver										
CA \$65/85 2100 wINF										
Age	Rate			Age	Rate			Age	Rate	
0-14	304.00			31	460.57			48	649.73	
15	331.02			32	470.11			49	677.94	
16	341.35			33	476.07			50	709.73	
17	351.69			34	482.43			51	741.12	
18	362.81			35	485.61			52	775.70	
19	373.94			36	488.78			53	810.67	
20	385.46			37	491.96			54	848.42	
21	397.39			38	495.14			55	886.17	
22	397.39			39	501.50			56	927.10	
23	397.39			40	507.86			57	968.43	
24	397.39			41	517.40			58	1012.54	
25	398.98			42	526.54			59	1034.40	
26	406.92			43	539.25			60	1078.51	
27	416.46			44	555.15			61	1116.65	
28	431.96			45	573.83			62	1141.69	
29	444.67			46	596.08			63	1173.08	
30	451.03			47	621.11			64+	1191.76	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA									
Rating Area:					CARA17 *				
Plan ID: 14057061 Plan Name: AWH Southern CA HMO Silver CA \$65/85 2100									
Age	Rate			Age	Rate			Age	Rate
0-14	284.69			31	431.32			48	608.46
15	310.00			32	440.25			49	634.89
16	319.68			33	445.83			50	664.66
17	329.35			34	451.79			51	694.06
18	339.77			35	454.77			52	726.43
19	350.19			36	457.74			53	759.18
20	360.98			37	460.72			54	794.54
21	372.15			38	463.70			55	829.89
22	372.15			39	469.65			56	868.22
23	372.15			40	475.61			57	906.93
24	372.15			41	484.54			58	948.24
25	373.64			42	493.10			59	968.70
26	381.08			43	505.01			60	1010.01
27	390.01			44	519.89			61	1045.74
28	404.53			45	537.38			62	1069.18
29	416.43			46	558.22			63	1098.58
30	422.39			47	581.67			64+	1116.07

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA									
Rating Area:					CARA17 *				
Plan ID: 14057062 Plan Name: AWH Southern CA HMO Silver CA \$65/85 2100 wINF									
Age	Rate			Age	Rate			Age	Rate
0-14	296.08			31	448.57			48	632.80
15	322.40			32	457.86			49	660.28
16	332.46			33	463.67			50	691.24
17	342.53			34	469.86			51	721.82
18	353.36			35	472.96			52	755.49
19	364.20			36	476.05			53	789.55
20	375.42			37	479.15			54	826.32
21	387.04			38	482.25			55	863.09
22	387.04			39	488.44			56	902.95
23	387.04			40	494.63			57	943.20
24	387.04			41	503.92			58	986.17
25	388.58			42	512.82			59	1007.45
26	396.32			43	525.21			60	1050.41
27	405.61			44	540.69			61	1087.57
28	420.71			45	558.88			62	1111.95
29	433.09			46	580.55			63	1142.53
30	439.28			47	604.94			64+	1160.72

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA										
Rating Area:					CARA17 *					
Plan ID: 14057063					Plan Name: HMO Bronze					
CA \$85/125 8550										
Age	Rate			Age	Rate			Age	Rate	
0-14	292.58			31	443.27			48	625.32	
15	318.59			32	452.45			49	652.47	
16	328.53			33	458.18			50	683.07	
17	338.47			34	464.30			51	713.28	
18	349.18			35	467.36			52	746.56	
19	359.89			36	470.42			53	780.21	
20	370.98			37	473.48			54	816.54	
21	382.46			38	476.54			55	852.88	
22	382.46			39	482.66			56	892.27	
23	382.46			40	488.78			57	932.05	
24	382.46			41	497.96			58	974.50	
25	383.99			42	506.75			59	995.53	
26	391.64			43	518.99			60	1037.99	
27	400.81			44	534.29			61	1074.70	
28	415.73			45	552.27			62	1098.80	
29	427.97			46	573.68			63	1129.01	
30	434.09			47	597.78			64+	1146.99	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA									
Rating Area:					CARA17 *				
Plan ID: 14057064 Plan Name: HMO Bronze									
CA \$85/125 8550 wINF									
Age	Rate			Age	Rate			Age	Rate
0-14	304.28			31	461.00			48	650.33
15	331.33			32	470.54			49	678.57
16	341.67			33	476.51			50	710.39
17	352.01			34	482.87			51	741.81
18	363.15			35	486.06			52	776.42
19	374.29			36	489.24			53	811.42
20	385.82			37	492.42			54	849.21
21	397.75			38	495.60			55	886.99
22	397.75			39	501.97			56	927.96
23	397.75			40	508.33			57	969.33
24	397.75			41	517.88			58	1013.48
25	399.35			42	527.03			59	1035.36
26	407.30			43	539.75			60	1079.51
27	416.85			44	555.66			61	1117.69
28	432.36			45	574.36			62	1142.75
29	445.09			46	596.63			63	1174.17
30	451.45			47	621.69			64+	1192.87

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA										
Rating Area:					CARA17 *					
Plan ID: 14057065					Plan Name: OA Managed Choice POS Platinum					
CA 90/50 0 M										
Age	Rate			Age	Rate			Age	Rate	
0-14	663.74			31	1005.59			48	1418.58	
15	722.74			32	1026.41			49	1480.18	
16	745.30			33	1039.43			50	1549.60	
17	767.86			34	1053.31			51	1618.14	
18	792.15			35	1060.25			52	1693.62	
19	816.44			36	1067.19			53	1769.97	
20	841.61			37	1074.13			54	1852.40	
21	867.63			38	1081.07			55	1934.82	
22	867.63			39	1094.95			56	2024.19	
23	867.63			40	1108.84			57	2114.43	
24	867.63			41	1129.66			58	2210.73	
25	871.11			42	1149.62			59	2258.45	
26	888.46			43	1177.38			60	2354.76	
27	909.28			44	1212.09			61	2438.05	
28	943.12			45	1252.86			62	2492.71	
29	970.88			46	1301.45			63	2561.26	
30	984.77			47	1356.11			64+	2602.04	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA									
Rating Area:					CARA17 *				
Plan ID: 14057066 Plan Name: OA Managed Choice POS Platinum									
CA 90/50 0 WINF									
Age	Rate			Age	Rate			Age	Rate
0-14	690.29			31	1045.81			48	1475.33
15	751.65			32	1067.47			49	1539.39
16	775.11			33	1081.00			50	1611.58
17	798.57			34	1095.44			51	1682.86
18	823.84			35	1102.66			52	1761.37
19	849.10			36	1109.88			53	1840.77
20	875.27			37	1117.10			54	1926.50
21	902.34			38	1124.32			55	2012.22
22	902.34			39	1138.75			56	2105.16
23	902.34			40	1153.19			57	2199.00
24	902.34			41	1174.85			58	2299.16
25	905.95			42	1195.60			59	2348.79
26	924.00			43	1224.47			60	2448.95
27	945.65			44	1260.57			61	2535.57
28	980.84			45	1302.98			62	2592.42
29	1009.72			46	1353.51			63	2663.71
30	1024.16			47	1410.36			64+	2706.12

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA										
Rating Area:					CARA17 *					
Plan ID: 14057067					Plan Name: OA Managed Choice POS Platinum					
CA 80/50 250										
Age	Rate			Age	Rate			Age	Rate	
0-14	593.47			31	899.13			48	1268.40	
15	646.23			32	917.75			49	1323.48	
16	666.40			33	929.39			50	1385.55	
17	686.57			34	941.80			51	1446.83	
18	708.29			35	948.01			52	1514.33	
19	730.01			36	954.21			53	1582.59	
20	752.51			37	960.42			54	1656.29	
21	775.78			38	966.62			55	1729.99	
22	775.78			39	979.04			56	1809.90	
23	775.78			40	991.45			57	1890.58	
24	775.78			41	1010.07			58	1976.69	
25	778.88			42	1027.91			59	2019.36	
26	794.40			43	1052.74			60	2105.47	
27	813.02			44	1083.77			61	2179.95	
28	843.27			45	1120.23			62	2228.82	
29	868.10			46	1163.67			63	2290.11	
30	880.51			47	1212.55			64+	2326.57	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA										
Rating Area:					CARA17 *					
Plan ID: 14057068					Plan Name: OA Managed Choice POS Platinum					
CA 80/50 250 WINF										
Age	Rate			Age	Rate			Age	Rate	
0-14	617.21			31	935.10			48	1319.14	
15	672.08			32	954.46			49	1376.42	
16	693.05			33	966.56			50	1440.97	
17	714.03			34	979.47			51	1504.71	
18	736.62			35	985.93			52	1574.90	
19	759.21			36	992.38			53	1645.90	
20	782.61			37	998.83			54	1722.55	
21	806.81			38	1005.29			55	1799.19	
22	806.81			39	1018.20			56	1882.29	
23	806.81			40	1031.11			57	1966.20	
24	806.81			41	1050.47			58	2055.76	
25	810.04			42	1069.03			59	2100.13	
26	826.18			43	1094.85			60	2189.69	
27	845.54			44	1127.12			61	2267.14	
28	877.01			45	1165.04			62	2317.97	
29	902.82			46	1210.22			63	2381.71	
30	915.73			47	1261.05			64+	2419.63	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA									
Rating Area:					CARA17 *				
Plan ID: 14057069 Plan Name: OA Managed Choice POS Gold									
CA 80/50 350 M									
Age	Rate			Age	Rate			Age	Rate
0-14	557.66			31	844.88			48	1191.87
15	607.23			32	862.38			49	1243.63
16	626.19			33	873.31			50	1301.95
17	645.14			34	884.97			51	1359.53
18	665.55			35	890.81			52	1422.96
19	685.96			36	896.64			53	1487.11
20	707.10			37	902.47			54	1556.36
21	728.97			38	908.30			55	1625.61
22	728.97			39	919.96			56	1700.69
23	728.97			40	931.63			57	1776.51
24	728.97			41	949.12			58	1857.42
25	731.89			42	965.89			59	1897.52
26	746.47			43	989.22			60	1978.43
27	763.96			44	1018.38			61	2048.41
28	792.39			45	1052.64			62	2094.34
29	815.72			46	1093.46			63	2151.93
30	827.38			47	1139.39			64+	2186.19

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA										
Rating Area:					CARA17 *					
Plan ID: 14057070					Plan Name: OA Managed Choice POS Gold					
CA 80/50 350 WINF										
Age	Rate			Age	Rate			Age	Rate	
0-14	579.97			31	878.68			48	1239.55	
15	631.52			32	896.87			49	1293.37	
16	651.24			33	908.24			50	1354.02	
17	670.95			34	920.37			51	1413.92	
18	692.17			35	926.44			52	1479.87	
19	713.40			36	932.50			53	1546.59	
20	735.39			37	938.57			54	1618.61	
21	758.13			38	944.63			55	1690.64	
22	758.13			39	956.76			56	1768.72	
23	758.13			40	968.89			57	1847.57	
24	758.13			41	987.09			58	1931.72	
25	761.16			42	1004.53			59	1973.42	
26	776.33			43	1028.79			60	2057.57	
27	794.52			44	1059.11			61	2130.35	
28	824.09			45	1094.74			62	2178.11	
29	848.35			46	1137.20			63	2238.01	
30	860.48			47	1184.96			64+	2273.64	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA										
Rating Area:					CARA17 *					
Plan ID: 14057071					Plan Name: Savings Plus OA Managed Choice POS Gold					
CA 80/50 350 M										
Age	Rate			Age	Rate			Age	Rate	
0-14	423.20			31	641.16			48	904.49	
15	460.82			32	654.44			49	943.76	
16	475.20			33	662.74			50	988.02	
17	489.58			34	671.59			51	1031.72	
18	505.07			35	676.01			52	1079.85	
19	520.56			36	680.44			53	1128.53	
20	536.61			37	684.87			54	1181.09	
21	553.20			38	689.29			55	1233.64	
22	553.20			39	698.14			56	1290.62	
23	553.20			40	706.99			57	1348.16	
24	553.20			41	720.27			58	1409.56	
25	555.42			42	732.99			59	1439.99	
26	566.48			43	750.70			60	1501.39	
27	579.76			44	772.82			61	1554.50	
28	601.33			45	798.83			62	1589.35	
29	619.03			46	829.80			63	1633.06	
30	627.89			47	864.66			64+	1659.06	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA										
Rating Area:					CARA17 *					
Plan ID: 14057072					Plan Name: Savings Plus OA Managed Choice POS Gold					
CA 80/50 350 WINF										
Age	Rate			Age	Rate			Age	Rate	
0-14	440.13			31	666.81			48	940.67	
15	479.25			32	680.62			49	981.52	
16	494.21			33	689.25			50	1027.54	
17	509.17			34	698.45			51	1072.99	
18	525.28			35	703.05			52	1123.05	
19	541.39			36	707.66			53	1173.68	
20	558.07			37	712.26			54	1228.33	
21	575.33			38	716.86			55	1282.99	
22	575.33			39	726.07			56	1342.25	
23	575.33			40	735.27			57	1402.08	
24	575.33			41	749.08			58	1465.94	
25	577.63			42	762.31			59	1497.59	
26	589.14			43	780.72			60	1561.45	
27	602.95			44	803.74			61	1616.68	
28	625.39			45	830.78			62	1652.93	
29	643.80			46	863.00			63	1698.38	
30	653.00			47	899.24			64+	1725.42	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA									
Rating Area:					CARA17 *				
Plan ID: 14057073 Plan Name: OA Managed Choice POS Gold CA 80/50 1000									
Age	Rate			Age	Rate			Age	Rate
0-14	506.00			31	766.61			48	1081.46
15	550.98			32	782.49			49	1128.42
16	568.18			33	792.41			50	1181.33
17	585.38			34	802.99			51	1233.59
18	603.90			35	808.28			52	1291.13
19	622.42			36	813.57			53	1349.34
20	641.60			37	818.86			54	1412.18
21	661.44			38	824.16			55	1475.01
22	661.44			39	834.74			56	1543.14
23	661.44			40	845.32			57	1611.93
24	661.44			41	861.20			58	1685.35
25	664.09			42	876.41			59	1721.73
26	677.32			43	897.58			60	1795.15
27	693.19			44	924.03			61	1858.65
28	718.99			45	955.12			62	1900.32
29	740.15			46	992.16			63	1952.57
30	750.74			47	1033.83			64+	1983.66

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA										
Rating Area:					CARA17 *					
Plan ID: 14057074					Plan Name: OA Managed Choice POS Gold					
CA 80/50 1000 wINF										
Age	Rate			Age	Rate			Age	Rate	
0-14	526.24			31	797.28			48	1124.72	
15	573.02			32	813.78			49	1173.56	
16	590.91			33	824.10			50	1228.59	
17	608.79			34	835.11			51	1282.93	
18	628.05			35	840.61			52	1342.78	
19	647.31			36	846.12			53	1403.31	
20	667.26			37	851.62			54	1468.67	
21	687.90			38	857.12			55	1534.02	
22	687.90			39	868.13			56	1604.87	
23	687.90			40	879.14			57	1676.41	
24	687.90			41	895.64			58	1752.77	
25	690.65			42	911.47			59	1790.60	
26	704.41			43	933.48			60	1866.96	
27	720.92			44	961.00			61	1933.00	
28	747.75			45	993.33			62	1976.33	
29	769.76			46	1031.85			63	2030.68	
30	780.77			47	1075.19			64+	2063.01	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA									
Rating Area:					CARA17 *				
Plan ID: 14057075 Plan Name: Savings Plus OA Managed Choice POS Gold CA 80/50 1000									
Age	Rate			Age	Rate			Age	Rate
0-14	384.00			31	581.77			48	820.70
15	418.13			32	593.81			49	856.34
16	431.18			33	601.34			50	896.49
17	444.23			34	609.37			51	936.15
18	458.28			35	613.39			52	979.82
19	472.34			36	617.40			53	1023.99
20	486.90			37	621.42			54	1071.67
21	501.96			38	625.44			55	1119.36
22	501.96			39	633.47			56	1171.06
23	501.96			40	641.50			57	1223.26
24	501.96			41	653.55			58	1278.98
25	503.96			42	665.09			59	1306.59
26	514.00			43	681.15			60	1362.31
27	526.05			44	701.23			61	1410.49
28	545.63			45	724.82			62	1442.12
29	561.69			46	752.93			63	1481.77
30	569.72			47	784.56			64+	1505.36

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA										
Rating Area:					CARA17 *					
Plan ID: 14057076					Plan Name: Savings Plus OA Managed Choice POS Gold					
CA 80/50 1000 wINF										
Age	Rate			Age	Rate			Age	Rate	
0-14	399.36			31	605.04			48	853.52	
15	434.85			32	617.56			49	890.59	
16	448.43			33	625.40			50	932.35	
17	462.00			34	633.75			51	973.59	
18	476.62			35	637.92			52	1019.01	
19	491.23			36	642.10			53	1064.95	
20	506.37			37	646.28			54	1114.54	
21	522.03			38	650.45			55	1164.13	
22	522.03			39	658.81			56	1217.90	
23	522.03			40	667.16			57	1272.19	
24	522.03			41	679.69			58	1330.14	
25	524.12			42	691.69			59	1358.85	
26	534.56			43	708.40			60	1416.80	
27	547.09			44	729.28			61	1466.91	
28	567.45			45	753.82			62	1499.80	
29	584.15			46	783.05			63	1541.04	
30	592.51			47	815.94			64+	1565.58	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA										
Rating Area:					CARA17 *					
Plan ID: 14057077					Plan Name: OA Managed Choice POS Gold					
CA 80/50 1500										
Age	Rate			Age	Rate			Age	Rate	
0-14	475.00			31	719.63			48	1015.19	
15	517.22			32	734.54			49	1059.27	
16	533.36			33	743.85			50	1108.95	
17	549.51			34	753.78			51	1158.00	
18	566.89			35	758.75			52	1212.02	
19	584.28			36	763.72			53	1266.66	
20	602.28			37	768.69			54	1325.64	
21	620.91			38	773.65			55	1384.63	
22	620.91			39	783.59			56	1448.58	
23	620.91			40	793.52			57	1513.16	
24	620.91			41	808.43			58	1582.08	
25	623.39			42	822.71			59	1616.23	
26	635.81			43	842.58			60	1685.15	
27	650.71			44	867.41			61	1744.76	
28	674.93			45	896.59			62	1783.87	
29	694.80			46	931.37			63	1832.93	
30	704.73			47	970.48			64+	1862.11	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA										
Rating Area:					CARA17 *					
Plan ID: 14057078					Plan Name: OA Managed Choice POS Gold					
CA 80/50 1500 wINF										
Age	Rate			Age	Rate			Age	Rate	
0-14	494.00			31	748.42			48	1055.80	
15	537.91			32	763.92			49	1101.64	
16	554.70			33	773.60			50	1153.30	
17	571.49			34	783.94			51	1204.32	
18	589.57			35	789.10			52	1260.50	
19	607.65			36	794.27			53	1317.32	
20	626.37			37	799.43			54	1378.67	
21	645.75			38	804.60			55	1440.02	
22	645.75			39	814.93			56	1506.53	
23	645.75			40	825.26			57	1573.68	
24	645.75			41	840.76			58	1645.36	
25	648.33			42	855.61			59	1680.88	
26	661.24			43	876.28			60	1752.56	
27	676.74			44	902.11			61	1814.55	
28	701.93			45	932.46			62	1855.23	
29	722.59			46	968.62			63	1906.24	
30	732.92			47	1009.30			64+	1936.59	

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Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA									
Rating Area:					CARA17 *				
Plan ID: 14057079 Plan Name: Savings Plus OA Managed Choice POS Gold									
CA 80/50 1500									
Age	Rate			Age	Rate			Age	Rate
0-14	360.47			31	546.12			48	770.41
15	392.51			32	557.43			49	803.86
16	404.76			33	564.49			50	841.56
17	417.01			34	572.03			51	878.78
18	430.20			35	575.80			52	919.78
19	443.40			36	579.57			53	961.24
20	457.06			37	583.34			54	1006.00
21	471.20			38	587.11			55	1050.77
22	471.20			39	594.65			56	1099.30
23	471.20			40	602.19			57	1148.31
24	471.20			41	613.50			58	1200.61
25	473.08			42	624.34			59	1226.52
26	482.51			43	639.41			60	1278.83
27	493.81			44	658.26			61	1324.06
28	512.19			45	680.41			62	1353.75
29	527.27			46	706.79			63	1390.97
30	534.81			47	736.48			64+	1413.12

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA										
Rating Area:					CARA17 *					
Plan ID: 14057080					Plan Name: Savings Plus OA Managed Choice POS Gold					
CA 80/50 1500 wINF										
Age	Rate			Age	Rate			Age	Rate	
0-14	374.88			31	567.96			48	801.22	
15	408.21			32	579.72			49	836.02	
16	420.95			33	587.07			50	875.22	
17	433.69			34	594.91			51	913.93	
18	447.41			35	598.83			52	956.57	
19	461.13			36	602.75			53	999.69	
20	475.34			37	606.67			54	1046.24	
21	490.04			38	610.60			55	1092.80	
22	490.04			39	618.44			56	1143.27	
23	490.04			40	626.28			57	1194.24	
24	490.04			41	638.04			58	1248.63	
25	492.00			42	649.31			59	1275.59	
26	501.81			43	664.99			60	1329.98	
27	513.57			44	684.59			61	1377.02	
28	532.68			45	707.62			62	1407.90	
29	548.36			46	735.07			63	1446.61	
30	556.20			47	765.94			64+	1469.64	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

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Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA										
Rating Area:					CARA17 *					
Plan ID: 14057081					Plan Name: OA Managed Choice POS Gold					
CA 75/50 500										
Age	Rate			Age	Rate			Age	Rate	
0-14	516.37			31	782.32			48	1103.62	
15	562.27			32	798.52			49	1151.55	
16	579.82			33	808.65			50	1205.55	
17	597.37			34	819.45			51	1258.87	
18	616.27			35	824.85			52	1317.60	
19	635.17			36	830.25			53	1377.00	
20	654.75			37	835.65			54	1441.12	
21	675.00			38	841.05			55	1505.25	
22	675.00			39	851.85			56	1574.77	
23	675.00			40	862.65			57	1644.97	
24	675.00			41	878.85			58	1719.90	
25	677.70			42	894.37			59	1757.02	
26	691.20			43	915.97			60	1831.95	
27	707.40			44	942.97			61	1896.75	
28	733.72			45	974.70			62	1939.27	
29	755.32			46	1012.50			63	1992.60	
30	766.12			47	1055.02			64+	2024.32	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA										
Rating Area:					CARA17 *					
Plan ID: 14057082					Plan Name: OA Managed Choice POS Gold					
CA 75/50 500 WINF										
Age	Rate			Age	Rate			Age	Rate	
0-14	537.03			31	813.62			48	1147.77	
15	584.77			32	830.47			49	1197.61	
16	603.02			33	841.00			50	1253.77	
17	621.27			34	852.23			51	1309.23	
18	640.93			35	857.84			52	1370.30	
19	660.58			36	863.46			53	1432.08	
20	680.94			37	869.08			54	1498.77	
21	702.00			38	874.69			55	1565.46	
22	702.00			39	885.92			56	1637.77	
23	702.00			40	897.16			57	1710.77	
24	702.00			41	914.00			58	1788.70	
25	704.81			42	930.15			59	1827.31	
26	718.85			43	952.61			60	1905.23	
27	735.70			44	980.69			61	1972.62	
28	763.07			45	1013.69			62	2016.84	
29	785.54			46	1053.00			63	2072.30	
30	796.77			47	1097.23			64+	2105.30	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA										
Rating Area:					CARA17 *					
Plan ID: 14057083					Plan Name: Savings Plus OA Managed Choice POS Gold					
CA 75/50 500										
Age	Rate			Age	Rate			Age	Rate	
0-14	391.87			31	593.69			48	837.52	
15	426.70			32	605.98			49	873.89	
16	440.02			33	613.67			50	914.87	
17	453.34			34	621.86			51	955.33	
18	467.68			35	625.96			52	999.90	
19	482.02			36	630.06			53	1044.98	
20	496.88			37	634.16			54	1093.64	
21	512.24			38	638.26			55	1142.30	
22	512.24			39	646.45			56	1195.07	
23	512.24			40	654.65			57	1248.34	
24	512.24			41	666.94			58	1305.20	
25	514.29			42	678.72			59	1333.37	
26	524.54			43	695.11			60	1390.23	
27	536.83			44	715.60			61	1439.41	
28	556.81			45	739.68			62	1471.68	
29	573.20			46	768.37			63	1512.14	
30	581.40			47	800.64			64+	1536.22	

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Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

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Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA										
Rating Area:					CARA17 *					
Plan ID: 14057084					Plan Name: Savings Plus OA Managed Choice POS Gold					
CA 75/50 500 WINF										
Age	Rate			Age	Rate			Age	Rate	
0-14	407.54			31	617.44			48	871.02	
15	443.77			32	630.22			49	908.84	
16	457.62			33	638.21			50	951.46	
17	471.47			34	646.74			51	993.55	
18	486.39			35	651.00			52	1039.90	
19	501.30			36	655.26			53	1086.78	
20	516.75			37	659.52			54	1137.39	
21	532.73			38	663.79			55	1188.00	
22	532.73			39	672.31			56	1242.87	
23	532.73			40	680.83			57	1298.27	
24	532.73			41	693.62			58	1357.40	
25	534.86			42	705.87			59	1386.71	
26	545.52			43	722.92			60	1445.84	
27	558.30			44	744.23			61	1496.98	
28	579.08			45	769.27			62	1530.54	
29	596.13			46	799.10			63	1572.63	
30	604.65			47	832.66			64+	1597.67	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

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Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA										
Rating Area:					CARA17 *					
Plan ID: 14057085					Plan Name: OA Managed Choice POS Silver					
CA 65/50 2500 M										
Age	Rate			Age	Rate			Age	Rate	
0-14	423.37			31	641.42			48	904.85	
15	461.00			32	654.70			49	944.14	
16	475.39			33	663.00			50	988.41	
17	489.78			34	671.85			51	1032.13	
18	505.27			35	676.28			52	1080.28	
19	520.77			36	680.71			53	1128.98	
20	536.82			37	685.14			54	1181.56	
21	553.42			38	689.56			55	1234.13	
22	553.42			39	698.42			56	1291.13	
23	553.42			40	707.27			57	1348.69	
24	553.42			41	720.56			58	1410.12	
25	555.64			42	733.28			59	1440.56	
26	566.70			43	750.99			60	1501.99	
27	579.99			44	773.13			61	1555.12	
28	601.57			45	799.14			62	1589.98	
29	619.28			46	830.13			63	1633.70	
30	628.13			47	865.00			64+	1659.71	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA										
Rating Area:					CARA17 *					
Plan ID: 14057086					Plan Name: OA Managed Choice POS Silver					
CA 65/50 2500 wINF										
Age	Rate			Age	Rate			Age	Rate	
0-14	440.30			31	667.07			48	941.04	
15	479.44			32	680.89			49	981.90	
16	494.41			33	689.52			50	1027.95	
17	509.37			34	698.73			51	1073.42	
18	525.49			35	703.33			52	1123.49	
19	541.60			36	707.94			53	1174.14	
20	558.29			37	712.54			54	1228.82	
21	575.56			38	717.15			55	1283.50	
22	575.56			39	726.36			56	1342.78	
23	575.56			40	735.56			57	1402.64	
24	575.56			41	749.38			58	1466.52	
25	577.86			42	762.62			59	1498.18	
26	589.37			43	781.03			60	1562.07	
27	603.19			44	804.06			61	1617.32	
28	625.63			45	831.11			62	1653.58	
29	644.05			46	863.34			63	1699.05	
30	653.26			47	899.60			64+	1726.10	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA										
Rating Area:					CARA17 *					
Plan ID: 14057087					Plan Name: Savings Plus OA Managed Choice POS Silver					
CA 65/50 2500 M										
Age	Rate			Age	Rate			Age	Rate	
0-14	321.29			31	486.76			48	686.67	
15	349.84			32	496.84			49	716.49	
16	360.76			33	503.14			50	750.09	
17	371.68			34	509.86			51	783.26	
18	383.44			35	513.22			52	819.80	
19	395.20			36	516.58			53	856.76	
20	407.38			37	519.94			54	896.66	
21	419.98			38	523.30			55	936.56	
22	419.98			39	530.02			56	979.82	
23	419.98			40	536.74			57	1023.49	
24	419.98			41	546.82			58	1070.11	
25	421.66			42	556.47			59	1093.21	
26	430.06			43	569.91			60	1139.83	
27	440.14			44	586.71			61	1180.15	
28	456.52			45	606.45			62	1206.61	
29	469.96			46	629.97			63	1239.78	
30	476.68			47	656.43			64+	1259.52	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA										
Rating Area:					CARA17 *					
Plan ID: 14057088					Plan Name: Savings Plus OA Managed Choice POS Silver					
CA 65/50 2500 wINF										
Age	Rate			Age	Rate			Age	Rate	
0-14	334.14			31	506.23			48	714.14	
15	363.84			32	516.71			49	745.15	
16	375.19			33	523.26			50	780.09	
17	386.55			34	530.25			51	814.60	
18	398.78			35	533.75			52	852.60	
19	411.01			36	537.24			53	891.03	
20	423.68			37	540.73			54	932.53	
21	436.78			38	544.23			55	974.02	
22	436.78			39	551.22			56	1019.01	
23	436.78			40	558.21			57	1064.43	
24	436.78			41	568.69			58	1112.92	
25	438.53			42	578.73			59	1136.94	
26	447.26			43	592.71			60	1185.42	
27	457.75			44	610.18			61	1227.35	
28	474.78			45	630.71			62	1254.87	
29	488.76			46	655.17			63	1289.38	
30	495.75			47	682.69			64+	1309.90	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA									
Rating Area:					CARA17 *				
Plan ID: 14057089 Plan Name: OA Managed Choice POS Silver CA 65/50 2700									
Age	Rate			Age	Rate			Age	Rate
0-14	413.87			31	627.03			48	884.55
15	450.66			32	640.01			49	922.96
16	464.73			33	648.13			50	966.24
17	478.79			34	656.78			51	1008.98
18	493.94			35	661.11			52	1056.05
19	509.09			36	665.44			53	1103.66
20	524.78			37	669.77			54	1155.05
21	541.01			38	674.10			55	1206.45
22	541.01			39	682.75			56	1262.17
23	541.01			40	691.41			57	1318.44
24	541.01			41	704.39			58	1378.49
25	543.17			42	716.84			59	1408.24
26	553.99			43	734.15			60	1468.29
27	566.98			44	755.79			61	1520.23
28	588.08			45	781.22			62	1554.31
29	605.39			46	811.51			63	1597.05
30	614.04			47	845.59			64+	1622.48

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA										
Rating Area:					CARA17 *					
Plan ID: 14057090					Plan Name: OA Managed Choice POS Silver					
CA 65/50 2700 wINF										
Age	Rate			Age	Rate			Age	Rate	
0-14	430.43			31	652.11			48	919.93	
15	468.69			32	665.61			49	959.88	
16	483.31			33	674.05			50	1004.89	
17	497.94			34	683.05			51	1049.34	
18	513.70			35	687.56			52	1098.29	
19	529.45			36	692.06			53	1147.80	
20	545.77			37	696.56			54	1201.25	
21	562.65			38	701.06			55	1254.70	
22	562.65			39	710.06			56	1312.66	
23	562.65			40	719.06			57	1371.17	
24	562.65			41	732.57			58	1433.63	
25	564.90			42	745.51			59	1464.57	
26	576.15			43	763.51			60	1527.03	
27	589.66			44	786.02			61	1581.04	
28	611.60			45	812.46			62	1616.49	
29	629.60			46	843.97			63	1660.94	
30	638.61			47	879.42			64+	1687.38	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA									
Rating Area:					CARA17 *				
Plan ID: 14057091 Plan Name: Savings Plus OA Managed Choice POS Silver CA 65/50 2700									
Age	Rate			Age	Rate			Age	Rate
0-14	314.08			31	475.84			48	671.27
15	342.00			32	485.69			49	700.42
16	352.67			33	491.85			50	733.26
17	363.35			34	498.42			51	765.69
18	374.84			35	501.70			52	801.41
19	386.34			36	504.99			53	837.54
20	398.24			37	508.27			54	876.55
21	410.56			38	511.56			55	915.55
22	410.56			39	518.13			56	957.84
23	410.56			40	524.70			57	1000.53
24	410.56			41	534.55			58	1046.11
25	412.20			42	543.99			59	1068.69
26	420.41			43	557.13			60	1114.26
27	430.27			44	573.55			61	1153.67
28	446.28			45	592.85			62	1179.54
29	459.42			46	615.84			63	1211.97
30	465.99			47	641.71			64+	1231.27

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA										
Rating Area:					CARA17 *					
Plan ID: 14057092					Plan Name: Savings Plus OA Managed Choice POS Silver					
CA 65/50 2700 WINF										
Age	Rate			Age	Rate			Age	Rate	
0-14	326.64			31	494.87			48	698.12	
15	355.68			32	505.12			49	728.43	
16	366.78			33	511.52			50	762.59	
17	377.88			34	518.36			51	796.32	
18	389.83			35	521.77			52	833.47	
19	401.79			36	525.19			53	871.04	
20	414.17			37	528.60			54	911.61	
21	426.98			38	532.02			55	952.17	
22	426.98			39	538.85			56	996.15	
23	426.98			40	545.68			57	1040.56	
24	426.98			41	555.93			58	1087.95	
25	428.69			42	565.75			59	1111.43	
26	437.23			43	579.41			60	1158.83	
27	447.48			44	596.49			61	1199.82	
28	464.13			45	616.56			62	1226.72	
29	477.79			46	640.47			63	1260.45	
30	484.62			47	667.37			64+	1280.52	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA									
Rating Area:					CARA17 *				
Plan ID: 14057093 Plan Name: OA Managed Choice POS Silver CA 60/50 2100									
Age	Rate			Age	Rate			Age	Rate
0-14	410.21			31	621.48			48	876.73
15	446.67			32	634.35			49	914.80
16	460.62			33	642.40			50	957.70
17	474.56			34	650.98			51	1000.06
18	489.57			35	655.27			52	1046.71
19	504.59			36	659.55			53	1093.90
20	520.14			37	663.84			54	1144.84
21	536.22			38	668.13			55	1195.78
22	536.22			39	676.71			56	1251.01
23	536.22			40	685.29			57	1306.78
24	536.22			41	698.16			58	1366.30
25	538.37			42	710.50			59	1395.79
26	549.09			43	727.66			60	1455.31
27	561.96			44	749.10			61	1506.79
28	582.87			45	774.31			62	1540.57
29	600.03			46	804.34			63	1582.93
30	608.61			47	838.12			64+	1608.13

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA										
Rating Area:					CARA17 *					
Plan ID: 14057094					Plan Name: OA Managed Choice POS Silver					
CA 60/50 2100 wINF										
Age	Rate			Age	Rate			Age	Rate	
0-14	426.62			31	646.34			48	911.79	
15	464.54			32	659.73			49	951.39	
16	479.04			33	668.09			50	996.00	
17	493.54			34	677.01			51	1040.06	
18	509.15			35	681.48			52	1088.58	
19	524.77			36	685.94			53	1137.65	
20	540.94			37	690.40			54	1190.63	
21	557.67			38	694.86			55	1243.61	
22	557.67			39	703.78			56	1301.05	
23	557.67			40	712.71			57	1359.05	
24	557.67			41	726.09			58	1420.95	
25	559.90			42	738.92			59	1451.62	
26	571.06			43	756.76			60	1513.52	
27	584.44			44	779.07			61	1567.06	
28	606.19			45	805.28			62	1602.19	
29	624.04			46	836.51			63	1646.25	
30	632.96			47	871.64			64+	1672.46	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA									
Rating Area:					CARA17 *				
Plan ID: 14057095 Plan Name: Savings Plus OA Managed Choice POS Silver CA 60/50 2100									
Age	Rate			Age	Rate			Age	Rate
0-14	311.30			31	471.63			48	665.33
15	338.97			32	481.40			49	694.22
16	349.55			33	487.50			50	726.78
17	360.13			34	494.01			51	758.92
18	371.53			35	497.27			52	794.33
19	382.92			36	500.52			53	830.14
20	394.72			37	503.78			54	868.79
21	406.93			38	507.03			55	907.45
22	406.93			39	513.54			56	949.37
23	406.93			40	520.06			57	991.69
24	406.93			41	529.82			58	1036.86
25	408.56			42	539.18			59	1059.24
26	416.70			43	552.20			60	1104.41
27	426.46			44	568.48			61	1143.47
28	442.33			45	587.61			62	1169.11
29	455.35			46	610.39			63	1201.25
30	461.86			47	636.03			64+	1220.38

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA										
Rating Area:					CARA17 *					
Plan ID: 14057096					Plan Name: Savings Plus OA Managed Choice POS Silver					
CA 60/50 2100 wINF										
Age	Rate			Age	Rate			Age	Rate	
0-14	323.75			31	490.50			48	691.94	
15	352.53			32	500.65			49	721.99	
16	363.53			33	507.00			50	755.85	
17	374.54			34	513.77			51	789.28	
18	386.39			35	517.16			52	826.10	
19	398.24			36	520.54			53	863.34	
20	410.51			37	523.93			54	903.55	
21	423.21			38	527.32			55	943.75	
22	423.21			39	534.09			56	987.34	
23	423.21			40	540.86			57	1031.35	
24	423.21			41	551.01			58	1078.33	
25	424.90			42	560.75			59	1101.61	
26	433.36			43	574.29			60	1148.58	
27	443.52			44	591.22			61	1189.21	
28	460.03			45	611.11			62	1215.87	
29	473.57			46	634.81			63	1249.31	
30	480.34			47	661.47			64+	1269.20	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA									
Rating Area:					CARA17 *				
Plan ID: 14057097 Plan Name: OA Managed Choice POS Bronze CA 60/50 6250									
Age	Rate			Age	Rate			Age	Rate
0-14	382.63			31	579.70			48	817.78
15	416.64			32	591.70			49	853.29
16	429.65			33	599.21			50	893.31
17	442.65			34	607.21			51	932.82
18	456.66			35	611.21			52	976.33
19	470.66			36	615.21			53	1020.35
20	485.17			37	619.21			54	1067.87
21	500.17			38	623.21			55	1115.38
22	500.17			39	631.22			56	1166.90
23	500.17			40	639.22			57	1218.92
24	500.17			41	651.22			58	1274.44
25	502.17			42	662.73			59	1301.95
26	512.18			43	678.73			60	1357.46
27	524.18			44	698.74			61	1405.48
28	543.69			45	722.25			62	1436.99
29	559.69			46	750.26			63	1476.51
30	567.69			47	781.77			64+	1500.01

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA										
Rating Area:					CARA17 *					
Plan ID: 14057098					Plan Name: OA Managed Choice POS Bronze					
CA 60/50 6250 wINF										
Age	Rate			Age	Rate			Age	Rate	
0-14	397.94			31	602.89			48	850.49	
15	433.31			32	615.37			49	887.42	
16	446.83			33	623.17			50	929.04	
17	460.36			34	631.50			51	970.13	
18	474.92			35	635.66			52	1015.39	
19	489.49			36	639.82			53	1061.16	
20	504.57			37	643.98			54	1110.58	
21	520.18			38	648.14			55	1160.00	
22	520.18			39	656.47			56	1213.58	
23	520.18			40	664.79			57	1267.67	
24	520.18			41	677.27			58	1325.41	
25	522.26			42	689.24			59	1354.02	
26	532.66			43	705.88			60	1411.76	
27	545.15			44	726.69			61	1461.70	
28	565.43			45	751.14			62	1494.47	
29	582.08			46	780.27			63	1535.57	
30	590.40			47	813.04			64+	1560.01	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA									
Rating Area:					CARA17 *				
Plan ID: 14057099 Plan Name: OA Managed Choice POS Bronze CA 50/50 8300									
Age	Rate			Age	Rate			Age	Rate
0-14	332.48			31	503.71			48	710.59
15	362.03			32	514.15			49	741.45
16	373.33			33	520.66			50	776.22
17	384.63			34	527.62			51	810.55
18	396.80			35	531.10			52	848.36
19	408.97			36	534.57			53	886.61
20	421.57			37	538.05			54	927.90
21	434.61			38	541.53			55	969.18
22	434.61			39	548.48			56	1013.95
23	434.61			40	555.43			57	1059.15
24	434.61			41	565.86			58	1107.39
25	436.35			42	575.86			59	1131.29
26	445.04			43	589.77			60	1179.54
27	455.47			44	607.15			61	1221.26
28	472.42			45	627.58			62	1248.64
29	486.33			46	651.92			63	1282.97
30	493.28			47	679.30			64+	1303.40

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA										
Rating Area:					CARA17 *					
Plan ID: 14057100					Plan Name: OA Managed Choice POS Bronze					
CA 50/50 8300 wINF										
Age	Rate			Age	Rate			Age	Rate	
0-14	345.78			31	523.86			48	739.01	
15	376.51			32	534.71			49	771.10	
16	388.26			33	541.49			50	807.26	
17	400.02			34	548.72			51	842.97	
18	412.67			35	552.34			52	882.30	
19	425.33			36	555.95			53	922.07	
20	438.44			37	559.57			54	965.01	
21	452.00			38	563.19			55	1007.95	
22	452.00			39	570.42			56	1054.51	
23	452.00			40	577.65			57	1101.51	
24	452.00			41	588.50			58	1151.68	
25	453.80			42	598.89			59	1176.54	
26	462.84			43	613.36			60	1226.72	
27	473.69			44	631.44			61	1270.11	
28	491.32			45	652.68			62	1298.58	
29	505.78			46	677.99			63	1334.29	
30	513.02			47	706.47			64+	1355.53	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA									
Rating Area:					CARA17 *				
Plan ID: 14057101 Plan Name: Savings Plus OA Managed Choice POS Bronze CA 50/50 8300									
Age	Rate			Age	Rate			Age	Rate
0-14	252.31			31	382.26			48	539.25
15	274.74			32	390.17			49	562.67
16	283.31			33	395.12			50	589.05
17	291.89			34	400.40			51	615.11
18	301.12			35	403.04			52	643.80
19	310.36			36	405.68			53	672.83
20	319.92			37	408.31			54	704.16
21	329.82			38	410.95			55	735.49
22	329.82			39	416.23			56	769.46
23	329.82			40	421.51			57	803.77
24	329.82			41	429.42			58	840.38
25	331.14			42	437.01			59	858.52
26	337.73			43	447.56			60	895.13
27	345.65			44	460.76			61	926.79
28	358.51			45	476.26			62	947.57
29	369.07			46	494.73			63	973.62
30	374.34			47	515.51			64+	989.12

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA										
Rating Area:					CARA17 *					
Plan ID: 14057102					Plan Name: Savings Plus OA Managed Choice POS Bronze					
CA 50/50 8300 wINF										
Age	Rate			Age	Rate			Age	Rate	
0-14	262.40			31	397.55			48	560.82	
15	285.73			32	405.78			49	585.18	
16	294.65			33	410.93			50	612.62	
17	303.56			34	416.41			51	639.71	
18	313.17			35	419.16			52	669.56	
19	322.77			36	421.90			53	699.74	
20	332.72			37	424.65			54	732.33	
21	343.01			38	427.39			55	764.91	
22	343.01			39	432.88			56	800.24	
23	343.01			40	438.37			57	835.92	
24	343.01			41	446.60			58	873.99	
25	344.38			42	454.49			59	892.86	
26	351.24			43	465.46			60	930.93	
27	359.47			44	479.19			61	963.86	
28	372.85			45	495.31			62	985.47	
29	383.83			46	514.52			63	1012.57	
30	389.32			47	536.12			64+	1028.69	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA										
Rating Area:					CARA17 *					
Plan ID: 14057103					Plan Name: OA Managed Choice POS Gold HDHP					
CA 90/50 3400 HSA										
Age	Rate			Age	Rate			Age	Rate	
0-14	440.04			31	666.68			48	940.48	
15	479.16			32	680.48			49	981.32	
16	494.11			33	689.11			50	1027.34	
17	509.07			34	698.32			51	1072.78	
18	525.18			35	702.92			52	1122.83	
19	541.28			36	707.52			53	1173.45	
20	557.96			37	712.12			54	1228.09	
21	575.22			38	716.72			55	1282.74	
22	575.22			39	725.93			56	1341.99	
23	575.22			40	735.13			57	1401.81	
24	575.22			41	748.94			58	1465.66	
25	577.52			42	762.17			59	1497.30	
26	589.02			43	780.57			60	1561.15	
27	602.83			44	803.58			61	1616.37	
28	625.26			45	830.62			62	1652.61	
29	643.67			46	862.83			63	1698.05	
30	652.87			47	899.07			64+	1725.08	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA										
Rating Area:					CARA17 *					
Plan ID: 14057104					Plan Name: OA Managed Choice POS Gold HDHP					
CA 90/50 3400 HSA wINF										
Age	Rate			Age	Rate			Age	Rate	
0-14	457.64			31	693.35			48	978.10	
15	498.32			32	707.70			49	1020.58	
16	513.88			33	716.68			50	1068.44	
17	529.43			34	726.25			51	1115.70	
18	546.18			35	731.04			52	1167.74	
19	562.93			36	735.82			53	1220.39	
20	580.28			37	740.61			54	1277.22	
21	598.23			38	745.39			55	1334.05	
22	598.23			39	754.96			56	1395.67	
23	598.23			40	764.54			57	1457.88	
24	598.23			41	778.89			58	1524.29	
25	600.62			42	792.65			59	1557.19	
26	612.59			43	811.80			60	1623.59	
27	626.94			44	835.73			61	1681.02	
28	650.27			45	863.84			62	1718.71	
29	669.42			46	897.34			63	1765.97	
30	678.99			47	935.03			64+	1794.09	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA										
Rating Area:					CARA17 *					
Plan ID: 14057105					Plan Name: Savings Plus OA Managed Choice POS Gold HDHP					
CA 90/50 3400 HSA										
Age	Rate			Age	Rate			Age	Rate	
0-14	333.94			31	505.93			48	713.71	
15	363.62			32	516.41			49	744.71	
16	374.97			33	522.95			50	779.63	
17	386.32			34	529.94			51	814.11	
18	398.54			35	533.43			52	852.09	
19	410.77			36	536.92			53	890.51	
20	423.43			37	540.41			54	931.98	
21	436.52			38	543.91			55	973.44	
22	436.52			39	550.89			56	1018.41	
23	436.52			40	557.88			57	1063.80	
24	436.52			41	568.35			58	1112.26	
25	438.27			42	578.39			59	1136.27	
26	447.00			43	592.36			60	1184.72	
27	457.48			44	609.82			61	1226.63	
28	474.50			45	630.34			62	1254.13	
29	488.47			46	654.78			63	1288.61	
30	495.45			47	682.28			64+	1309.13	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA										
Rating Area:					CARA17 *					
Plan ID: 14057106 Plan Name: Savings Plus OA Managed Choice POS Gold HDHP CA 90/50 3400 HSA wINF										
Age	Rate			Age	Rate			Age	Rate	
0-14	347.30			31	526.17			48	742.26	
15	378.17			32	537.06			49	774.50	
16	389.97			33	543.87			50	810.81	
17	401.78			34	551.14			51	846.68	
18	414.49			35	554.77			52	886.18	
19	427.20			36	558.40			53	926.13	
20	440.36			37	562.03			54	969.25	
21	453.98			38	565.66			55	1012.38	
22	453.98			39	572.93			56	1059.14	
23	453.98			40	580.19			57	1106.36	
24	453.98			41	591.09			58	1156.75	
25	455.80			42	601.53			59	1181.72	
26	464.88			43	616.06			60	1232.11	
27	475.77			44	634.21			61	1275.69	
28	493.48			45	655.55			62	1304.29	
29	508.01			46	680.97			63	1340.16	
30	515.27			47	709.58			64+	1361.50	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA										
Rating Area:					CARA17 *					
Plan ID: 14057107					Plan Name: OA Managed Choice POS Bronze HDHP					
CA 100 7200 HSA M										
Age	Rate			Age	Rate			Age	Rate	
0-14	381.78			31	578.40			48	815.95	
15	415.71			32	590.38			49	851.39	
16	428.69			33	597.87			50	891.31	
17	441.66			34	605.85			51	930.73	
18	455.64			35	609.84			52	974.15	
19	469.61			36	613.84			53	1018.07	
20	484.08			37	617.83			54	1065.48	
21	499.05			38	621.82			55	1112.89	
22	499.05			39	629.81			56	1164.29	
23	499.05			40	637.79			57	1216.19	
24	499.05			41	649.77			58	1271.59	
25	501.05			42	661.25			59	1299.04	
26	511.03			43	677.22			60	1354.43	
27	523.01			44	697.18			61	1402.34	
28	542.47			45	720.63			62	1433.78	
29	558.44			46	748.58			63	1473.21	
30	566.43			47	780.02			64+	1496.66	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA										
Rating Area:					CARA17 *					
Plan ID: 14057108					Plan Name: OA Managed Choice POS Bronze HDHP					
CA 100 7200 HSA wINF										
Age	Rate			Age	Rate			Age	Rate	
0-14	397.05			31	601.54			48	848.59	
15	432.34			32	614.00			49	885.44	
16	445.83			33	621.78			50	926.96	
17	459.33			34	630.09			51	967.96	
18	473.86			35	634.24			52	1013.12	
19	488.39			36	638.39			53	1058.79	
20	503.45			37	642.54			54	1108.10	
21	519.02			38	646.69			55	1157.40	
22	519.02			39	655.00			56	1210.86	
23	519.02			40	663.30			57	1264.84	
24	519.02			41	675.76			58	1322.45	
25	521.09			42	687.70			59	1351.00	
26	531.47			43	704.30			60	1408.61	
27	543.93			44	725.06			61	1458.43	
28	564.17			45	749.46			62	1491.13	
29	580.78			46	778.52			63	1532.13	
30	589.08			47	811.22			64+	1556.53	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA										
Rating Area:					CARA17 *					
Plan ID: 14057109					Plan Name: Savings Plus OA Managed Choice POS Bronze HDHP					
CA 100 7200 HSA M										
Age	Rate			Age	Rate			Age	Rate	
0-14	289.72			31	438.94			48	619.21	
15	315.48			32	448.03			49	646.10	
16	325.32			33	453.71			50	676.40	
17	335.17			34	459.77			51	706.32	
18	345.77			35	462.80			52	739.26	
19	356.38			36	465.83			53	772.59	
20	367.36			37	468.86			54	808.57	
21	378.72			38	471.89			55	844.55	
22	378.72			39	477.95			56	883.56	
23	378.72			40	484.01			57	922.94	
24	378.72			41	493.10			58	964.98	
25	380.24			42	501.81			59	985.81	
26	387.81			43	513.93			60	1027.85	
27	396.90			44	529.07			61	1064.21	
28	411.67			45	546.87			62	1088.07	
29	423.79			46	568.08			63	1117.99	
30	429.85			47	591.94			64+	1135.79	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA										
Rating Area:					CARA17 *					
Plan ID: 14057110					Plan Name: Savings Plus OA Managed Choice POS Bronze HDHP					
CA 100 7200 HSA wINF										
Age	Rate			Age	Rate			Age	Rate	
0-14	301.31			31	456.50			48	643.98	
15	328.09			32	465.95			49	671.94	
16	338.33			33	471.86			50	703.45	
17	348.58			34	478.16			51	734.57	
18	359.60			35	481.31			52	768.83	
19	370.63			36	484.46			53	803.50	
20	382.05			37	487.61			54	840.91	
21	393.87			38	490.76			55	878.33	
22	393.87			39	497.06			56	918.90	
23	393.87			40	503.37			57	959.86	
24	393.87			41	512.82			58	1003.58	
25	395.45			42	521.88			59	1025.24	
26	403.32			43	534.48			60	1068.96	
27	412.78			44	550.24			61	1106.78	
28	428.14			45	568.75			62	1131.59	
29	440.74			46	590.81			63	1162.71	
30	447.04			47	615.62			64+	1181.22	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA									
Rating Area:					CARA17 *				
Plan ID: 14057111 Plan Name: Open Choice PPO Gold CA 80/50 1000									
Age	Rate			Age	Rate			Age	Rate
0-14	632.50			31	958.26			48	1351.82
15	688.73			32	978.11			49	1410.52
16	710.22			33	990.51			50	1476.67
17	731.72			34	1003.74			51	1541.99
18	754.87			35	1010.35			52	1613.92
19	778.02			36	1016.97			53	1686.68
20	802.00			37	1023.58			54	1765.22
21	826.80			38	1030.20			55	1843.77
22	826.80			39	1043.42			56	1928.93
23	826.80			40	1056.65			57	2014.92
24	826.80			41	1076.50			58	2106.69
25	830.11			42	1095.51			59	2152.17
26	846.65			43	1121.97			60	2243.94
27	866.49			44	1155.04			61	2323.31
28	898.73			45	1193.90			62	2375.40
29	925.19			46	1240.20			63	2440.72
30	938.42			47	1292.29			64+	2479.58

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA										
Rating Area:					CARA17 *					
Plan ID: 14057112					Plan Name: Open Choice PPO Gold					
CA 80/50 1000 wINF										
Age	Rate			Age	Rate			Age	Rate	
0-14	657.80			31	996.59			48	1405.89	
15	716.28			32	1017.23			49	1466.95	
16	738.63			33	1030.13			50	1535.74	
17	760.99			34	1043.89			51	1603.67	
18	785.07			35	1050.77			52	1678.47	
19	809.14			36	1057.65			53	1754.14	
20	834.08			37	1064.52			54	1835.83	
21	859.87			38	1071.40			55	1917.52	
22	859.87			39	1085.16			56	2006.09	
23	859.87			40	1098.92			57	2095.51	
24	859.87			41	1119.56			58	2190.96	
25	863.31			42	1139.33			59	2238.25	
26	880.51			43	1166.85			60	2333.70	
27	901.15			44	1201.24			61	2416.25	
28	934.68			45	1241.66			62	2470.42	
29	962.20			46	1289.81			63	2538.35	
30	975.96			47	1343.98			64+	2578.76	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA									
Rating Area:					CARA17 *				
Plan ID: 14057113					Plan Name: Open Choice PPO Silver				
CA 60/50 2100									
Age	Rate			Age	Rate			Age	Rate
0-14	512.76			31	776.85			48	1095.91
15	558.34			32	792.94			49	1143.50
16	575.77			33	802.99			50	1197.12
17	593.20			34	813.72			51	1250.07
18	611.96			35	819.08			52	1308.39
19	630.73			36	824.44			53	1367.37
20	650.17			37	829.81			54	1431.05
21	670.28			38	835.17			55	1494.72
22	670.28			39	845.89			56	1563.76
23	670.28			40	856.62			57	1633.47
24	670.28			41	872.70			58	1707.87
25	672.96			42	888.12			59	1744.74
26	686.37			43	909.57			60	1819.14
27	702.45			44	936.38			61	1883.48
28	728.59			45	967.88			62	1925.71
29	750.04			46	1005.42			63	1978.66
30	760.77			47	1047.65			64+	2010.17

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.



Valid for Effective Dates: 07/01/2026 - 09/30/2026

CALIFORNIA										
Rating Area:					CARA17 *					
Plan ID: 14057114					Plan Name: Open Choice PPO Silver					
CA 60/50 2100 wINF										
Age	Rate			Age	Rate			Age	Rate	
0-14	533.27			31	807.93			48	1139.74	
15	580.68			32	824.66			49	1189.24	
16	598.80			33	835.11			50	1245.00	
17	616.93			34	846.27			51	1300.07	
18	636.44			35	851.84			52	1360.72	
19	655.96			36	857.42			53	1422.06	
20	676.18			37	863.00			54	1488.29	
21	697.09			38	868.57			55	1554.51	
22	697.09			39	879.73			56	1626.31	
23	697.09			40	890.88			57	1698.81	
24	697.09			41	907.61			58	1776.19	
25	699.88			42	923.64			59	1814.53	
26	713.82			43	945.95			60	1891.90	
27	730.55			44	973.84			61	1958.82	
28	757.74			45	1006.60			62	2002.74	
29	780.04			46	1045.64			63	2057.81	
30	791.20			47	1089.55			64+	2090.57	

Rates displayed are for the Medical/Rx product, Area and Effective date shown only.

Rates include standard commission for the market, if applicable, but exclude producer service fees.

Rates apply to all dependent children aged 21 and over in addition to the oldest 3 dependent children under 21.

* For a complete listing of counties in Rating Area CARA17, see attached area definitions.