



Valid for Effective Dates: 04/01/2026 - 06/30/2026

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	369.77			31	560.21			48	790.29
15	402.64			32	571.81			49	824.61
16	415.20			33	579.06			50	863.28
17	427.77			34	586.80			51	901.46
18	441.31			35	590.66			52	943.52
19	454.84			36	594.53			53	986.05
20	468.86			37	598.40			54	1031.97
21	483.36			38	602.26			55	1077.89
22	483.36			39	610.00			56	1127.68
23	483.36			40	617.73			57	1177.94
24	483.36			41	629.33			58	1231.60
25	485.29			42	640.45			59	1258.18
26	494.96			43	655.92			60	1311.83
27	506.56			44	675.25			61	1358.24
28	525.41			45	697.97			62	1388.69
29	540.88			46	725.04			63	1426.87
30	548.61			47	755.49			64+	1449.59

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: 04/01/2026 - 06/30/2026

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	384.56			31	582.62			48	821.90
15	418.74			32	594.69			49	857.59
16	431.81			33	602.23			50	897.81
17	444.88			34	610.27			51	937.52
18	458.96			35	614.29			52	981.26
19	473.03			36	618.31			53	1025.49
20	487.61			37	622.33			54	1073.25
21	502.69			38	626.35			55	1121.00
22	502.69			39	634.40			56	1172.78
23	502.69			40	642.44			57	1225.06
24	502.69			41	654.51			58	1280.86
25	504.70			42	666.07			59	1308.51
26	514.76			43	682.15			60	1364.31
27	526.82			44	702.26			61	1412.57
28	546.43			45	725.89			62	1444.24
29	562.51			46	754.04			63	1483.95
30	570.56			47	785.71			64+	1507.57

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.

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Valid for Effective Dates: 04/01/2026 - 06/30/2026

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	360.14			31	545.62			48	769.71
15	392.15			32	556.92			49	803.13
16	404.39			33	563.98			50	840.79
17	416.63			34	571.51			51	877.98
18	429.81			35	575.28			52	918.94
19	442.99			36	579.04			53	960.37
20	456.65			37	582.81			54	1005.09
21	470.77			38	586.58			55	1049.81
22	470.77			39	594.11			56	1098.30
23	470.77			40	601.64			57	1147.26
24	470.77			41	612.94			58	1199.52
25	472.65			42	623.77			59	1225.41
26	482.07			43	638.83			60	1277.66
27	493.37			44	657.66			61	1322.86
28	511.73			45	679.79			62	1352.52
29	526.79			46	706.15			63	1389.71
30	534.32			47	735.81			64+	1411.83

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: 04/01/2026 - 06/30/2026

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	374.54			31	567.44			48	800.49
15	407.84			32	579.20			49	835.26
16	420.57			33	586.54			50	874.42
17	433.29			34	594.37			51	913.10
18	447.00			35	598.29			52	955.70
19	460.71			36	602.21			53	998.78
20	474.91			37	606.12			54	1045.29
21	489.60			38	610.04			55	1091.81
22	489.60			39	617.87			56	1142.23
23	489.60			40	625.71			57	1193.15
24	489.60			41	637.46			58	1247.50
25	491.56			42	648.72			59	1274.43
26	501.35			43	664.39			60	1328.77
27	513.10			44	683.97			61	1375.77
28	532.19			45	706.98			62	1406.62
29	547.86			46	734.40			63	1445.30
30	555.69			47	765.24			64+	1468.31

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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: 04/01/2026 - 06/30/2026

CALIFORNIA									
Rating Area:					CARA17 *				
Plan ID:		14057017		Plan Name:		HMO Platinum			
CA \$25/50 0									
Age	Rate			Age	Rate			Age	Rate
0-14	444.83			31	673.93			48	950.71
15	484.37			32	687.88			49	991.99
16	499.49			33	696.60			50	1038.51
17	514.60			34	705.91			51	1084.45
18	530.88			35	710.56			52	1135.04
19	547.17			36	715.21			53	1186.20
20	564.03			37	719.86			54	1241.44
21	581.47			38	724.52			55	1296.68
22	581.47			39	733.82			56	1356.58
23	581.47			40	743.12			57	1417.05
24	581.47			41	757.08			58	1481.59
25	583.80			42	770.45			59	1513.57
26	595.43			43	789.06			60	1578.12
27	609.38			44	812.32			61	1633.94
28	632.06			45	839.65			62	1670.57
29	650.67			46	872.21			63	1716.51
30	659.97			47	908.84			64+	1743.84

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Valid for Effective Dates: 04/01/2026 - 06/30/2026

CALIFORNIA									
Rating Area:					CARA17 *				
Plan ID:		14057018		Plan Name:		HMO Platinum			
CA \$25/50 0 wINF									
Age	Rate			Age	Rate			Age	Rate
0-14	462.62			31	700.88			48	988.74
15	503.74			32	715.40			49	1031.67
16	519.46			33	724.47			50	1080.05
17	535.19			34	734.14			51	1127.83
18	552.12			35	738.98			52	1180.44
19	569.05			36	743.82			53	1233.65
20	586.59			37	748.66			54	1291.10
21	604.73			38	753.50			55	1348.55
22	604.73			39	763.17			56	1410.84
23	604.73			40	772.85			57	1473.73
24	604.73			41	787.36			58	1540.86
25	607.15			42	801.27			59	1574.12
26	619.25			43	820.62			60	1641.24
27	633.76			44	844.81			61	1699.30
28	657.34			45	873.23			62	1737.39
29	676.70			46	907.10			63	1785.17
30	686.37			47	945.20			64+	1813.59

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Valid for Effective Dates: 04/01/2026 - 06/30/2026

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	381.88			31	578.57			48	816.18
15	415.83			32	590.55			49	851.63
16	428.81			33	598.04			50	891.56
17	441.79			34	606.02			51	931.00
18	455.76			35	610.02			52	974.43
19	469.74			36	614.01			53	1018.36
20	484.22			37	618.00			54	1065.78
21	499.19			38	622.00			55	1113.20
22	499.19			39	629.98			56	1164.62
23	499.19			40	637.97			57	1216.54
24	499.19			41	649.95			58	1271.95
25	501.19			42	661.43			59	1299.40
26	511.18			43	677.41			60	1354.81
27	523.16			44	697.37			61	1402.74
28	542.62			45	720.84			62	1434.19
29	558.60			46	748.79			63	1473.62
30	566.59			47	780.24			64+	1497.08

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Valid for Effective Dates: 04/01/2026 - 06/30/2026

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	397.16			31	601.71			48	848.83
15	432.46			32	614.17			49	885.69
16	445.96			33	621.96			50	927.22
17	459.46			34	630.26			51	968.24
18	474.00			35	634.42			52	1013.40
19	488.53			36	638.57			53	1059.09
20	503.59			37	642.72			54	1108.41
21	519.16			38	646.88			55	1157.73
22	519.16			39	655.18			56	1211.21
23	519.16			40	663.49			57	1265.20
24	519.16			41	675.95			58	1322.83
25	521.24			42	687.89			59	1351.38
26	531.62			43	704.50			60	1409.01
27	544.08			44	725.27			61	1458.85
28	564.33			45	749.67			62	1491.55
29	580.94			46	778.74			63	1532.57
30	589.25			47	811.45			64+	1556.97

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Valid for Effective Dates: 04/01/2026 - 06/30/2026

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	371.94			31	563.50			48	794.92
15	405.00			32	575.17			49	829.44
16	417.64			33	582.46			50	868.34
17	430.28			34	590.24			51	906.75
18	443.89			35	594.13			52	949.05
19	457.51			36	598.02			53	991.83
20	471.61			37	601.91			54	1038.02
21	486.19			38	605.80			55	1084.21
22	486.19			39	613.57			56	1134.29
23	486.19			40	621.35			57	1184.85
24	486.19			41	633.02			58	1238.82
25	488.14			42	644.20			59	1265.56
26	497.86			43	659.76			60	1319.52
27	509.53			44	679.21			61	1366.20
28	528.49			45	702.06			62	1396.83
29	544.05			46	729.29			63	1435.24
30	551.83			47	759.92			64+	1458.09

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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: 04/01/2026 - 06/30/2026

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	386.81			31	586.04			48	826.72
15	421.20			32	598.17			49	862.62
16	434.34			33	605.76			50	903.07
17	447.49			34	613.85			51	943.02
18	461.65			35	617.89			52	987.01
19	475.81			36	621.94			53	1031.50
20	490.47			37	625.98			54	1079.54
21	505.64			38	630.03			55	1127.58
22	505.64			39	638.12			56	1179.66
23	505.64			40	646.21			57	1232.24
24	505.64			41	658.34			58	1288.37
25	507.66			42	669.97			59	1316.18
26	517.77			43	686.15			60	1372.31
27	529.91			44	706.38			61	1420.85
28	549.63			45	730.14			62	1452.70
29	565.81			46	758.46			63	1492.65
30	573.90			47	790.31			64+	1516.41

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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: 04/01/2026 - 06/30/2026

CALIFORNIA									
Rating Area:					CARA17 *				
Plan ID:		14057023		Plan Name:		HMO Gold			
CA \$30/65 1250									
Age	Rate			Age	Rate			Age	Rate
0-14	343.84			31	520.93			48	734.87
15	374.40			32	531.71			49	766.78
16	386.09			33	538.46			50	802.74
17	397.77			34	545.65			51	838.25
18	410.36			35	549.24			52	877.35
19	422.94			36	552.84			53	916.90
20	435.98			37	556.44			54	959.60
21	449.46			38	560.03			55	1002.30
22	449.46			39	567.22			56	1048.60
23	449.46			40	574.41			57	1095.34
24	449.46			41	585.20			58	1145.23
25	451.26			42	595.54			59	1169.95
26	460.25			43	609.92			60	1219.84
27	471.04			44	627.90			61	1262.99
28	488.57			45	649.02			62	1291.31
29	502.95			46	674.19			63	1326.82
30	510.14			47	702.51			64+	1347.94

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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: 04/01/2026 - 06/30/2026

CALIFORNIA										
Rating Area:					CARA17 *					
Plan ID:		14057024		Plan Name:		HMO Gold				
CA \$30/65 1250 wINF										
Age	Rate			Age	Rate			Age	Rate	
0-14	357.59			31	541.77			48	764.27	
15	389.38			32	552.98			49	797.46	
16	401.53			33	560.00			50	834.85	
17	413.69			34	567.47			51	871.78	
18	426.77			35	571.21			52	912.45	
19	439.86			36	574.95			53	953.58	
20	453.42			37	578.69			54	997.99	
21	467.44			38	582.43			55	1042.40	
22	467.44			39	589.91			56	1090.54	
23	467.44			40	597.39			57	1139.16	
24	467.44			41	608.61			58	1191.04	
25	469.31			42	619.36			59	1216.75	
26	478.66			43	634.32			60	1268.64	
27	489.88			44	653.02			61	1313.51	
28	508.11			45	674.99			62	1342.96	
29	523.07			46	701.16			63	1379.89	
30	530.55			47	730.61			64+	1401.86	

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Valid for Effective Dates: 04/01/2026 - 06/30/2026

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	295.19			31	447.22			48	630.89
15	321.42			32	456.48			49	658.28
16	331.46			33	462.27			50	689.15
17	341.49			34	468.44			51	719.64
18	352.29			35	471.53			52	753.21
19	363.10			36	474.61			53	787.16
20	374.29			37	477.70			54	823.82
21	385.86			38	480.79			55	860.48
22	385.86			39	486.96			56	900.22
23	385.86			40	493.13			57	940.35
24	385.86			41	502.40			58	983.18
25	387.41			42	511.27			59	1004.40
26	395.12			43	523.62			60	1047.24
27	404.39			44	539.05			61	1084.28
28	419.43			45	557.19			62	1108.59
29	431.78			46	578.80			63	1139.07
30	437.96			47	603.11			64+	1157.21

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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: 04/01/2026 - 06/30/2026

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	306.99			31	465.10			48	656.12	
15	334.28			32	474.74			49	684.62	
16	344.72			33	480.76			50	716.72	
17	355.15			34	487.18			51	748.42	
18	366.39			35	490.39			52	783.33	
19	377.62			36	493.60			53	818.65	
20	389.26			37	496.81			54	856.77	
21	401.30			38	500.02			55	894.90	
22	401.30			39	506.44			56	936.23	
23	401.30			40	512.86			57	977.96	
24	401.30			41	522.49			58	1022.51	
25	402.90			42	531.72			59	1044.58	
26	410.93			43	544.56			60	1089.12	
27	420.56			44	560.61			61	1127.65	
28	436.21			45	579.47			62	1152.93	
29	449.05			46	601.95			63	1184.63	
30	455.47			47	627.23			64+	1203.49	

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Valid for Effective Dates: 04/01/2026 - 06/30/2026

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	287.50			31	435.57			48	614.45
15	313.05			32	444.59			49	641.14
16	322.82			33	450.22			50	671.20
17	332.59			34	456.24			51	700.89
18	343.12			35	459.24			52	733.59
19	353.64			36	462.25			53	766.66
20	364.54			37	465.26			54	802.36
21	375.81			38	468.26			55	838.06
22	375.81			39	474.28			56	876.77
23	375.81			40	480.29			57	915.86
24	375.81			41	489.31			58	957.57
25	377.32			42	497.95			59	978.24
26	384.83			43	509.98			60	1019.96
27	393.85			44	525.01			61	1056.04
28	408.51			45	542.67			62	1079.71
29	420.53			46	563.72			63	1109.40
30	426.55			47	587.40			64+	1127.06

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: 04/01/2026 - 06/30/2026

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	299.00			31	452.99			48	639.03	
15	325.57			32	462.37			49	666.78	
16	335.74			33	468.23			50	698.05	
17	345.90			34	474.49			51	728.93	
18	356.84			35	477.61			52	762.93	
19	367.79			36	480.74			53	797.33	
20	379.12			37	483.87			54	834.46	
21	390.85			38	486.99			55	871.59	
22	390.85			39	493.25			56	911.84	
23	390.85			40	499.50			57	952.49	
24	390.85			41	508.88			58	995.88	
25	392.41			42	517.87			59	1017.37	
26	400.23			43	530.38			60	1060.76	
27	409.61			44	546.01			61	1098.28	
28	424.85			45	564.38			62	1122.90	
29	437.36			46	586.27			63	1153.78	
30	443.61			47	610.89			64+	1172.15	

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: 04/01/2026 - 06/30/2026

CALIFORNIA									
Rating Area:					CARA17 *				
Plan ID:		14057029		Plan Name:		HMO Gold			
CA \$35/70 0									
Age	Rate			Age	Rate			Age	Rate
0-14	399.48			31	605.22			48	853.78
15	434.99			32	617.75			49	890.86
16	448.56			33	625.59			50	932.63
17	462.14			34	633.94			51	973.89
18	476.76			35	638.12			52	1019.32
19	491.38			36	642.30			53	1065.27
20	506.53			37	646.47			54	1114.88
21	522.19			38	650.65			55	1164.49
22	522.19			39	659.01			56	1218.27
23	522.19			40	667.36			57	1272.58
24	522.19			41	679.89			58	1330.54
25	524.28			42	691.90			59	1359.27
26	534.72			43	708.61			60	1417.23
27	547.26			44	729.50			61	1467.36
28	567.62			45	754.04			62	1500.26
29	584.33			46	783.29			63	1541.51
30	592.69			47	816.19			64+	1566.05

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: 04/01/2026 - 06/30/2026

CALIFORNIA										
Rating Area:					CARA17 *					
Plan ID:		14057030		Plan Name:		HMO Gold				
CA \$35/70 0 wINF										
Age	Rate			Age	Rate			Age	Rate	
0-14	415.46			31	629.43			48	887.93	
15	452.39			32	642.46			49	926.49	
16	466.51			33	650.61			50	969.94	
17	480.63			34	659.30			51	1012.84	
18	495.83			35	663.64			52	1060.09	
19	511.04			36	667.99			53	1107.88	
20	526.79			37	672.33			54	1159.47	
21	543.08			38	676.68			55	1211.07	
22	543.08			39	685.37			56	1267.00	
23	543.08			40	694.06			57	1323.48	
24	543.08			41	707.09			58	1383.77	
25	545.25			42	719.58			59	1413.64	
26	556.11			43	736.96			60	1473.92	
27	569.15			44	758.68			61	1526.05	
28	590.33			45	784.21			62	1560.27	
29	607.71			46	814.62			63	1603.17	
30	616.40			47	848.83			64+	1628.70	

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: 04/01/2026 - 06/30/2026

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	342.95			31	519.58			48	732.97
15	373.44			32	530.34			49	764.80
16	385.09			33	537.07			50	800.67
17	396.75			34	544.24			51	836.08
18	409.30			35	547.82			52	875.08
19	421.85			36	551.41			53	914.53
20	434.85			37	555.00			54	957.12
21	448.30			38	558.58			55	999.71
22	448.30			39	565.76			56	1045.89
23	448.30			40	572.93			57	1092.51
24	448.30			41	583.69			58	1142.27
25	450.09			42	594.00			59	1166.93
26	459.06			43	608.35			60	1216.69
27	469.82			44	626.28			61	1259.73
28	487.30			45	647.35			62	1287.97
29	501.65			46	672.45			63	1323.39
30	508.82			47	700.70			64+	1344.46

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: 04/01/2026 - 06/30/2026

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	356.67			31	540.36			48	762.29
15	388.37			32	551.55			49	795.39
16	400.49			33	558.55			50	832.69
17	412.62			34	566.01			51	869.53
18	425.67			35	569.74			52	910.09
19	438.73			36	573.47			53	951.12
20	452.25			37	577.20			54	995.41
21	466.23			38	580.93			55	1039.70
22	466.23			39	588.39			56	1087.72
23	466.23			40	595.85			57	1136.21
24	466.23			41	607.04			58	1187.96
25	468.10			42	617.76			59	1213.61
26	477.42			43	632.68			60	1265.36
27	488.61			44	651.33			61	1310.12
28	506.80			45	673.24			62	1339.49
29	521.72			46	699.35			63	1376.32
30	529.18			47	728.72			64+	1398.23

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: 04/01/2026 - 06/30/2026

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	334.02			31	506.05			48	713.88
15	363.71			32	516.53			49	744.88
16	375.06			33	523.08			50	779.81
17	386.41			34	530.06			51	814.30
18	398.64			35	533.55			52	852.29
19	410.86			36	537.05			53	890.71
20	423.53			37	540.54			54	932.19
21	436.62			38	544.03			55	973.67
22	436.62			39	551.02			56	1018.64
23	436.62			40	558.01			57	1064.05
24	436.62			41	568.48			58	1112.52
25	438.37			42	578.53			59	1136.53
26	447.10			43	592.50			60	1185.00
27	457.58			44	609.96			61	1226.91
28	474.61			45	630.49			62	1254.42
29	488.58			46	654.94			63	1288.91
30	495.57			47	682.44			64+	1309.44

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: 04/01/2026 - 06/30/2026

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	347.38			31	526.29			48	742.44
15	378.26			32	537.19			49	774.68
16	390.06			33	544.00			50	811.00
17	401.87			34	551.26			51	846.88
18	414.58			35	554.90			52	886.38
19	427.30			36	558.53			53	926.34
20	440.47			37	562.16			54	969.48
21	454.09			38	565.80			55	1012.62
22	454.09			39	573.06			56	1059.39
23	454.09			40	580.33			57	1106.62
24	454.09			41	591.22			58	1157.02
25	455.91			42	601.67			59	1181.99
26	464.99			43	616.20			60	1232.40
27	475.89			44	634.36			61	1275.99
28	493.60			45	655.70			62	1304.60
29	508.13			46	681.13			63	1340.47
30	515.39			47	709.74			64+	1361.81

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: 04/01/2026 - 06/30/2026

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	339.22			31	513.93			48	725.00
15	369.37			32	524.57			49	756.49
16	380.90			33	531.22			50	791.96
17	392.43			34	538.32			51	826.99
18	404.85			35	541.87			52	865.57
19	417.26			36	545.41			53	904.59
20	430.12			37	548.96			54	946.71
21	443.43			38	552.51			55	988.84
22	443.43			39	559.60			56	1034.51
23	443.43			40	566.70			57	1080.63
24	443.43			41	577.34			58	1129.85
25	445.20			42	587.54			59	1154.24
26	454.07			43	601.73			60	1203.46
27	464.71			44	619.47			61	1246.03
28	482.00			45	640.31			62	1273.96
29	496.19			46	665.14			63	1308.99
30	503.29			47	693.08			64+	1329.84

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: 04/01/2026 - 06/30/2026

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	352.79			31	534.49			48	754.00
15	384.15			32	545.56			49	786.74
16	396.14			33	552.47			50	823.64
17	408.13			34	559.85			51	860.07
18	421.04			35	563.54			52	900.19
19	433.95			36	567.23			53	940.77
20	447.33			37	570.92			54	984.58
21	461.16			38	574.61			55	1028.39
22	461.16			39	581.99			56	1075.89
23	461.16			40	589.37			57	1123.85
24	461.16			41	600.43			58	1175.04
25	463.01			42	611.04			59	1200.41
26	472.23			43	625.80			60	1251.60
27	483.30			44	644.24			61	1295.87
28	501.28			45	665.92			62	1324.92
29	516.04			46	691.74			63	1361.35
30	523.42			47	720.80			64+	1383.03

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: 04/01/2026 - 06/30/2026

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	330.39			31	500.54			48	706.12
15	359.75			32	510.91			49	736.78
16	370.98			33	517.39			50	771.33
17	382.21			34	524.30			51	805.45
18	394.30			35	527.75			52	843.02
19	406.40			36	531.21			53	881.03
20	418.92			37	534.66			54	922.06
21	431.88			38	538.12			55	963.08
22	431.88			39	545.03			56	1007.57
23	431.88			40	551.94			57	1052.48
24	431.88			41	562.30			58	1100.42
25	433.60			42	572.24			59	1124.17
26	442.24			43	586.06			60	1172.11
27	452.61			44	603.33			61	1213.57
28	469.45			45	623.63			62	1240.78
29	483.27			46	647.81			63	1274.90
30	490.18			47	675.02			64+	1295.20

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: 04/01/2026 - 06/30/2026

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	343.60			31	520.57			48	734.36
15	374.14			32	531.35			49	766.25
16	385.82			33	538.08			50	802.18
17	397.50			34	545.27			51	837.67
18	410.08			35	548.86			52	876.74
19	422.65			36	552.46			53	916.27
20	435.68			37	556.05			54	958.94
21	449.15			38	559.64			55	1001.61
22	449.15			39	566.83			56	1047.87
23	449.15			40	574.02			57	1094.58
24	449.15			41	584.79			58	1144.44
25	450.95			42	595.13			59	1169.14
26	459.93			43	609.50			60	1219.00
27	470.71			44	627.46			61	1262.11
28	488.23			45	648.57			62	1290.41
29	502.60			46	673.73			63	1325.89
30	509.79			47	702.02			64+	1347.00

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: 04/01/2026 - 06/30/2026

CALIFORNIA									
Rating Area:					CARA17 *				
Plan ID:		14057039		Plan Name:		HMO Gold			
CA \$35/55 500									
Age	Rate			Age	Rate			Age	Rate
0-14	360.33			31	545.91			48	770.11
15	392.36			32	557.21			49	803.55
16	404.60			33	564.28			50	841.23
17	416.85			34	571.81			51	878.44
18	430.04			35	575.58			52	919.42
19	443.23			36	579.35			53	960.87
20	456.89			37	583.12			54	1005.62
21	471.02			38	586.89			55	1050.36
22	471.02			39	594.42			56	1098.88
23	471.02			40	601.96			57	1147.87
24	471.02			41	613.26			58	1200.15
25	472.90			42	624.10			59	1226.05
26	482.32			43	639.17			60	1278.34
27	493.62			44	658.01			61	1323.55
28	511.99			45	680.15			62	1353.23
29	527.07			46	706.52			63	1390.44
30	534.60			47	736.20			64+	1412.58

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: 04/01/2026 - 06/30/2026

CALIFORNIA										
Rating Area:					CARA17 *					
Plan ID:		14057040		Plan Name:		HMO Gold				
CA \$35/55 500 wINF										
Age	Rate			Age	Rate			Age	Rate	
0-14	374.74			31	567.74			48	800.91	
15	408.05			32	579.50			49	835.69	
16	420.79			33	586.85			50	874.88	
17	433.52			34	594.69			51	913.58	
18	447.24			35	598.60			52	956.20	
19	460.95			36	602.52			53	999.31	
20	475.16			37	606.44			54	1045.84	
21	489.86			38	610.36			55	1092.38	
22	489.86			39	618.20			56	1142.83	
23	489.86			40	626.04			57	1193.78	
24	489.86			41	637.79			58	1248.15	
25	491.82			42	649.06			59	1275.10	
26	501.61			43	664.73			60	1329.47	
27	513.37			44	684.33			61	1376.50	
28	532.47			45	707.35			62	1407.36	
29	548.15			46	734.78			63	1446.06	
30	555.99			47	765.65			64+	1469.08	

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: 04/01/2026 - 06/30/2026

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	309.34			31	468.66			48	661.14
15	336.84			32	478.37			49	689.85
16	347.35			33	484.43			50	722.20
17	357.86			34	490.90			51	754.14
18	369.19			35	494.14			52	789.32
19	380.51			36	497.37			53	824.91
20	392.24			37	500.61			54	863.32
21	404.37			38	503.84			55	901.74
22	404.37			39	510.31			56	943.39
23	404.37			40	516.78			57	985.44
24	404.37			41	526.49			58	1030.33
25	405.98			42	535.79			59	1052.57
26	414.07			43	548.73			60	1097.45
27	423.78			44	564.90			61	1136.27
28	439.55			45	583.91			62	1161.75
29	452.49			46	606.55			63	1193.69
30	458.96			47	632.03			64+	1212.70

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: 04/01/2026 - 06/30/2026

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	321.71			31	487.41			48	687.59
15	350.31			32	497.50			49	717.44
16	361.25			33	503.81			50	751.09
17	372.18			34	510.54			51	784.31
18	383.95			35	513.90			52	820.90
19	395.73			36	517.27			53	857.90
20	407.93			37	520.63			54	897.86
21	420.54			38	523.99			55	937.81
22	420.54			39	530.72			56	981.12
23	420.54			40	537.45			57	1024.86
24	420.54			41	547.55			58	1071.54
25	422.22			42	557.22			59	1094.67
26	430.63			43	570.67			60	1141.35
27	440.73			44	587.50			61	1181.72
28	457.13			45	607.26			62	1208.22
29	470.59			46	630.81			63	1241.44
30	477.31			47	657.31			64+	1261.20

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: 04/01/2026 - 06/30/2026

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	301.28			31	456.45			48	643.92
15	328.06			32	465.91			49	671.88
16	338.30			33	471.81			50	703.39
17	348.54			34	478.11			51	734.50
18	359.57			35	481.27			52	768.76
19	370.60			36	484.42			53	803.42
20	382.02			37	487.57			54	840.84
21	393.83			38	490.72			55	878.25
22	393.83			39	497.02			56	918.81
23	393.83			40	503.32			57	959.77
24	393.83			41	512.77			58	1003.49
25	395.41			42	521.83			59	1025.15
26	403.29			43	534.43			60	1068.87
27	412.74			44	550.19			61	1106.67
28	428.10			45	568.70			62	1131.49
29	440.70			46	590.75			63	1162.60
30	447.00			47	615.56			64+	1181.11

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: 04/01/2026 - 06/30/2026

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	313.33			31	474.71			48	669.68	
15	341.19			32	484.54			49	698.76	
16	351.84			33	490.69			50	731.52	
17	362.49			34	497.24			51	763.88	
18	373.95			35	500.52			52	799.52	
19	385.42			36	503.79			53	835.56	
20	397.30			37	507.07			54	874.47	
21	409.59			38	510.35			55	913.38	
22	409.59			39	516.90			56	955.57	
23	409.59			40	523.45			57	998.17	
24	409.59			41	533.28			58	1043.63	
25	411.23			42	542.70			59	1066.16	
26	419.42			43	555.81			60	1111.62	
27	429.25			44	572.19			61	1150.94	
28	445.22			45	591.44			62	1176.75	
29	458.33			46	614.38			63	1209.10	
30	464.88			47	640.19			64+	1228.35	

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: 04/01/2026 - 06/30/2026

CALIFORNIA									
Rating Area:					CARA17 *				
Plan ID:		14057045		Plan Name:		HMO Silver CA \$50/90 0			
Age	Rate			Age	Rate			Age	Rate
0-14	321.49			31	487.07			48	687.11
15	350.07			32	497.16			49	716.95
16	361.00			33	503.46			50	750.57
17	371.92			34	510.19			51	783.77
18	383.69			35	513.55			52	820.34
19	395.46			36	516.91			53	857.32
20	407.65			37	520.27			54	897.24
21	420.25			38	523.64			55	937.17
22	420.25			39	530.36			56	980.45
23	420.25			40	537.08			57	1024.16
24	420.25			41	547.17			58	1070.81
25	421.93			42	556.84			59	1093.92
26	430.34			43	570.28			60	1140.57
27	440.43			44	587.09			61	1180.91
28	456.82			45	606.85			62	1207.39
29	470.26			46	630.38			63	1240.59
30	476.99			47	656.86			64+	1260.34

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: 04/01/2026 - 06/30/2026

CALIFORNIA										
Rating Area:					CARA17 *					
Plan ID:		14057046		Plan Name:		HMO Silver				
CA \$50/90 0 wINF										
Age	Rate			Age	Rate			Age	Rate	
0-14	334.35			31	506.56			48	714.60	
15	364.07			32	517.05			49	745.63	
16	375.44			33	523.60			50	780.60	
17	386.80			34	530.60			51	815.12	
18	399.04			35	534.09			52	853.15	
19	411.28			36	537.59			53	891.61	
20	423.95			37	541.09			54	933.13	
21	437.06			38	544.58			55	974.65	
22	437.06			39	551.57			56	1019.67	
23	437.06			40	558.57			57	1065.13	
24	437.06			41	569.06			58	1113.64	
25	438.81			42	579.11			59	1137.68	
26	447.55			43	593.10			60	1186.19	
27	458.04			44	610.58			61	1228.15	
28	475.09			45	631.12			62	1255.69	
29	489.07			46	655.60			63	1290.21	
30	496.07			47	683.13			64+	1310.76	

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: 04/01/2026 - 06/30/2026

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	276.00			31	418.15			48	589.89
15	300.54			32	426.81			49	615.50
16	309.92			33	432.22			50	644.37
17	319.30			34	438.00			51	672.87
18	329.40			35	440.88			52	704.26
19	339.50			36	443.77			53	736.01
20	349.96			37	446.66			54	770.28
21	360.79			38	449.54			55	804.56
22	360.79			39	455.31			56	841.72
23	360.79			40	461.09			57	879.24
24	360.79			41	469.75			58	919.29
25	362.23			42	478.04			59	939.13
26	369.45			43	489.59			60	979.18
27	378.11			44	504.02			61	1013.81
28	392.18			45	520.98			62	1036.54
29	403.72			46	541.18			63	1065.05
30	409.49			47	563.91			64+	1082.00

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: 04/01/2026 - 06/30/2026

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	287.04			31	434.88			48	613.48
15	312.56			32	443.88			49	640.12
16	322.31			33	449.51			50	670.14
17	332.07			34	455.52			51	699.78
18	342.58			35	458.52			52	732.43
19	353.08			36	461.52			53	765.45
20	363.96			37	464.52			54	801.09
21	375.22			38	467.52			55	836.74
22	375.22			39	473.53			56	875.39
23	375.22			40	479.53			57	914.41
24	375.22			41	488.54			58	956.06
25	376.72			42	497.17			59	976.70
26	384.22			43	509.17			60	1018.35
27	393.23			44	524.18			61	1054.37
28	407.86			45	541.82			62	1078.01
29	419.87			46	562.83			63	1107.65
30	425.87			47	586.47			64+	1125.28

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: 04/01/2026 - 06/30/2026

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	268.81			31	407.26			48	574.52
15	292.71			32	415.69			49	599.47
16	301.84			33	420.97			50	627.58
17	310.98			34	426.59			51	655.34
18	320.82			35	429.40			52	685.91
19	330.66			36	432.21			53	716.84
20	340.85			37	435.02			54	750.22
21	351.39			38	437.83			55	783.60
22	351.39			39	443.45			56	819.79
23	351.39			40	449.08			57	856.34
24	351.39			41	457.51			58	895.34
25	352.80			42	465.59			59	914.67
26	359.82			43	476.84			60	953.67
27	368.26			44	490.89			61	987.41
28	381.96			45	507.41			62	1009.54
29	393.21			46	527.09			63	1037.30
30	398.83			47	549.22			64+	1053.82

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: 04/01/2026 - 06/30/2026

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	279.57			31	423.55			48	597.50
15	304.42			32	432.32			49	623.45
16	313.92			33	437.80			50	652.69
17	323.42			34	443.65			51	681.56
18	333.65			35	446.57			52	713.35
19	343.88			36	449.50			53	745.51
20	354.48			37	452.42			54	780.23
21	365.45			38	455.35			55	814.94
22	365.45			39	461.19			56	852.59
23	365.45			40	467.04			57	890.59
24	365.45			41	475.81			58	931.16
25	366.91			42	484.22			59	951.26
26	374.22			43	495.91			60	991.82
27	382.99			44	510.53			61	1026.90
28	397.24			45	527.70			62	1049.93
29	408.93			46	548.17			63	1078.80
30	414.78			47	571.19			64+	1095.97

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: 04/01/2026 - 06/30/2026

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	279.79			31	423.90			48	597.99	
15	304.66			32	432.67			49	623.96	
16	314.17			33	438.16			50	653.22	
17	323.68			34	444.01			51	682.11	
18	333.92			35	446.94			52	713.93	
19	344.16			36	449.86			53	746.12	
20	354.77			37	452.79			54	780.86	
21	365.74			38	455.72			55	815.61	
22	365.74			39	461.57			56	853.28	
23	365.74			40	467.42			57	891.32	
24	365.74			41	476.20			58	931.91	
25	367.21			42	484.61			59	952.03	
26	374.52			43	496.31			60	992.63	
27	383.30			44	510.94			61	1027.74	
28	397.56			45	528.13			62	1050.78	
29	409.27			46	548.61			63	1079.67	
30	415.12			47	571.66			64+	1096.86	

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: 04/01/2026 - 06/30/2026

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	290.98			31	440.85			48	621.91
15	316.85			32	449.98			49	648.92
16	326.74			33	455.69			50	679.35
17	336.63			34	461.77			51	709.39
18	347.28			35	464.82			52	742.49
19	357.93			36	467.86			53	775.96
20	368.96			37	470.90			54	812.10
21	380.37			38	473.94			55	848.23
22	380.37			39	480.03			56	887.41
23	380.37			40	486.12			57	926.97
24	380.37			41	495.25			58	969.19
25	381.89			42	503.99			59	990.11
26	389.50			43	516.17			60	1032.33
27	398.63			44	531.38			61	1068.85
28	413.46			45	549.26			62	1092.81
29	425.64			46	570.56			63	1122.86
30	431.72			47	594.52			64+	1140.74

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: 04/01/2026 - 06/30/2026

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	272.51			31	412.85			48	582.41
15	296.73			32	421.40			49	607.71
16	305.99			33	426.75			50	636.20
17	315.25			34	432.45			51	664.34
18	325.23			35	435.30			52	695.33
19	335.20			36	438.15			53	726.68
20	345.53			37	441.00			54	760.52
21	356.22			38	443.85			55	794.36
22	356.22			39	449.55			56	831.05
23	356.22			40	455.24			57	868.10
24	356.22			41	463.79			58	907.64
25	357.64			42	471.99			59	927.23
26	364.77			43	483.39			60	966.77
27	373.31			44	497.63			61	1000.97
28	387.21			45	514.38			62	1023.41
29	398.61			46	534.32			63	1051.55
30	404.31			47	556.77			64+	1068.29

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: 04/01/2026 - 06/30/2026

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	283.41			31	429.37			48	605.71	
15	308.60			32	438.26			49	632.01	
16	318.23			33	443.82			50	661.65	
17	327.86			34	449.74			51	690.92	
18	338.23			35	452.71			52	723.15	
19	348.61			36	455.67			53	755.75	
20	359.35			37	458.64			54	790.94	
21	370.47			38	461.60			55	826.14	
22	370.47			39	467.53			56	864.30	
23	370.47			40	473.45			57	902.82	
24	370.47			41	482.35			58	943.95	
25	371.95			42	490.87			59	964.32	
26	379.36			43	502.72			60	1005.44	
27	388.25			44	517.54			61	1041.01	
28	402.70			45	534.95			62	1064.35	
29	414.55			46	555.70			63	1093.61	
30	420.48			47	579.04			64+	1111.03	

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: 04/01/2026 - 06/30/2026

CALIFORNIA									
Rating Area:					CARA17 *				
Plan ID:		14057055		Plan Name:		HMO Bronze			
CA \$60/95 5800 M									
Age	Rate			Age	Rate			Age	Rate
0-14	310.11			31	469.83			48	662.78
15	337.68			32	479.56			49	691.57
16	348.21			33	485.64			50	723.99
17	358.75			34	492.12			51	756.02
18	370.10			35	495.36			52	791.29
19	381.46			36	498.61			53	826.96
20	393.21			37	501.85			54	865.47
21	405.37			38	505.09			55	903.98
22	405.37			39	511.58			56	945.73
23	405.37			40	518.07			57	987.89
24	405.37			41	527.79			58	1032.89
25	406.99			42	537.12			59	1055.18
26	415.10			43	550.09			60	1100.18
27	424.83			44	566.31			61	1139.10
28	440.64			45	585.36			62	1164.63
29	453.61			46	608.06			63	1196.66
30	460.10			47	633.60			64+	1215.71

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: 04/01/2026 - 06/30/2026

CALIFORNIA										
Rating Area:					CARA17 *					
Plan ID:		14057056		Plan Name:		HMO Bronze				
CA \$60/95 5800 wINF										
Age	Rate			Age	Rate			Age	Rate	
0-14	322.51			31	488.62			48	689.30	
15	351.18			32	498.74			49	719.23	
16	362.14			33	505.06			50	752.95	
17	373.10			34	511.81			51	786.26	
18	384.91			35	515.18			52	822.94	
19	396.71			36	518.55			53	860.04	
20	408.94			37	521.93			54	900.09	
21	421.59			38	525.30			55	940.14	
22	421.59			39	532.04			56	983.56	
23	421.59			40	538.79			57	1027.41	
24	421.59			41	548.91			58	1074.20	
25	423.27			42	558.60			59	1097.39	
26	431.71			43	572.09			60	1144.19	
27	441.82			44	588.96			61	1184.66	
28	458.27			45	608.77			62	1211.22	
29	471.76			46	632.38			63	1244.53	
30	478.50			47	658.94			64+	1264.34	

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: 04/01/2026 - 06/30/2026

CALIFORNIA									
Rating Area:					CARA17 *				
Plan ID:		14057057		Plan Name:		HMO Silver			
CA \$65/85 2100									
Age	Rate			Age	Rate			Age	Rate
0-14	336.12			31	509.23			48	718.37
15	366.00			32	519.78			49	749.57
16	377.42			33	526.37			50	784.72
17	388.84			34	533.40			51	819.43
18	401.15			35	536.91			52	857.65
19	413.45			36	540.43			53	896.32
20	426.19			37	543.94			54	938.06
21	439.37			38	547.46			55	979.80
22	439.37			39	554.49			56	1025.05
23	439.37			40	561.52			57	1070.75
24	439.37			41	572.06			58	1119.52
25	441.13			42	582.17			59	1143.68
26	449.92			43	596.23			60	1192.45
27	460.46			44	613.80			61	1234.63
28	477.60			45	634.45			62	1262.31
29	491.66			46	659.06			63	1297.02
30	498.69			47	686.74			64+	1317.67

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.

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



Valid for Effective Dates: 04/01/2026 - 06/30/2026

CALIFORNIA										
Rating Area:					CARA17 *					
Plan ID:		14057058		Plan Name:		HMO Silver				
CA \$65/85 2100 wINF										
Age	Rate			Age	Rate			Age	Rate	
0-14	349.56			31	529.60			48	747.11	
15	380.64			32	540.57			49	779.55	
16	392.52			33	547.42			50	816.10	
17	404.40			34	554.73			51	852.20	
18	417.19			35	558.39			52	891.96	
19	429.99			36	562.04			53	932.17	
20	443.24			37	565.70			54	975.58	
21	456.95			38	569.35			55	1018.99	
22	456.95			39	576.67			56	1066.05	
23	456.95			40	583.98			57	1113.58	
24	456.95			41	594.94			58	1164.30	
25	458.77			42	605.45			59	1189.43	
26	467.91			43	620.08			60	1240.15	
27	478.88			44	638.35			61	1284.02	
28	496.70			45	659.83			62	1312.80	
29	511.32			46	685.42			63	1348.90	
30	518.63			47	714.21			64+	1370.38	

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: 04/01/2026 - 06/30/2026

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	288.56			31	437.17			48	616.72
15	314.21			32	446.23			49	643.50
16	324.01			33	451.89			50	673.68
17	333.82			34	457.92			51	703.48
18	344.38			35	460.94			52	736.29
19	354.95			36	463.96			53	769.49
20	365.88			37	466.97			54	805.32
21	377.20			38	469.99			55	841.16
22	377.20			39	476.03			56	880.01
23	377.20			40	482.06			57	919.24
24	377.20			41	491.11			58	961.11
25	378.71			42	499.79			59	981.85
26	386.25			43	511.86			60	1023.72
27	395.31			44	526.95			61	1059.93
28	410.02			45	544.68			62	1083.70
29	422.09			46	565.80			63	1113.49
30	428.12			47	589.56			64+	1131.22

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: 04/01/2026 - 06/30/2026

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	300.10			31	454.66			48	641.39	
15	326.78			32	464.08			49	669.24	
16	336.98			33	469.96			50	700.63	
17	347.17			34	476.24			51	731.62	
18	358.16			35	479.38			52	765.75	
19	369.14			36	482.51			53	800.27	
20	380.52			37	485.65			54	837.53	
21	392.29			38	488.79			55	874.80	
22	392.29			39	495.07			56	915.21	
23	392.29			40	501.34			57	956.01	
24	392.29			41	510.76			58	999.55	
25	393.86			42	519.78			59	1021.13	
26	401.70			43	532.33			60	1064.67	
27	411.12			44	548.03			61	1102.33	
28	426.42			45	566.46			62	1127.04	
29	438.97			46	588.43			63	1158.03	
30	445.25			47	613.15			64+	1176.47	

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: 04/01/2026 - 06/30/2026

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	281.04			31	425.79			48	600.66
15	306.02			32	434.60			49	626.74
16	315.57			33	440.11			50	656.13
17	325.13			34	445.99			51	685.15
18	335.41			35	448.93			52	717.12
19	345.70			36	451.87			53	749.44
20	356.35			37	454.81			54	784.34
21	367.37			38	457.75			55	819.25
22	367.37			39	463.63			56	857.08
23	367.37			40	469.50			57	895.29
24	367.37			41	478.32			58	936.07
25	368.84			42	486.77			59	956.28
26	376.19			43	498.53			60	997.05
27	385.01			44	513.22			61	1032.32
28	399.34			45	530.49			62	1055.47
29	411.09			46	551.06			63	1084.49
30	416.97			47	574.21			64+	1101.76

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: 04/01/2026 - 06/30/2026

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	292.28			31	442.82			48	624.68
15	318.26			32	451.99			49	651.81
16	328.20			33	457.72			50	682.38
17	338.13			34	463.83			51	712.56
18	348.83			35	466.89			52	745.80
19	359.53			36	469.95			53	779.42
20	370.61			37	473.00			54	815.72
21	382.07			38	476.06			55	852.02
22	382.07			39	482.17			56	891.37
23	382.07			40	488.29			57	931.10
24	382.07			41	497.45			58	973.51
25	383.60			42	506.24			59	994.53
26	391.24			43	518.47			60	1036.94
27	400.41			44	533.75			61	1073.62
28	415.31			45	551.71			62	1097.69
29	427.54			46	573.10			63	1127.87
30	433.65			47	597.18			64+	1145.83

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: 04/01/2026 - 06/30/2026

CALIFORNIA										
Rating Area:					CARA17 *					
Plan ID:		14057063		Plan Name:		HMO Bronze				
CA \$85/125 8550										
Age	Rate			Age	Rate			Age	Rate	
0-14	288.83			31	437.58			48	617.29	
15	314.50			32	446.64			49	644.10	
16	324.32			33	452.30			50	674.30	
17	334.13			34	458.35			51	704.13	
18	344.70			35	461.37			52	736.98	
19	355.27			36	464.39			53	770.20	
20	366.22			37	467.41			54	806.07	
21	377.55			38	470.43			55	841.94	
22	377.55			39	476.47			56	880.82	
23	377.55			40	482.51			57	920.09	
24	377.55			41	491.57			58	962.00	
25	379.06			42	500.25			59	982.76	
26	386.61			43	512.34			60	1024.67	
27	395.67			44	527.44			61	1060.92	
28	410.40			45	545.18			62	1084.70	
29	422.48			46	566.33			63	1114.53	
30	428.52			47	590.11			64+	1132.27	

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: 04/01/2026 - 06/30/2026

CALIFORNIA									
Rating Area:					CARA17 *				
Plan ID:		14057064		Plan Name:		HMO Bronze			
CA \$85/125 8550 wINF									
Age	Rate			Age	Rate			Age	Rate
0-14	300.38			31	455.08			48	641.99
15	327.08			32	464.51			49	669.86
16	337.29			33	470.40			50	701.28
17	347.50			34	476.68			51	732.30
18	358.49			35	479.82			52	766.46
19	369.49			36	482.96			53	801.01
20	380.87			37	486.10			54	838.31
21	392.65			38	489.24			55	875.61
22	392.65			39	495.53			56	916.06
23	392.65			40	501.81			57	956.89
24	392.65			41	511.23			58	1000.48
25	394.22			42	520.26			59	1022.07
26	402.08			43	532.83			60	1065.66
27	411.50			44	548.53			61	1103.35
28	426.81			45	566.99			62	1128.09
29	439.38			46	588.98			63	1159.11
30	445.66			47	613.72			64+	1177.56

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: 04/01/2026 - 06/30/2026

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	643.78			31	975.34			48	1375.92
15	701.00			32	995.54			49	1435.67
16	722.88			33	1008.16			50	1502.99
17	744.76			34	1021.63			51	1569.47
18	768.33			35	1028.36			52	1642.69
19	791.89			36	1035.09			53	1716.74
20	816.29			37	1041.83			54	1796.69
21	841.54			38	1048.56			55	1876.63
22	841.54			39	1062.02			56	1963.31
23	841.54			40	1075.49			57	2050.83
24	841.54			41	1095.69			58	2144.24
25	844.91			42	1115.04			59	2190.53
26	861.74			43	1141.97			60	2283.94
27	881.93			44	1175.63			61	2364.73
28	914.75			45	1215.18			62	2417.74
29	941.68			46	1262.31			63	2484.23
30	955.15			47	1315.33			64+	2523.78

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: 04/01/2026 - 06/30/2026

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	669.53			31	1014.36			48	1430.95	
15	729.04			32	1035.36			49	1493.09	
16	751.80			33	1048.49			50	1563.11	
17	774.55			34	1062.49			51	1632.25	
18	799.06			35	1069.50			52	1708.39	
19	823.56			36	1076.50			53	1785.41	
20	848.95			37	1083.50			54	1868.55	
21	875.20			38	1090.50			55	1951.70	
22	875.20			39	1104.50			56	2041.84	
23	875.20			40	1118.51			57	2132.87	
24	875.20			41	1139.51			58	2230.01	
25	878.70			42	1159.64			59	2278.15	
26	896.21			43	1187.65			60	2375.30	
27	917.21			44	1222.66			61	2459.32	
28	951.34			45	1263.79			62	2514.45	
29	979.35			46	1312.80			63	2583.59	
30	993.35			47	1367.94			64+	2624.73	

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: 04/01/2026 - 06/30/2026

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	575.62			31	872.09			48	1230.26
15	626.79			32	890.15			49	1283.68
16	646.35			33	901.43			50	1343.88
17	665.92			34	913.47			51	1403.32
18	686.99			35	919.49			52	1468.78
19	708.06			36	925.51			53	1535.00
20	729.88			37	931.53			54	1606.48
21	752.45			38	937.55			55	1677.96
22	752.45			39	949.59			56	1755.47
23	752.45			40	961.63			57	1833.72
24	752.45			41	979.69			58	1917.24
25	755.46			42	997.00			59	1958.63
26	770.51			43	1021.07			60	2042.15
27	788.57			44	1051.17			61	2114.38
28	817.91			45	1086.54			62	2161.79
29	841.99			46	1128.67			63	2221.23
30	854.03			47	1176.08			64+	2256.60

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: 04/01/2026 - 06/30/2026

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	598.65			31	906.97			48	1279.47
15	651.86			32	925.75			49	1335.03
16	672.21			33	937.49			50	1397.63
17	692.55			34	950.01			51	1459.45
18	714.47			35	956.27			52	1527.53
19	736.38			36	962.53			53	1596.40
20	759.07			37	968.79			54	1670.74
21	782.55			38	975.05			55	1745.08
22	782.55			39	987.58			56	1825.68
23	782.55			40	1000.10			57	1907.07
24	782.55			41	1018.88			58	1993.93
25	785.68			42	1036.88			59	2036.97
26	801.33			43	1061.92			60	2123.83
27	820.11			44	1093.22			61	2198.96
28	850.63			45	1130.00			62	2248.26
29	875.67			46	1173.82			63	2310.08
30	888.19			47	1223.12			64+	2346.86

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: 04/01/2026 - 06/30/2026

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	540.89			31	819.47			48	1156.03
15	588.97			32	836.44			49	1206.23
16	607.36			33	847.04			50	1262.79
17	625.74			34	858.36			51	1318.65
18	645.54			35	864.01			52	1380.16
19	665.33			36	869.67			53	1442.38
20	685.84			37	875.33			54	1509.55
21	707.05			38	880.98			55	1576.72
22	707.05			39	892.30			56	1649.55
23	707.05			40	903.61			57	1723.08
24	707.05			41	920.58			58	1801.56
25	709.88			42	936.84			59	1840.45
26	724.02			43	959.47			60	1918.93
27	740.99			44	987.75			61	1986.81
28	768.56			45	1020.98			62	2031.35
29	791.19			46	1060.57			63	2087.21
30	802.50			47	1105.12			64+	2120.44

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: 04/01/2026 - 06/30/2026

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	562.53			31	852.25			48	1202.27
15	612.53			32	869.90			49	1254.48
16	631.65			33	880.93			50	1313.30
17	650.77			34	892.69			51	1371.39
18	671.36			35	898.57			52	1435.37
19	691.95			36	904.46			53	1500.08
20	713.27			37	910.34			54	1569.93
21	735.33			38	916.22			55	1639.79
22	735.33			39	927.99			56	1715.53
23	735.33			40	939.75			57	1792.00
24	735.33			41	957.40			58	1873.62
25	738.27			42	974.31			59	1914.07
26	752.98			43	997.84			60	1995.69
27	770.63			44	1027.26			61	2066.28
28	799.31			45	1061.82			62	2112.61
29	822.84			46	1103.00			63	2170.70
30	834.60			47	1149.32			64+	2205.26

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: 04/01/2026 - 06/30/2026

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	410.47			31	621.88			48	877.28
15	446.96			32	634.76			49	915.38
16	460.91			33	642.81			50	958.31
17	474.86			34	651.39			51	1000.69
18	489.88			35	655.68			52	1047.38
19	504.91			36	659.98			53	1094.59
20	520.47			37	664.27			54	1145.57
21	536.57			38	668.56			55	1196.54
22	536.57			39	677.15			56	1251.81
23	536.57			40	685.73			57	1307.61
24	536.57			41	698.61			58	1367.17
25	538.71			42	710.95			59	1396.68
26	549.44			43	728.12			60	1456.24
27	562.32			44	749.58			61	1507.75
28	583.25			45	774.80			62	1541.55
29	600.42			46	804.85			63	1583.94
30	609.00			47	838.65			64+	1609.16

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: 04/01/2026 - 06/30/2026

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	426.89			31	646.75			48	912.38
15	464.84			32	660.15			49	952.00
16	479.35			33	668.52			50	996.64
17	493.85			34	677.45			51	1040.72
18	509.48			35	681.91			52	1089.27
19	525.10			36	686.37			53	1138.38
20	541.29			37	690.84			54	1191.39
21	558.03			38	695.30			55	1244.40
22	558.03			39	704.23			56	1301.88
23	558.03			40	713.16			57	1359.91
24	558.03			41	726.55			58	1421.86
25	560.26			42	739.39			59	1452.55
26	571.42			43	757.24			60	1514.49
27	584.81			44	779.57			61	1568.06
28	606.58			45	805.79			62	1603.21
29	624.43			46	837.04			63	1647.30
30	633.36			47	872.20			64+	1673.53

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: 04/01/2026 - 06/30/2026

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	490.78			31	743.55			48	1048.93
15	534.41			32	758.95			49	1094.48
16	551.09			33	768.57			50	1145.81
17	567.77			34	778.84			51	1196.49
18	585.73			35	783.97			52	1252.30
19	603.70			36	789.10			53	1308.76
20	622.30			37	794.24			54	1369.71
21	641.55			38	799.37			55	1430.65
22	641.55			39	809.63			56	1496.73
23	641.55			40	819.90			57	1563.45
24	641.55			41	835.30			58	1634.66
25	644.11			42	850.05			59	1669.95
26	656.95			43	870.58			60	1741.16
27	672.34			44	896.24			61	1802.75
28	697.36			45	926.40			62	1843.17
29	717.89			46	962.32			63	1893.85
30	728.16			47	1002.74			64+	1924.00

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: 04/01/2026 - 06/30/2026

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	510.42			31	773.30			48	1090.89
15	555.79			32	789.31			49	1138.26
16	573.13			33	799.32			50	1191.64
17	590.48			34	809.99			51	1244.35
18	609.16			35	815.33			52	1302.39
19	627.85			36	820.67			53	1361.11
20	647.19			37	826.01			54	1424.49
21	667.21			38	831.34			55	1487.88
22	667.21			39	842.02			56	1556.60
23	667.21			40	852.69			57	1625.99
24	667.21			41	868.71			58	1700.05
25	669.88			42	884.05			59	1736.75
26	683.22			43	905.40			60	1810.81
27	699.24			44	932.09			61	1874.86
28	725.26			45	963.45			62	1916.90
29	746.61			46	1000.82			63	1969.61
30	757.28			47	1042.85			64+	2000.96

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: 04/01/2026 - 06/30/2026

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	372.45			31	564.27			48	796.01
15	405.55			32	575.95			49	830.58
16	418.21			33	583.26			50	869.53
17	430.87			34	591.05			51	907.99
18	444.50			35	594.94			52	950.35
19	458.13			36	598.84			53	993.19
20	472.25			37	602.73			54	1039.44
21	486.86			38	606.63			55	1085.69
22	486.86			39	614.42			56	1135.84
23	486.86			40	622.21			57	1186.47
24	486.86			41	633.89			58	1240.52
25	488.81			42	645.09			59	1267.29
26	498.54			43	660.67			60	1321.33
27	510.23			44	680.14			61	1368.07
28	529.22			45	703.02			62	1398.74
29	544.79			46	730.29			63	1437.21
30	552.58			47	760.96			64+	1460.09

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: 04/01/2026 - 06/30/2026

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	387.34			31	586.84			48	827.85
15	421.77			32	598.99			49	863.80
16	434.94			33	606.59			50	904.31
17	448.10			34	614.69			51	944.31
18	462.28			35	618.74			52	988.36
19	476.46			36	622.79			53	1032.92
20	491.14			37	626.84			54	1081.02
21	506.33			38	630.89			55	1129.12
22	506.33			39	638.99			56	1181.27
23	506.33			40	647.09			57	1233.93
24	506.33			41	659.24			58	1290.14
25	508.36			42	670.89			59	1317.98
26	518.48			43	687.09			60	1374.19
27	530.64			44	707.35			61	1422.79
28	550.38			45	731.14			62	1454.69
29	566.59			46	759.50			63	1494.69
30	574.69			47	791.40			64+	1518.49

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: 04/01/2026 - 06/30/2026

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	460.71			31	697.99			48	984.66
15	501.66			32	712.45			49	1027.41
16	517.32			33	721.48			50	1075.59
17	532.98			34	731.11			51	1123.17
18	549.84			35	735.93			52	1175.56
19	566.70			36	740.75			53	1228.56
20	584.17			37	745.57			54	1285.77
21	602.24			38	750.39			55	1342.99
22	602.24			39	760.02			56	1405.02
23	602.24			40	769.66			57	1467.65
24	602.24			41	784.11			58	1534.50
25	604.64			42	797.96			59	1567.62
26	616.69			43	817.23			60	1634.47
27	631.14			44	841.32			61	1692.28
28	654.63			45	869.63			62	1730.22
29	673.90			46	903.35			63	1777.80
30	683.54			47	941.29			64+	1806.11

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: 04/01/2026 - 06/30/2026

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	479.14			31	725.91			48	1024.04
15	521.73			32	740.94			49	1068.51
16	538.01			33	750.34			50	1118.62
17	554.30			34	760.36			51	1168.10
18	571.84			35	765.37			52	1222.59
19	589.37			36	770.38			53	1277.70
20	607.54			37	775.39			54	1337.21
21	626.33			38	780.40			55	1396.71
22	626.33			39	790.42			56	1461.22
23	626.33			40	800.44			57	1526.36
24	626.33			41	815.48			58	1595.88
25	628.83			42	829.88			59	1630.33
26	641.36			43	849.92			60	1699.85
27	656.39			44	874.98			61	1759.97
28	680.82			45	904.41			62	1799.43
29	700.86			46	939.49			63	1848.91
30	710.88			47	978.95			64+	1878.35

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: 04/01/2026 - 06/30/2026

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	349.62			31	529.69			48	747.24
15	380.70			32	540.66			49	779.68
16	392.58			33	547.52			50	816.25
17	404.47			34	554.83			51	852.35
18	417.26			35	558.48			52	892.11
19	430.06			36	562.14			53	932.33
20	443.31			37	565.80			54	975.75
21	457.03			38	569.45			55	1019.17
22	457.03			39	576.77			56	1066.24
23	457.03			40	584.08			57	1113.77
24	457.03			41	595.05			58	1164.50
25	458.85			42	605.56			59	1189.64
26	467.99			43	620.18			60	1240.37
27	478.96			44	638.46			61	1284.24
28	496.79			45	659.94			62	1313.03
29	511.41			46	685.54			63	1349.14
30	518.72			47	714.33			64+	1370.62

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: 04/01/2026 - 06/30/2026

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	363.61			31	550.88			48	777.13
15	395.93			32	562.29			49	810.87
16	408.29			33	569.42			50	848.90
17	420.65			34	577.02			51	886.45
18	433.95			35	580.82			52	927.80
19	447.26			36	584.63			53	969.62
20	461.05			37	588.43			54	1014.78
21	475.31			38	592.23			55	1059.93
22	475.31			39	599.84			56	1108.89
23	475.31			40	607.44			57	1158.32
24	475.31			41	618.85			58	1211.08
25	477.21			42	629.78			59	1237.22
26	486.71			43	644.99			60	1289.98
27	498.12			44	664.00			61	1335.61
28	516.66			45	686.34			62	1365.55
29	531.87			46	712.96			63	1403.10
30	539.47			47	742.90			64+	1425.44

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: 04/01/2026 - 06/30/2026

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	500.84			31	758.80			48	1070.43
15	545.36			32	774.51			49	1116.92
16	562.39			33	784.33			50	1169.29
17	579.41			34	794.80			51	1221.01
18	597.74			35	800.04			52	1277.97
19	616.07			36	805.28			53	1335.59
20	635.06			37	810.52			54	1397.78
21	654.70			38	815.75			55	1459.98
22	654.70			39	826.23			56	1527.41
23	654.70			40	836.70			57	1595.50
24	654.70			41	852.42			58	1668.17
25	657.32			42	867.48			59	1704.18
26	670.41			43	888.43			60	1776.85
27	686.12			44	914.61			61	1839.70
28	711.66			45	945.38			62	1880.95
29	732.61			46	982.05			63	1932.67
30	743.08			47	1023.29			64+	1963.44

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: 04/01/2026 - 06/30/2026

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	520.88			31	789.15			48	1113.25	
15	567.18			32	805.49			49	1161.59	
16	584.88			33	815.70			50	1216.06	
17	602.58			34	826.60			51	1269.85	
18	621.65			35	832.04			52	1329.09	
19	640.71			36	837.49			53	1389.01	
20	660.46			37	842.94			54	1453.69	
21	680.89			38	848.38			55	1518.38	
22	680.89			39	859.28			56	1588.51	
23	680.89			40	870.17			57	1659.32	
24	680.89			41	886.51			58	1734.90	
25	683.61			42	902.17			59	1772.35	
26	697.23			43	923.96			60	1847.93	
27	713.57			44	951.20			61	1913.29	
28	740.12			45	983.20			62	1956.19	
29	761.91			46	1021.33			63	2009.98	
30	772.81			47	1064.23			64+	2041.98	

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: 04/01/2026 - 06/30/2026

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	380.08			31	575.84			48	812.33
15	413.87			32	587.76			49	847.61
16	426.78			33	595.21			50	887.35
17	439.70			34	603.16			51	926.60
18	453.61			35	607.14			52	969.83
19	467.52			36	611.11			53	1013.55
20	481.93			37	615.09			54	1060.75
21	496.84			38	619.06			55	1107.95
22	496.84			39	627.01			56	1159.12
23	496.84			40	634.96			57	1210.79
24	496.84			41	646.88			58	1265.94
25	498.83			42	658.31			59	1293.27
26	508.76			43	674.21			60	1348.42
27	520.69			44	694.08			61	1396.11
28	540.06			45	717.43			62	1427.42
29	555.96			46	745.26			63	1466.67
30	563.91			47	776.56			64+	1490.02

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: 04/01/2026 - 06/30/2026

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	395.28			31	598.87			48	844.82
15	430.42			32	611.27			49	881.51
16	443.85			33	619.02			50	922.85
17	457.29			34	627.29			51	963.67
18	471.76			35	631.42			52	1008.62
19	486.23			36	635.55			53	1054.09
20	501.21			37	639.69			54	1103.18
21	516.71			38	643.82			55	1152.27
22	516.71			39	652.09			56	1205.49
23	516.71			40	660.36			57	1259.23
24	516.71			41	672.76			58	1316.58
25	518.78			42	684.64			59	1345.00
26	529.11			43	701.18			60	1402.35
27	541.51			44	721.85			61	1451.96
28	561.67			45	746.13			62	1484.51
29	578.20			46	775.07			63	1525.33
30	586.47			47	807.62			64+	1549.62

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: 04/01/2026 - 06/30/2026

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	410.63			31	622.13			48	877.63
15	447.14			32	635.01			49	915.74
16	461.09			33	643.06			50	958.69
17	475.05			34	651.65			51	1001.09
18	490.08			35	655.94			52	1047.79
19	505.11			36	660.24			53	1095.03
20	520.67			37	664.53			54	1146.02
21	536.78			38	668.83			55	1197.01
22	536.78			39	677.41			56	1252.30
23	536.78			40	686.00			57	1308.13
24	536.78			41	698.88			58	1367.71
25	538.92			42	711.23			59	1397.23
26	549.66			43	728.41			60	1456.81
27	562.54			44	749.88			61	1508.35
28	583.48			45	775.11			62	1542.16
29	600.65			46	805.17			63	1584.57
30	609.24			47	838.98			64+	1609.80

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: 04/01/2026 - 06/30/2026

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	427.06			31	647.01			48	912.74
15	465.02			32	660.41			49	952.37
16	479.54			33	668.78			50	997.03
17	494.05			34	677.71			51	1041.13
18	509.68			35	682.18			52	1089.70
19	525.31			36	686.65			53	1138.83
20	541.50			37	691.11			54	1191.86
21	558.25			38	695.58			55	1244.90
22	558.25			39	704.51			56	1302.39
23	558.25			40	713.44			57	1360.45
24	558.25			41	726.84			58	1422.42
25	560.48			42	739.68			59	1453.12
26	571.65			43	757.54			60	1515.09
27	585.04			44	779.87			61	1568.68
28	606.82			45	806.11			62	1603.85
29	624.68			46	837.37			63	1647.95
30	633.61			47	872.54			64+	1674.19

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: 04/01/2026 - 06/30/2026

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	311.62			31	472.12			48	666.02
15	339.32			32	481.89			49	694.94
16	349.91			33	488.01			50	727.53
17	360.50			34	494.52			51	759.71
18	371.91			35	497.78			52	795.15
19	383.32			36	501.04			53	830.99
20	395.13			37	504.30			54	869.69
21	407.35			38	507.56			55	908.39
22	407.35			39	514.08			56	950.35
23	407.35			40	520.59			57	992.71
24	407.35			41	530.37			58	1037.93
25	408.98			42	539.74			59	1060.33
26	417.13			43	552.77			60	1105.55
27	426.90			44	569.07			61	1144.65
28	442.79			45	588.21			62	1170.32
29	455.82			46	611.02			63	1202.50
30	462.34			47	636.69			64+	1221.64

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: 04/01/2026 - 06/30/2026

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	324.09			31	491.00			48	692.66
15	352.90			32	501.17			49	722.74
16	363.91			33	507.53			50	756.63
17	374.92			34	514.30			51	790.10
18	386.79			35	517.69			52	826.95
19	398.65			36	521.08			53	864.23
20	410.93			37	524.47			54	904.48
21	423.64			38	527.86			55	944.73
22	423.64			39	534.64			56	988.36
23	423.64			40	541.42			57	1032.42
24	423.64			41	551.58			58	1079.44
25	425.34			42	561.33			59	1102.75
26	433.81			43	574.88			60	1149.77
27	443.98			44	591.83			61	1190.44
28	460.50			45	611.74			62	1217.13
29	474.06			46	635.47			63	1250.60
30	480.84			47	662.16			64+	1270.51

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: 04/01/2026 - 06/30/2026

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	401.42			31	608.17			48	857.94
15	437.11			32	620.76			49	895.20
16	450.75			33	628.63			50	937.18
17	464.39			34	637.03			51	978.63
18	479.08			35	641.23			52	1024.29
19	493.78			36	645.43			53	1070.46
20	508.99			37	649.62			54	1120.31
21	524.74			38	653.82			55	1170.16
22	524.74			39	662.22			56	1224.21
23	524.74			40	670.61			57	1278.78
24	524.74			41	683.21			58	1337.03
25	526.84			42	695.28			59	1365.89
26	537.33			43	712.07			60	1424.14
27	549.92			44	733.06			61	1474.51
28	570.39			45	757.72			62	1507.57
29	587.18			46	787.10			63	1549.02
30	595.58			47	820.16			64+	1573.69

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: 04/01/2026 - 06/30/2026

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	417.48			31	632.50			48	892.26
15	454.59			32	645.59			49	931.01
16	468.78			33	653.78			50	974.67
17	482.97			34	662.51			51	1017.78
18	498.25			35	666.88			52	1065.26
19	513.53			36	671.24			53	1113.28
20	529.35			37	675.61			54	1165.13
21	545.73			38	679.97			55	1216.97
22	545.73			39	688.71			56	1273.18
23	545.73			40	697.44			57	1329.93
24	545.73			41	710.54			58	1390.51
25	547.91			42	723.09			59	1420.52
26	558.82			43	740.55			60	1481.10
27	571.92			44	762.38			61	1533.49
28	593.20			45	788.03			62	1567.87
29	610.67			46	818.59			63	1610.98
30	619.40			47	852.97			64+	1636.63

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: 04/01/2026 - 06/30/2026

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	304.63			31	461.53			48	651.08
15	331.71			32	471.08			49	679.35
16	342.06			33	477.06			50	711.21
17	352.42			34	483.43			51	742.67
18	363.57			35	486.62			52	777.31
19	374.72			36	489.80			53	812.35
20	386.27			37	492.99			54	850.18
21	398.21			38	496.17			55	888.01
22	398.21			39	502.54			56	929.03
23	398.21			40	508.92			57	970.44
24	398.21			41	518.47			58	1014.64
25	399.80			42	527.63			59	1036.55
26	407.77			43	540.37			60	1080.75
27	417.33			44	556.30			61	1118.98
28	432.86			45	575.02			62	1144.06
29	445.60			46	597.32			63	1175.52
30	451.97			47	622.41			64+	1194.24

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: 04/01/2026 - 06/30/2026

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	316.82			31	479.99			48	677.12	
15	344.98			32	489.93			49	706.52	
16	355.75			33	496.14			50	739.65	
17	366.51			34	502.77			51	772.37	
18	378.11			35	506.08			52	808.40	
19	389.71			36	509.39			53	844.85	
20	401.72			37	512.71			54	884.19	
21	414.14			38	516.02			55	923.53	
22	414.14			39	522.65			56	966.19	
23	414.14			40	529.27			57	1009.26	
24	414.14			41	539.21			58	1055.23	
25	415.80			42	548.74			59	1078.01	
26	424.08			43	561.99			60	1123.98	
27	434.02			44	578.55			61	1163.73	
28	450.17			45	598.02			62	1189.83	
29	463.42			46	621.21			63	1222.54	
30	470.05			47	647.30			64+	1242.01	

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: 04/01/2026 - 06/30/2026

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	397.87			31	602.79			48	850.36
15	433.24			32	615.27			49	887.28
16	446.76			33	623.08			50	928.89
17	460.29			34	631.40			51	969.98
18	474.85			35	635.56			52	1015.23
19	489.41			36	639.72			53	1061.00
20	504.49			37	643.88			54	1110.41
21	520.10			38	648.04			55	1159.81
22	520.10			39	656.36			56	1213.38
23	520.10			40	664.68			57	1267.47
24	520.10			41	677.17			58	1325.21
25	522.18			42	689.13			59	1353.81
26	532.58			43	705.77			60	1411.54
27	545.06			44	726.57			61	1461.47
28	565.34			45	751.02			62	1494.24
29	581.99			46	780.14			63	1535.32
30	590.31			47	812.91			64+	1559.77

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: 04/01/2026 - 06/30/2026

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	413.79			31	626.90			48	884.37
15	450.57			32	639.88			49	922.78
16	464.63			33	648.00			50	966.05
17	478.70			34	656.65			51	1008.78
18	493.84			35	660.98			52	1055.84
19	508.99			36	665.31			53	1103.44
20	524.67			37	669.63			54	1154.82
21	540.90			38	673.96			55	1206.21
22	540.90			39	682.62			56	1261.92
23	540.90			40	691.27			57	1318.17
24	540.90			41	704.25			58	1378.21
25	543.06			42	716.69			59	1407.96
26	553.88			43	734.00			60	1468.00
27	566.86			44	755.64			61	1519.93
28	587.96			45	781.06			62	1554.01
29	605.27			46	811.35			63	1596.74
30	613.92			47	845.43			64+	1622.16

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: 04/01/2026 - 06/30/2026

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	301.94			31	457.45			48	645.32	
15	328.78			32	466.92			49	673.34	
16	339.04			33	472.84			50	704.92	
17	349.30			34	479.15			51	736.10	
18	360.35			35	482.31			52	770.44	
19	371.40			36	485.47			53	805.17	
20	382.85			37	488.63			54	842.66	
21	394.69			38	491.78			55	880.16	
22	394.69			39	498.10			56	920.81	
23	394.69			40	504.41			57	961.86	
24	394.69			41	513.89			58	1005.67	
25	396.27			42	522.97			59	1027.38	
26	404.16			43	535.60			60	1071.19	
27	413.64			44	551.38			61	1109.08	
28	429.03			45	569.93			62	1133.95	
29	441.66			46	592.04			63	1165.13	
30	447.97			47	616.90			64+	1183.68	

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: 04/01/2026 - 06/30/2026

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	314.02			31	475.74			48	671.13
15	341.93			32	485.60			49	700.28
16	352.60			33	491.75			50	733.11
17	363.27			34	498.32			51	765.54
18	374.77			35	501.60			52	801.25
19	386.26			36	504.89			53	837.38
20	398.16			37	508.17			54	876.37
21	410.48			38	511.46			55	915.37
22	410.48			39	518.02			56	957.65
23	410.48			40	524.59			57	1000.34
24	410.48			41	534.44			58	1045.90
25	412.12			42	543.88			59	1068.48
26	420.33			43	557.02			60	1114.04
27	430.18			44	573.44			61	1153.44
28	446.19			45	592.73			62	1179.30
29	459.33			46	615.72			63	1211.73
30	465.89			47	641.58			64+	1231.02

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: 04/01/2026 - 06/30/2026

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	371.12			31	562.26			48	793.18
15	404.11			32	573.91			49	827.63
16	416.73			33	581.18			50	866.44
17	429.34			34	588.95			51	904.76
18	442.92			35	592.83			52	946.97
19	456.51			36	596.71			53	989.66
20	470.57			37	600.59			54	1035.75
21	485.13			38	604.47			55	1081.84
22	485.13			39	612.23			56	1131.80
23	485.13			40	619.99			57	1182.26
24	485.13			41	631.64			58	1236.11
25	487.07			42	642.80			59	1262.79
26	496.77			43	658.32			60	1316.64
27	508.41			44	677.72			61	1363.21
28	527.33			45	700.53			62	1393.77
29	542.86			46	727.69			63	1432.10
30	550.62			47	758.26			64+	1454.90

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: 04/01/2026 - 06/30/2026

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	385.97			31	584.75			48	824.91	
15	420.28			32	596.86			49	860.73	
16	433.39			33	604.43			50	901.10	
17	446.51			34	612.50			51	940.96	
18	460.64			35	616.54			52	984.85	
19	474.77			36	620.58			53	1029.25	
20	489.40			37	624.61			54	1077.18	
21	504.53			38	628.65			55	1125.11	
22	504.53			39	636.72			56	1177.08	
23	504.53			40	644.79			57	1229.55	
24	504.53			41	656.90			58	1285.55	
25	506.55			42	668.51			59	1313.30	
26	516.64			43	684.65			60	1369.30	
27	528.75			44	704.83			61	1417.74	
28	548.43			45	728.55			62	1449.53	
29	564.57			46	756.80			63	1489.38	
30	572.65			47	788.59			64+	1513.10	

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: 04/01/2026 - 06/30/2026

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	322.48			31	488.57			48	689.22
15	351.14			32	498.68			49	719.15
16	362.10			33	505.01			50	752.87
17	373.06			34	511.75			51	786.17
18	384.87			35	515.12			52	822.85
19	396.67			36	518.49			53	859.94
20	408.89			37	521.87			54	899.99
21	421.54			38	525.24			55	940.03
22	421.54			39	531.98			56	983.45
23	421.54			40	538.73			57	1027.29
24	421.54			41	548.85			58	1074.08
25	423.23			42	558.54			59	1097.27
26	431.66			43	572.03			60	1144.06
27	441.77			44	588.89			61	1184.53
28	458.21			45	608.70			62	1211.09
29	471.70			46	632.31			63	1244.39
30	478.45			47	658.87			64+	1264.20

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: 04/01/2026 - 06/30/2026

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	335.38			31	508.11			48	716.79	
15	365.19			32	518.63			49	747.91	
16	376.59			33	525.21			50	782.99	
17	387.99			34	532.22			51	817.62	
18	400.26			35	535.73			52	855.76	
19	412.54			36	539.23			53	894.34	
20	425.25			37	542.74			54	935.99	
21	438.40			38	546.25			55	977.64	
22	438.40			39	553.26			56	1022.79	
23	438.40			40	560.28			57	1068.38	
24	438.40			41	570.80			58	1117.05	
25	440.16			42	580.88			59	1141.16	
26	448.92			43	594.91			60	1189.82	
27	459.44			44	612.45			61	1231.91	
28	476.54			45	633.05			62	1259.53	
29	490.57			46	657.60			63	1294.16	
30	497.59			47	685.22			64+	1314.77	

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: 04/01/2026 - 06/30/2026

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	244.72			31	370.76			48	523.03
15	266.48			32	378.44			49	545.75
16	274.79			33	383.24			50	571.34
17	283.11			34	388.36			51	596.61
18	292.07			35	390.92			52	624.44
19	301.02			36	393.47			53	652.59
20	310.30			37	396.03			54	682.98
21	319.90			38	398.59			55	713.37
22	319.90			39	403.71			56	746.32
23	319.90			40	408.83			57	779.59
24	319.90			41	416.51			58	815.10
25	321.18			42	423.87			59	832.70
26	327.58			43	434.10			60	868.20
27	335.25			44	446.90			61	898.91
28	347.73			45	461.93			62	919.07
29	357.97			46	479.85			63	944.34
30	363.08			47	500.00			64+	959.38

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: 04/01/2026 - 06/30/2026

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	254.51			31	385.59			48	543.95
15	277.13			32	393.58			49	567.58
16	285.78			33	398.57			50	594.19
17	294.43			34	403.89			51	620.47
18	303.75			35	406.55			52	649.42
19	313.07			36	409.21			53	678.70
20	322.71			37	411.88			54	710.30
21	332.69			38	414.54			55	741.91
22	332.69			39	419.86			56	776.18
23	332.69			40	425.18			57	810.78
24	332.69			41	433.17			58	847.70
25	334.02			42	440.82			59	866.00
26	340.68			43	451.47			60	902.93
27	348.66			44	464.77			61	934.87
28	361.64			45	480.41			62	955.83
29	372.28			46	499.04			63	982.11
30	377.61			47	520.00			64+	997.75

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: 04/01/2026 - 06/30/2026

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	426.81			31	646.63			48	912.20
15	464.75			32	660.02			49	951.81
16	479.25			33	668.39			50	996.44
17	493.76			34	677.31			51	1040.52
18	509.38			35	681.78			52	1089.06
19	525.00			36	686.24			53	1138.16
20	541.18			37	690.70			54	1191.16
21	557.92			38	695.17			55	1244.16
22	557.92			39	704.09			56	1301.63
23	557.92			40	713.02			57	1359.65
24	557.92			41	726.41			58	1421.58
25	560.15			42	739.24			59	1452.26
26	571.31			43	757.10			60	1514.19
27	584.70			44	779.41			61	1567.75
28	606.46			45	805.64			62	1602.90
29	624.31			46	836.88			63	1646.98
30	633.24			47	872.03			64+	1673.20

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: 04/01/2026 - 06/30/2026

CALIFORNIA									
Rating Area:					CARA17 *				
Plan ID:		14057104		Plan Name:		OA Managed Choice POS Gold HDHP CA 90/50 3400 HSA w/INF			
Age	Rate			Age	Rate			Age	Rate
0-14	443.88			31	672.49			48	948.69
15	483.34			32	686.42			49	989.88
16	498.42			33	695.12			50	1036.30
17	513.51			34	704.41			51	1082.14
18	529.76			35	709.05			52	1132.62
19	546.00			36	713.69			53	1183.68
20	562.83			37	718.33			54	1238.80
21	580.24			38	722.97			55	1293.93
22	580.24			39	732.26			56	1353.69
23	580.24			40	741.54			57	1414.04
24	580.24			41	755.47			58	1478.44
25	582.56			42	768.81			59	1510.36
26	594.16			43	787.38			60	1574.76
27	608.09			44	810.59			61	1630.46
28	630.72			45	837.86			62	1667.02
29	649.28			46	870.35			63	1712.86
30	658.57			47	906.91			64+	1740.13

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.

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



Valid for Effective Dates: 04/01/2026 - 06/30/2026

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	323.90			31	490.71			48	692.25
15	352.69			32	500.87			49	722.31
16	363.70			33	507.23			50	756.18
17	374.70			34	514.00			51	789.63
18	386.56			35	517.39			52	826.46
19	398.41			36	520.77			53	863.72
20	410.69			37	524.16			54	903.95
21	423.39			38	527.55			55	944.17
22	423.39			39	534.32			56	987.78
23	423.39			40	541.10			57	1031.81
24	423.39			41	551.26			58	1078.81
25	425.09			42	561.00			59	1102.09
26	433.56			43	574.55			60	1149.09
27	443.72			44	591.48			61	1189.74
28	460.23			45	611.38			62	1216.41
29	473.78			46	635.09			63	1249.86
30	480.55			47	661.76			64+	1269.76

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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: 04/01/2026 - 06/30/2026

CALIFORNIA									
Rating Area:					CARA17 *				
Plan ID:		14057106		Plan Name:		Savings Plus OA Managed Choice POS Gold HDHP CA 90/50 3400 HSA w/INF			
Age	Rate			Age	Rate			Age	Rate
0-14	336.85			31	510.34			48	719.94
15	366.79			32	520.91			49	751.20
16	378.24			33	527.51			50	786.43
17	389.69			34	534.56			51	821.21
18	402.02			35	538.08			52	859.52
19	414.35			36	541.61			53	898.27
20	427.12			37	545.13			54	940.10
21	440.33			38	548.65			55	981.93
22	440.33			39	555.70			56	1027.29
23	440.33			40	562.74			57	1073.08
24	440.33			41	573.31			58	1121.96
25	442.09			42	583.44			59	1146.18
26	450.90			43	597.53			60	1195.05
27	461.47			44	615.14			61	1237.33
28	478.64			45	635.84			62	1265.07
29	492.73			46	660.49			63	1299.85
30	499.77			47	688.24			64+	1320.55

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.

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



Valid for Effective Dates: 04/01/2026 - 06/30/2026

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	370.29			31	561.01			48	791.41
15	403.21			32	572.62			49	825.78
16	415.79			33	579.89			50	864.50
17	428.38			34	587.63			51	902.74
18	441.93			35	591.50			52	944.85
19	455.49			36	595.37			53	987.45
20	469.52			37	599.25			54	1033.43
21	484.04			38	603.12			55	1079.42
22	484.04			39	610.86			56	1129.28
23	484.04			40	618.61			57	1179.62
24	484.04			41	630.23			58	1233.34
25	485.98			42	641.36			59	1259.97
26	495.66			43	656.85			60	1313.70
27	507.28			44	676.21			61	1360.16
28	526.16			45	698.96			62	1390.66
29	541.65			46	726.07			63	1428.90
30	549.39			47	756.56			64+	1451.65

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: 04/01/2026 - 06/30/2026

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	385.11			31	583.45			48	823.07
15	419.34			32	595.53			49	858.81
16	432.43			33	603.08			50	899.08
17	445.51			34	611.13			51	938.85
18	459.61			35	615.16			52	982.65
19	473.71			36	619.19			53	1026.95
20	488.30			37	623.22			54	1074.77
21	503.41			38	627.24			55	1122.60
22	503.41			39	635.30			56	1174.45
23	503.41			40	643.35			57	1226.80
24	503.41			41	655.43			58	1282.68
25	505.42			42	667.01			59	1310.37
26	515.49			43	683.12			60	1366.24
27	527.57			44	703.26			61	1414.57
28	547.20			45	726.92			62	1446.29
29	563.31			46	755.11			63	1486.05
30	571.37			47	786.82			64+	1509.71

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: 04/01/2026 - 06/30/2026

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	281.01			31	425.74			48	600.59
15	305.99			32	434.55			49	626.67
16	315.54			33	440.06			50	656.05
17	325.09			34	445.94			51	685.07
18	335.37			35	448.88			52	717.03
19	345.66			36	451.82			53	749.36
20	356.31			37	454.76			54	784.25
21	367.33			38	457.69			55	819.15
22	367.33			39	463.57			56	856.98
23	367.33			40	469.45			57	895.19
24	367.33			41	478.27			58	935.96
25	368.80			42	486.71			59	956.16
26	376.15			43	498.47			60	996.94
27	384.96			44	513.16			61	1032.20
28	399.29			45	530.43			62	1055.34
29	411.04			46	551.00			63	1084.36
30	416.92			47	574.14			64+	1101.63

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: 04/01/2026 - 06/30/2026

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	292.25			31	442.77			48	624.61
15	318.23			32	451.94			49	651.73
16	328.16			33	457.67			50	682.30
17	338.09			34	463.78			51	712.48
18	348.79			35	466.83			52	745.71
19	359.49			36	469.89			53	779.33
20	370.56			37	472.95			54	815.62
21	382.02			38	476.00			55	851.91
22	382.02			39	482.11			56	891.26
23	382.02			40	488.23			57	930.99
24	382.02			41	497.40			58	973.40
25	383.55			42	506.18			59	994.41
26	391.19			43	518.41			60	1036.81
27	400.36			44	533.69			61	1073.49
28	415.26			45	551.64			62	1097.56
29	427.49			46	573.04			63	1127.74
30	433.60			47	597.10			64+	1145.69

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: 04/01/2026 - 06/30/2026

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	613.48			31	929.44			48	1311.16
15	668.01			32	948.69			49	1368.10
16	688.86			33	960.72			50	1432.26
17	709.71			34	973.55			51	1495.61
18	732.17			35	979.97			52	1565.38
19	754.62			36	986.38			53	1635.95
20	777.88			37	992.80			54	1712.13
21	801.94			38	999.21			55	1788.32
22	801.94			39	1012.04			56	1870.92
23	801.94			40	1024.87			57	1954.32
24	801.94			41	1044.12			58	2043.33
25	805.14			42	1062.56			59	2087.44
26	821.18			43	1088.23			60	2176.45
27	840.43			44	1120.30			61	2253.44
28	871.70			45	1157.99			62	2303.96
29	897.37			46	1202.90			63	2367.31
30	910.20			47	1253.43			64+	2405.00

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: 04/01/2026 - 06/30/2026

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	638.02			31	966.62			48	1363.61
15	694.73			32	986.64			49	1422.83
16	716.42			33	999.15			50	1489.55
17	738.10			34	1012.49			51	1555.43
18	761.45			35	1019.16			52	1627.99
19	784.81			36	1025.84			53	1701.39
20	808.99			37	1032.51			54	1780.62
21	834.01			38	1039.18			55	1859.85
22	834.01			39	1052.52			56	1945.75
23	834.01			40	1065.87			57	2032.49
24	834.01			41	1085.89			58	2125.07
25	837.35			42	1105.07			59	2170.94
26	854.03			43	1131.76			60	2263.51
27	874.05			44	1165.12			61	2343.58
28	906.57			45	1204.32			62	2396.12
29	933.26			46	1251.02			63	2462.01
30	946.60			47	1303.56			64+	2501.21

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: 04/01/2026 - 06/30/2026

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	497.34			31	753.49			48	1062.95
15	541.55			32	769.09			49	1109.11
16	558.45			33	778.84			50	1161.11
17	575.36			34	789.25			51	1212.47
18	593.56			35	794.45			52	1269.03
19	611.76			36	799.65			53	1326.25
20	630.62			37	804.85			54	1388.01
21	650.12			38	810.05			55	1449.77
22	650.12			39	820.45			56	1516.73
23	650.12			40	830.85			57	1584.34
24	650.12			41	846.46			58	1656.51
25	652.72			42	861.41			59	1692.26
26	665.72			43	882.21			60	1764.43
27	681.33			44	908.22			61	1826.84
28	706.68			45	938.77			62	1867.80
29	727.48			46	975.18			63	1919.16
30	737.89			47	1016.14			64+	1949.71

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: 04/01/2026 - 06/30/2026

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	517.24			31	783.63			48	1105.46
15	563.21			32	799.86			49	1153.47
16	580.79			33	810.00			50	1207.56
17	598.37			34	820.82			51	1260.97
18	617.30			35	826.23			52	1319.80
19	636.23			36	831.63			53	1379.30
20	655.84			37	837.04			54	1443.53
21	676.13			38	842.45			55	1507.76
22	676.13			39	853.27			56	1577.40
23	676.13			40	864.09			57	1647.72
24	676.13			41	880.32			58	1722.77
25	678.83			42	895.87			59	1759.95
26	692.35			43	917.50			60	1835.00
27	708.58			44	944.55			61	1899.91
28	734.95			45	976.32			62	1942.51
29	756.58			46	1014.19			63	1995.92
30	767.40			47	1056.78			64+	2027.70

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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.