

Table Rates

Zip:94553 (Contra Costa) 01/01/24 Monthly

Age	Aetna	Kaiser
	Region 5	Region 5
	OA Managed Choice POS Silver CA 65/50 2600 Ded	Silver 70 HMO 2500/55 + Child Dental
0 -14	372.54	294.50
15 -15	405.65	319.41
16 -16	418.31	328.93
17 -17	430.97	338.46
18 -18	444.61	348.71
19 -19	458.24	344.70
20 -20	472.37	355.32
21 -21	486.98	366.31
22 -22	486.98	366.31
23 -23	486.98	366.31
24 -24	486.98	366.31
25 -25	488.92	367.78
26 -26	498.66	375.10
27 -27	510.35	383.90
28 -28	529.34	398.18
29 -29	544.93	409.90
30 -30	552.72	415.76
31 -31	564.41	424.56
32 -32	576.09	433.35
33 -33	583.40	438.84
34 -34	591.19	444.70
35 -35	595.09	447.63
36 -36	598.98	450.56
37 -37	602.88	453.49
38 -38	606.77	456.42
39 -39	614.56	462.29
40 -40	622.36	468.15
41 -41	634.04	476.94
42 -42	645.24	485.36
43 -43	660.83	497.09
44 -44	680.31	511.74
45 -45	703.19	528.95
46 -46	730.46	549.47
47 -47	761.14	572.55
48 -48	796.21	598.92
49 -49	830.78	624.93
50 -50	869.74	654.23
51 -51	908.21	683.17
52 -52	950.58	715.04
53 -53	993.43	747.28
54 -54	1039.69	782.08
55 -55	1085.96	816.88
56 -56	1136.12	854.61
57 -57	1186.76	892.70
58 -58	1240.82	933.36
59 -59	1267.60	953.51
60 -60	1321.65	994.17
61 -61	1368.40	1029.34
62 -62	1399.08	1052.41
63 -63	1437.55	1081.35
64 -99	1460.44	1098.93

This report doesn't include rider rates in the premium.

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