

<b>Health Service System</b> <b><u>Monthly AB 528</u> Rates for Retirees Not Eligible for Medicare A and B,</b> <b>and their dependents not eligible for Medicare A and B</b> <b>January 1, 2024 to December 31, 2024</b>		
	<b>E Only</b>	<b>E+1</b>
Blue Shield PPO Monthly Rate	\$ 2,006.26	\$ 2,905.55
Blue Shield Trio Monthly Rate	\$ 2,084.92	\$ 3,015.86
Blue Shield Access+ Monthly Rate	\$ 2,524.13	\$ 3,652.03
Health Net Monthly Rate	\$ 1,881.08	\$ 2,720.58
<b>Kaiser CA</b>		
Kaiser Monthly Rate	\$ 1,714.86	\$ 2,559.94
<b>Kaiser Northwest</b>		
Kaiser Monthly Rate	\$ 1,230.49	\$ 2,451.92
<b>Kaiser Washington</b>		
Kaiser Monthly Rate	\$ 1,680.24	\$ 3,351.42
<b>Kaiser Hawaii</b>		
Kaiser Monthly Rate	\$ 940.48	\$ 1,871.91

<b>Health Service System</b> <b><u>Monthly AB 528</u> Rates for Retirees Not Eligible for Medicare A and B,</b> <b>and their dependents eligible for Medicare A and B</b> <b>January 1, 2024 to December 31, 2024</b>			
<b>UHC Medical</b>	Retiree in UHC non-Medicare PPO Plan	Retiree in UHC Doctor's Plan EPO	Retiree in UHC Select Network Plan EPO
	Dependent in UnitedHealthcare MAPD PPO	Dependent in UnitedHealthcare MAPD PPO	Dependent in UnitedHealthcare MAPD PPO
UHC Medical Monthly Rate	\$ 2,530.86	\$ 2,609.52	\$ 3,048.72

**Monthly AB 528** Rates for Retirees with Medicare A and B,  
and their dependents with Medicare A and B  
January 1, 2024 to December 31, 2024

	<b>E Only</b>	<b>E+1</b>
UnitedHealthcare MAPD PPO Monthly AB 528 Rate	\$ 533.66	\$ 1,058.25
<b>Kaiser CA - Senior Advantage MAPD HMO</b>		
Kaiser Monthly AB 528 Rate	\$ 338.35	\$ 667.63
<b>Kaiser Northwest MAPD HMO</b>		
Kaiser Monthly AB 528 Rate	\$ 477.98	\$ 946.91
<b>Kaiser Washington MA HMO</b>		
Kaiser Monthly AB 528 Rate	\$ 332.66	\$ 656.25
<b>Kaiser Hawaii MAPD HMO</b>		
Kaiser Monthly AB 528 Rate	\$ 360.81	\$ 712.55

**Monthly AB 528** Rates for Retirees with Medicare A and B,  
and their dependents without Medicare A and B  
January 1, 2024 to December 31, 2024

<b>UHC Medical</b>	Dependent in UHC non-Medicare PPO Plan	Dependent in UHC Doctor's Plan EPO	Dependent in UHC Select Network Plan EPO
	Retiree in UnitedHealthcare MAPD PPO	Retiree in UnitedHealthcare MAPD PPO	Retiree in UnitedHealthcare MAPD PPO
UHC Medical Monthly Rate	\$ 1,432.95	\$ 1,464.59	\$ 1,661.56