



Retiree 2017-2018 Medical & Dental Premium Rates

Look inside for the retiree 2017-2018 medical and dental plan premium rates for:

- Anthem Blue Cross PPO Medical & CaliforniaCare HMO Medical
- Kaiser HMO Medical
- Anthem Blue Cross PPO Dental
- Anthem Blue Cross HMO Dental



LAPRA Retiree 2017-2018 Medical & Dental Premium Rates

Anthem Blue Cross PPO and CaliforniaCare HMO Premium Rates

The tables on pages 1 and 2 reflect the retiree monthly premium rates under the Anthem Blue Cross PPO and CaliforniaCare HMO plans effective July 1, 2017. Your cost is the monthly premium rate minus the Pension Department subsidy, based on your retirement date, age and years of service.

Anthem Blue Cross Monthly Premium Rates (07/01/17 - 06/30/18)			
Office Use Only	Coverage Tier	PPO	HMO (CA Residents Only)
10	Single - Retired No Medicare	\$945.70	\$894.03
11	2 Party - Retired No Medicare	\$2,002.38	\$1,662.23
12	Family - Retired No Medicare	\$2,345.34	\$1,945.90
20	Member B&D	\$757.70	\$795.03
20a	Member B Only	\$798.70	\$824.03
21	2 Party: Member B&D; Spouse A&B&D	\$1,438.89	\$1,440.74
21a	2 Party: Member B&D; Spouse A&B	\$1,459.38	\$1,456.25
21b	2 Party: Member B; Spouse A&B&D	\$1,479.89	\$1,469.74
21c	2 Party: Member B; Spouse A&B	\$1,500.38	\$1,485.25
22	2 Party: Member None; Spouse A&B&D	\$1,626.89	\$1,539.74
22a	2 Party: Member None; Spouse A&B	\$1,647.38	\$1,555.25
23	2 Party: Member B&D; Spouse B&D	\$1,633.89	\$1,510.28
23a	2 Party: Member B&D; Spouse B	\$1,654.38	\$1,525.79
23b	2 Party: Member B; Spouse B&D	\$1,674.89	\$1,539.28
23c	2 Party: Member B; Spouse B	\$1,695.38	\$1,554.79
24	2 Party: Member None; Spouse B&D	\$1,821.89	\$1,609.28
24a	2 Party: Member None; Spouse B	\$1,842.38	\$1,624.79
25	2 Party: Member B&D; Spouse None	\$1,814.38	\$1,563.23
25a	2 Party: Member B; Spouse None	\$1,855.38	\$1,592.23
26	3 Party: Member B&D; Spouse None; Deps None	\$2,157.34	\$1,846.90
26a	3 Party: Member B; Spouse None; Deps None	\$2,198.34	\$1,875.90
26b	3 Party: Member B&D; Spouse B&D; Deps None	\$1,976.85	\$1,793.95
27	3 Party: Member None; Spouse A&B&D; Deps None	\$1,969.85	\$1,823.41
27a	3 Party: Member None; Spouse A&B; Deps None	\$1,990.34	\$1,838.92
28	2 Party: Member B&D; Spouse A&D	\$1,598.89	\$1,478.18
29	3 Party: Member None; Spouse None; Deps A&B&D	\$1,995.79	\$1,840.85
29a	3 Party: Member None; Spouse None; Deps A&B	\$2,013.34	\$1,854.15
30	Member Only A&B&D	\$576.70	\$665.03
30a	Member Only A&B	\$617.70	\$694.03
31	2 Party: Member A&B&D; Spouse None	\$1,633.38	\$1,433.23
31a	2 Party: Member A&B; Spouse None	\$1,674.38	\$1,462.23
31b	2 Party: Member A&B&D; Spouse A&D	\$1,417.89	\$1,348.18
31c	2 Party: Member A&B&D; Spouse A	\$1,438.38	\$1,363.69
31d	2 Party: Member A&B; Spouse A&D	\$1,458.89	\$1,377.18
31e	2 Party: Member A&B; Spouse A	\$1,479.38	\$1,392.69
32	2 Party: Member A&B&D; Spouse B&D	\$1,452.89	\$1,380.28
32a	2 Party: Member A&B&D; Spouse B	\$1,473.38	\$1,395.79
32b	2 Party: Member A&B; Spouse B&D	\$1,493.89	\$1,409.28
32c	2 Party: Member A&B; Spouse B	\$1,514.38	\$1,424.79
33	2 Party: Both A&B&D	\$1,257.89	\$1,310.74
33a	2 Party: Member A&B; Spouse A&B&D	\$1,298.89	\$1,339.74
33b	2 Party: Member A&B&D; Spouse A&B	\$1,278.38	\$1,326.25
33c	2 Party: Both A&B	\$1,319.38	\$1,355.25
33d	2 Party: Member A&D; Spouse A&B&D	\$1,404.89	\$1,380.74
33e	2 Party: Member A Only; Spouse A&B&D	\$1,445.89	\$1,409.74
34	3 Party: Member A&B&D; Spouse None; Deps None	\$1,976.34	\$1,716.90

Anthem Blue Cross PPO and CaliforniaCare HMO Premium Rates

The tables on pages 1 and 2 reflect the retiree monthly premium rates under the Anthem Blue Cross PPO and CaliforniaCare HMO plans effective July 1, 2017. Your cost is the monthly premium rate minus the Pension Department subsidy, based on your retirement date, age and years of service.

Anthem Blue Cross Monthly Premium Rates (07/01/17 - 06/30/18)			
Office Use Only	Coverage Tier	PPO	HMO (CA Residents Only)
34a	3 Party: Member A&B; Spouse None; Deps None	\$2,017.34	\$1,745.90
80	3 Party: Member A&B&D; Spouse None; Deps A&B&D	\$1,626.79	\$1,611.85
80a	3 Party: Member A&B&D; Spouse None; Deps A&B	\$1,644.34	\$1,625.15
35	3 Party: Member A&B&D; Spouse A&B&D; Deps None	\$1,600.85	\$1,594.41
35a	3 Party: Member A&B&D; Spouse A&B; Deps None	\$1,621.34	\$1,631.85
35b	3 Party: Member A&B; Spouse A&B&D; Deps None	\$1,641.85	\$1,623.41
35c	3 Party: Member A&B; Spouse A&B; Deps None	\$1,662.34	\$1,638.92
35d	3 Party: Member A&B&D; Spouse A&B&D; Deps A&B&D	\$1,251.30	\$1,489.36
35e	3 Party: Member A&B&D; Spouse A&D; Deps None	\$1,760.85	\$1,609.92
35f	3 Party: Member A&B&D; Spouse A; Deps None	\$1,781.34	\$1,647.36
35g	3 Party: Member A&B; Spouse A&D; Deps None	\$1,814.79	\$1,660.85
35h	3 Party: Member A&B&D; Spouse A&B; Deps A&B&D	\$1,271.79	\$1,504.87
35i	3 Party: Member A&B&D; Spouse A&B&D; Deps A&B	\$1,268.85	\$1,502.66
36	3 Party: Member None; Spouse A&B&D; Deps A&B&D	\$1,620.30	\$1,718.36
36a	3 Party: Member None; Spouse A&B&D; Deps A&B	\$1,637.85	\$1,731.66
36b	3 Party: Member None; Spouse A&B; Deps A&B&D	\$1,640.79	\$1,733.87
36c	3 Party: Member None; Spouse A&B; Deps A&B	\$1,658.34	\$1,747.17
37	Member A&D	\$723.70	\$735.03
37a	Member A Only	\$764.70	\$764.03
38	Two Party: Both A&D	\$1,564.89	\$1,418.18
38a	Two Party: Member A&D; Spouse A Only	\$1,585.38	\$1,433.69
38b	Two Party: Member A Only; Spouse A&D	\$1,605.89	\$1,447.18
38c	Two Party: Both A Only	\$1,626.38	\$1,462.69
38d	Two Party: Member None; Spouse A Only	\$1,807.38	\$1,592.69
38e	Two Party: Member None; Spouse A&D	\$1,786.89	\$1,577.18
38f	Two Party: Member A Only; Spouse None	\$1,821.38	\$1,532.23
38g	Two Party: Member A&D; Spouse None	\$1,780.38	\$1,503.23
39	3 Party: Member A&D; Spouse A&D; Deps A&D	\$1,705.30	\$1,628.91
39a	3 Party: Member A&D; Spouse None; Deps None	\$2,123.34	\$1,786.90
39b	3 Party: Member A Only; Spouse A Only; Deps None	\$1,969.34	\$1,746.36
39c	3 Party: Member A&D; Spouse A Only; Deps None	\$1,928.34	\$1,717.36
39d	3 Party: Member A Only; Spouse A&D; Deps None	\$1,948.85	\$1,730.85
39e	3 Party: Member A&D; Spouse A&D; Deps None	\$1,907.85	\$1,701.85
39f	3 Party: Member A Only; Spouse None; Deps A Only	\$1,979.34	\$1,756.26
39g	3 Party: Member A&D; Spouse None; Deps A Only	\$1,938.34	\$1,727.26
39h	3 Party: Member A Only; Spouse None; Deps A&D	\$1,961.79	\$1,742.96
39i	3 Party: Member A&D; Spouse None; Deps A&D	\$1,920.79	\$1,713.96
39j	3 Party: Member None; Spouse A Only; Deps None	\$2,150.34	\$1,876.36
39k	3 Party: Member None; Spouse A&D; Deps None	\$2,129.85	\$1,860.85
39l	3 Party: Member None; Spouse A Only; Deps A Only	\$1,965.34	\$1,816.72
39m	3 Party: Member None; Spouse A&D; Deps A Only	\$1,944.85	\$1,801.21
39n	3 Party: Member None; Spouse A Only; Deps A&D	\$1,947.79	\$1,803.42
39o	3 Party: Member None; Spouse A&D; Deps A&D	\$1,927.30	\$1,787.91
39p	3 Party: Member None; Spouse None; Deps A Only	\$2,160.34	\$1,886.26
39q	3 Party: Member None; Spouse None; Deps A&D	\$2,142.79	\$1,872.96
39r	3 Party: Member A Only; Spouse None; Deps None	\$2,164.34	\$1,815.90
39s	3 Party: Member None; Spouse B/D; Deps None	\$2,164.85	\$1,892.95

Kaiser HMO Premium Rates

The tables on pages 3, 4 and 5 reflect the retiree monthly premium rates under the Kaiser HMO plan effective July 1, 2017. Your cost is the monthly premium rate minus the Pension Department subsidy, based on your retirement date, age and years of service.

Kaiser HMO Monthly Premium Rates (07/01/17 - 06/30/18)		
Office Use Only	Coverage Tier	HMO (CA Residents Only)
10	Member	\$579.90
11	2 Party	\$1,148.66
12	Family	\$1,349.82

Retiree Senior Advantage Member and Spouse (Medicare Benefits assigned to Kaiser) (Member and Spouse B only enrolled with Kaiser unassigned prior to 01/01/99 or assigned with Kaiser after 01/01/03)

20	Member B/D	\$517.26
21	2 Party: Member B/D; Spouse Medicare A/B/D	\$717.52
22	2 Party: Member None (under 65); Spouse Medicare A/B/D	\$779.94
23	2 Party: Member B/D; Spouse B/D	\$1,029.50
24	2 Party: Member None (under 65); Spouse B/D	\$1,091.94
25	2 Party: Member B/D; Spouse None (under 65)	\$1,086.22
26	3 Party: Member B/D; Spouse None (under 65); Deps (under 65)	\$1,287.38
27	3 Party: Member None (under 65); Spouse Medicare A/B/D; Deps (under 65)	\$981.10
30	Member Medicare A/B/D	\$205.26
31	2 Party: Member Medicare A/B/D; Spouse None (under 65)	\$774.22
32	2 Party: Member Medicare A/B/D; Spouse B/D	\$717.52
33	2 Party: Both Medicare A/B/D	\$405.50
34	3 Party: Member Medicare A/B/D; Spouse None (under 65); Deps (under 65)	\$975.38
35	3 Party: Member Medicare A/B/D; Spouse Medicare A/B/D; Deps (under 65)	\$606.66
36	3 Party: Member None (under 65); Spouse (over 65) B/D, Deps (under 65)	\$1,293.10

Member and/or spouse with Part A only 65 years and older; ("Medicare" = assigned to Kaiser)

66	Member (over 65) A	\$957.60
67	2 Party: Member (over 65) A ; Spouse Medicare A/B/D	\$1,157.84
68	2 Party: Member (over 65) A ; Spouse Medicare B/D	\$1,469.84
69	2 Party: Member (over 65) A ; Spouse None (under 65)	\$1,526.56
70	2 Party: Member (over 65) A ; Spouse (over 65) A	\$1,910.20
71	2 Party: Member (over 65) A ; Spouse (over 65) B	\$2,223.22
72	2 Party: Member Medicare A/B/D; Spouse (over 65) A	\$1,157.86
73	2 Party: Member Medicare B/D; Spouse (over 65) A	\$1,469.86
74	2 Party: Member None (under 65); Spouse (over 65) A	\$1,532.30
75	3 Party: Member (over 65) A ; Spouse Medicare A/B/D; Deps (under 65)	\$1,359.00
76	3 Party: Member (over 65) A ; Spouse Medicare B/D; Deps (under 65)	\$1,671.00
77	3 Party: Member (over 65) A ; Spouse None (under 65); Deps (under 65)	\$1,727.72
78	3 Party: Member (over 65) A ; Spouse (over 65) A ; Deps (under 65)	\$2,111.36
79	3 Party: Member (over 65) A ; Spouse (over 65) B ; Deps (under 65)	\$2,424.38
80	3 Party: Member Medicare A/B/D; Spouse (over 65) A ; Deps (under 65)	\$1,359.02
81	3 Party: Member Medicare B/D; Spouse (over 65) A ; Deps (under 65)	\$1,671.02
82	3 Party: Member None (under 65); Spouse (over 65) A ; Deps (under 65)	\$1,733.46

Kaiser HMO Premium Rates

The tables on pages 3, 4 and 5 reflect the retiree monthly premium rates under the Kaiser HMO plan effective July 1, 2017. Your cost is the monthly premium rate minus the Pension Department subsidy, based on your retirement date, age and years of service.

Kaiser HMO Monthly Premium Rates (07/01/17 - 06/30/18)		
Office Use Only	Coverage Tier	HMO (CA Residents Only)

Member and/or spouse Part A&B unassigned 65 years and older ("Medicare" = assigned to Kaiser).

66a	Member (over 65) A/B Unassigned	\$957.60
67a	2 Party: Member (over 65) A/B Unassigned; Spouse Medicare A/B/D	\$1,157.84
68a	2 Party: Member (over 65) A/B Unassigned; Spouse Medicare B/D	\$1,469.84
69a	2 Party: Member (over 65) A/B Unassigned; Spouse None (under 65)	\$1,526.56
70a	2 Party: Member (over 65) A/B Unassigned; Spouse (over 65) A/B Unassigned	\$1,910.20
71a	2 Party: Member (over 65) A/B Unassigned; Spouse (over 65) B	\$2,223.22
72a	2 Party: Member Medicare A/B/D; Spouse (over 65) A/B Unassigned	\$1,157.86
73a	2 Party: Member Medicare B/D; Spouse (over 65) A/B Unassigned	\$1,469.86
74a	2 Party: Member None (under 65); Spouse (over 65) A/B Unassigned	\$1,532.30
75a	3 Party: Member (over 65) A/B Unassigned; Spouse Medicare A/B/D; Deps (under 65)	\$1,359.00
76a	3 Party: Member (over 65) A/B Unassigned; Spouse Medicare B/D; Deps (under 65)	\$1,671.00
77a	3 Party: Member (over 65) A/B Unassigned; Spouse None (under 65); Deps (under 65)	\$1,727.72
78a	3 Party: Member (over 65) A/B Unassigned; Spouse (over 65) A/B Unassigned; Deps (under 65)	\$2,111.36
79a	3 Party: Member (over 65) A/B Unassigned; Spouse (over 65) B ; Deps (under 65)	\$2,424.38
80a	3 Party: Member Medicare A/B/D; Spouse (over 65) A/B Unassigned; Deps (under 65)	\$1,359.00
81a	3 Party: Member Medicare B/D; Spouse (over 65) A/B Unassigned; Deps (under 65)	\$1,671.02
82a	3 Party: Member None (under 65); Spouse (over 65) A/B Unassigned; Deps (under 65)	\$1,733.46

Member (over 65) unassigned Part B only after 01/01/99 ("Medicare" = assigned to Kaiser).

83	Member over age 65 unassigned part B	\$1,270.62
84	2 Party: Member (over 65) B ; Spouse Medicare A/B/D	\$1,470.86
85	2 Party: Member (over 65) B ; Spouse Medicare B/D	\$1,782.86
86	2 Party: Member (over 65) B ; Spouse None (under 65)	\$1,839.58
87	2 Party: Member (over 65) B ; Spouse (over 65) A	\$2,223.22
88	2 Party: Member Medicare A/B/D; Spouse (over 65) B	\$1,470.88
89	2 Party: Member Medicare B/D; Spouse (over 65) B	\$1,782.88
90	2 Party: Member None (under 65); Spouse (over 65) B	\$1,845.32
91	3 Party: Member (over 65) B ; Spouse Medicare A/B/D; Deps (under 65)	\$1,672.02
92	3 Party: Member (over 65) B ; Spouse Medicare B/D; Deps (under 65)	\$1,984.02
93	3 Party: Member (over 65) B ; Spouse None (under 65); Deps (under 65)	\$2,040.74
94	3 Party: Member (over 65) B ; Spouse (over 65) A ; Deps (under 65)	\$2,424.38
95	3 Party: Member Medicare A/B/D; Spouse (over 65) B ; Deps (under 65)	\$1,672.04
96	3 Party: Member Medicare B/D; Spouse (over 65) B ; Deps (under 65)	\$1,984.04
97	3 Party: Member None (under 65); Spouse (over 65) B ; Deps (under 65)	\$2,046.48

Kaiser HMO Premium Rates

The tables on pages 3, 4 and 5 reflect the retiree monthly premium rates under the Kaiser HMO plan effective July 1, 2017. Your cost is the monthly premium rate minus the Pension Department subsidy, based on your retirement date, age and years of service.

Kaiser HMO Monthly Premium Rates (07/01/17 - 06/30/18)		
Office Use Only	Coverage Tier	HMO (CA Residents Only)
Member (over 65) A&B unknown or unassigned with KP ("Medicare" - assigned to Kaiser).		
A1	Member (over 65) A/B unknown with KP	\$1,270.62
A2	2 Party: Member (over 65) A/B unknown; Spouse Medicare A/B/D	\$1,470.86
A3	2 Party: Member (over 65) A/B unknown; Spouse Medicare B/D	\$1,782.86
A4	2 Party: Member (over 65) A/B unknown; Spouse None (under 65)	\$1,839.58
A5	2 Party: Member (over 65) A/B unknown; Spouse (over 65) A .	\$2,223.22
A6	2 Party: Member (over 65) A/B unknown; Spouse (over 65) B	\$2,536.24
A7	2 Party: Member (over 65) A/B unknown; Spouse A/B unknown	\$2,536.24
A8	2 Party: Member Medicare A/B/D; Spouse (over 65) A/B unknown	\$1,470.88
A9	2 Party: Member Medicare B/D; Spouse (over 65) A/B unknown	\$1,782.88
B1	2 Party: Member None (under 65); Spouse (over 65) A/B unknown	\$1,845.32
B2	2 Party: Member (over 65) A ; Spouse (over 65) A/B unknown	\$2,223.22
B3	3 Party: Member (over 65) A/B unknown; Spouse Medicare A/B/D; Deps (under 65)	\$1,672.02
B4	3 Party: Member (over 65) A/B unknown; Spouse Medicare B/D; Deps (under 65)	\$1,984.02
B5	3 Party: Member (over 65) A/B unknown; Spouse None (under 65); Deps (under 65)	\$2,040.74
B6	3 Party: Member (over 65) A/B unknown; Spouse (over 65) A ; Deps (under 65)	\$2,424.38
B7	3 Party: Member (over 65) A/B unknown; Spouse (over 65) B ; Deps (under 65)	\$2,737.40
B8	3 Party: Member Medicare A/B/D; Spouse (over 65) A/B unknown; Deps (under 65)	\$1,672.04
B9	3 Party: Member Medicare B/D; Spouse (over 65) A/B unknown; Deps (under 65)	\$1,984.04
C1	3 Party: Member None (under 65); Spouse (over 65) A/B unknown; Deps (under 65)	\$2,046.48
C2	3 Party: member (over 65) A ; Spouse (over 65) A/B unknown, Deps (under 65)	\$2,424.38
C3	3 Party: Member (over 65) B ; Spouse (over 65) A/B unknown; Deps (under 65)	\$2,737.40
C4	3 Party: Member (over 65) A/B unknown; Spouse A/B unknown; Deps (under 65)	\$2,737.40
C5	3 Party: Member (over 65) A/B unknown; Spouse (over 65) A/B Unassigned; Deps (under 65)	\$2,424.38
C6	3 Party: Member (over 65) A/B Unassigned; Spouse (over 65) A/B unknown; Deps (under 65)	\$2,424.38
C7	2 Party: Member (overs 65) A/B unknown; Spouse (over 65) A/B unassigned	\$2,223.22
C8	2 Party: Member (over 65) A/B Unassigned; Spouse (over 65) A/B unknown	\$2,223.22

Your Cost for Dental Coverage

Your cost for dental is the member rate minus the Pension Department subsidy based on your age (minimum: age 55) and years of service (minimum: 10 years).

Anthem Blue Cross - PPO Dental Monthly Premium Rates, Subsidy and Member Costs									
	Single			2-Party			Family		
Years of Service	Member Rate	Subsidy	Member Cost	Member Rate	Subsidy	Member Cost	Member Rate	Subsidy	Member Cost
< 10	\$74.80	\$0.00	\$74.80	\$109.80	\$0.00	\$109.80	\$118.80	\$0.00	\$118.80
10	\$74.80	\$17.30	\$57.50	\$109.80	\$17.30	\$92.50	\$118.80	\$17.30	\$101.50
11	\$74.80	\$19.03	\$55.77	\$109.80	\$19.03	\$90.77	\$118.80	\$19.03	\$99.77
12	\$74.80	\$20.76	\$54.04	\$109.80	\$20.76	\$89.04	\$118.80	\$20.76	\$98.04
13	\$74.80	\$22.48	\$52.32	\$109.80	\$22.48	\$87.32	\$118.80	\$22.48	\$96.32
14	\$74.80	\$24.21	\$50.59	\$109.80	\$24.21	\$85.59	\$118.80	\$24.21	\$94.59
15	\$74.80	\$25.94	\$48.86	\$109.80	\$25.94	\$83.86	\$118.80	\$25.94	\$92.86
16	\$74.80	\$27.67	\$47.13	\$109.80	\$27.67	\$82.13	\$118.80	\$27.67	\$91.13
17	\$74.80	\$29.40	\$45.40	\$109.80	\$29.40	\$80.40	\$118.80	\$29.40	\$89.40
18	\$74.80	\$31.13	\$43.67	\$109.80	\$31.13	\$78.67	\$118.80	\$31.13	\$87.67
19	\$74.80	\$32.86	\$41.94	\$109.80	\$32.86	\$76.94	\$118.80	\$32.86	\$85.94
20	\$74.80	\$34.59	\$40.21	\$109.80	\$34.59	\$75.21	\$118.80	\$34.59	\$84.21
21	\$74.80	\$36.32	\$38.48	\$109.80	\$36.32	\$73.48	\$118.80	\$36.32	\$82.48
22	\$74.80	\$38.05	\$36.75	\$109.80	\$38.05	\$71.75	\$118.80	\$38.05	\$80.75
23	\$74.80	\$39.78	\$35.02	\$109.80	\$39.78	\$70.02	\$118.80	\$39.78	\$79.02
24	\$74.80	\$41.51	\$33.29	\$109.80	\$41.51	\$68.29	\$118.80	\$41.51	\$77.29
25 +	\$74.80	\$43.24	\$31.56	\$109.80	\$43.24	\$66.56	\$118.80	\$43.24	\$75.56

Anthem Blue Cross - HMO Dental Monthly Premium Rates, Subsidy and Member Costs									
	Single			2-Party			Family		
Years of Service	Member Rate	Subsidy	Member Cost	Member Rate	Subsidy	Member Cost	Member Rate	Subsidy	Member Cost
< 10	\$30.66	\$0.00	\$30.66	\$62.49	\$0.00	\$62.49	\$95.38	\$0.00	\$95.38
10	\$30.66	\$17.30	\$13.36	\$62.49	\$17.30	\$45.19	\$95.38	\$17.30	\$78.08
11	\$30.66	\$19.03	\$11.63	\$62.49	\$19.03	\$43.46	\$95.38	\$19.03	\$76.35
12	\$30.66	\$20.76	\$9.90	\$62.49	\$20.76	\$41.73	\$95.38	\$20.76	\$74.62
13	\$30.66	\$22.48	\$8.18	\$62.49	\$22.48	\$40.01	\$95.38	\$22.48	\$72.90
14	\$30.66	\$24.21	\$6.45	\$62.49	\$24.21	\$38.28	\$95.38	\$24.21	\$71.17
15	\$30.66	\$25.94	\$4.72	\$62.49	\$25.94	\$36.55	\$95.38	\$25.94	\$69.44
16	\$30.66	\$27.67	\$2.99	\$62.49	\$27.67	\$34.82	\$95.38	\$27.67	\$67.71
17+	\$30.66	\$29.40	\$1.26	\$62.49	\$29.40	\$33.09	\$95.38	\$29.40	\$65.98

