

Monthly Premiums for Contracting Agencies
Bay Area/Sacramento Region
Effective Date: 1/1/2009 - 12/31/2009

Effective Date: 1/1/2009 - 12/31/2009

BASIC MONTHLY RATE (B)

PLAN	If you are ⇨	Employee Only	Plan Code	Employee & 1 Dependent	Plan Code	Employee & 2+ Dependents	Plan Code
Blue Shield		\$560.57	3011	\$1,121.14	3012	\$1,457.48	3013
Blue Shield NetValue		\$495.50	0601	\$991.00	0602	\$1,288.30	0603
Kaiser		\$508.30	3051	\$1,016.60	3052	\$1,321.58	3053
PERS Choice		\$482.48	3201	\$964.96	3202	\$1,254.45	3203
PERS Select		\$453.16	0721	\$906.32	0722	\$1,178.22	0723
PERSCare		\$749.83	3251	\$1,499.66	3252	\$1,949.56	3253
PORAC		\$484.00	2071	\$906.00	2072	\$1,151.00	2073

SUPPLEMENT/MANAGED MEDICARE MONTHLY RATE (SM)

PLAN	If you are ⇨	Employee Only	Plan Code	Employee & 1 Dependent	Plan Code	Employee & 2+ Dependents	Plan Code
Blue Shield		\$341.44	3111	\$682.88	3112	\$1,024.32	3113
Blue Shield NetValue		\$304.66	0691	\$609.32	0692	\$913.98	0693
Kaiser		\$280.16	3151	\$560.32	3152	\$840.48	3153
PERS Choice		\$349.11	3301	\$698.22	3302	\$1,047.33	3303
PERS Select		\$349.11	0731	\$698.22	0732	\$1,047.33	0733
PERSCare		\$404.60	3351	\$809.20	3352	\$1,213.80	3353
PORAC		\$330.00	2081	\$657.00	2082	\$1,052.00	2083

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Bay Area/Sacramento Region
Effective Date: 1/1/2009 - 12/31/2009

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COMBINATION MONTHLY RATE

PLAN	If you are ⇨	Employee in SM		Employee in SM		Employee &	
		1 Dependent in B	Plan Code	2+ Dependents in B	Plan Code	1 Dependent in SM 1+Dependents in B	Plan Code
Blue Shield		\$902.01	3114	\$1,238.35	3115	\$1,019.22	3116
Blue Shield NetValue		\$800.16	0694	\$1,097.46	0695	\$906.62	0696
Kaiser		\$788.46	3154	\$1,093.44	3155	\$865.30	3156
PERS Choice		\$831.59	3304	\$1,121.08	3305	\$987.71	3306
PERS Select		\$802.27	0734	\$1,074.17	0735	\$970.12	0736
PERSCare		\$1,154.43	3354	\$1,604.33	3355	\$1,259.10	3356
PORAC		\$752.00	2084	\$997.00	2085	\$902.00	2086

PLAN	If you are ⇨	Employee in B		Employee in B		Employee &	
		1 Dependent in SM	Plan Code	2+ Dependents in SM	Plan Code	1 Dependent in B 1+Dependents in SM	Plan Code
Blue Shield		\$902.01	3117	\$1,243.45	3118	\$1,238.35	3119
Blue Shield NetValue HMO		\$800.16	0697	\$1,104.82	0698	\$1,097.46	0699
Kaiser		\$788.46	3157	\$1,068.62	3158	\$1,093.44	3159
PERS Choice		\$831.59	3307	\$1,180.70	3308	\$1,121.08	3309
PERS Select		\$802.27	0737	\$1,151.38	0738	\$1,074.17	0739
PERSCare		\$1,154.43	3357	\$1,559.03	3358	\$1,604.33	3359
PORAC		\$811.00	2087	\$1,206.00	2088	\$1,056.00	2089

Monthly Premiums for Contracting Agencies Los Angeles Area Region

Effective Date: 1/1/2009 - 12/31/2009

Effective Date: 1/1/2009 - 12/31/2009

BASIC MONTHLY RATE (B)

PLAN	If you are ⇨	Employee Only	Plan Code	Employee & 1 Dependent	Plan Code	Employee & 2+ Dependents	Plan Code
Blue Shield		\$412.35	3021	\$824.70	3022	\$1,072.11	3023
Blue Shield Net Value		\$364.49	0621	\$728.98	0622	\$947.67	0623
Kaiser		\$388.02	3061	\$776.04	3062	\$1,008.85	3063
PERS Choice		\$449.04	3211	\$898.08	3212	\$1,167.50	3213
PERS Select		\$421.75	0801	\$843.50	0802	\$1,096.55	0803
PERSCare		\$697.87	3261	\$1,395.74	3262	\$1,814.46	3263
PORAC		\$484.00	2071	\$906.00	2072	\$1,151.00	2073

SUPPLEMENT/MANAGED MEDICARE MONTHLY RATE (SM)

PLAN	If you are ⇨	Employee Only	Plan Code	Employee & 1 Dependent	Plan Code	Employee & 2+ Dependents	Plan Code
Blue Shield		\$341.44	3121	\$682.88	3122	\$1,024.32	3123
Blue Shield Net Value		\$304.66	0631	\$609.32	0632	\$913.98	0633
Kaiser		\$280.16	3161	\$560.32	3162	\$840.48	3163
PERS Choice		\$349.11	3311	\$698.22	3312	\$1,047.33	3313
PERS Select		\$349.11	0811	\$698.22	0822	\$1,047.33	0833
PERSCare		\$404.60	3361	\$809.20	3362	\$1,213.80	3363
PORAC		\$330.00	2081	\$657.00	2082	\$1,052.00	2083

Monthly Premiums for Contracting Agencies Los Angeles Area Region

Effective Date: 1/1/2009 - 12/31/2009

Effective Date: 1/1/2009 - 12/31/2009

COMBINATION MONTHLY RATE

PLAN	If you are ⇨	Employee in SM		Employee in SM		Employee &	
		1 Dependent in B	Plan Code	2+ Dependents in B	Plan Code	1 Dependent in SM 1+Dependents in B	Plan Code
Blue Shield		\$753.79	3124	\$1,001.20	3125	\$930.29	3126
Blue Shield NetValue		\$669.15	0634	\$887.84	0635	\$828.01	0636
Kaiser		\$668.18	3164	\$900.99	3165	\$793.13	3166
PERS Choice		\$798.15	3314	\$1,067.57	3315	\$967.64	3316
PERS Select		\$770.86	0814	\$1,023.91	0815	\$951.27	0816
PERSCare		\$1,102.47	3364	\$1,521.19	3365	\$1,227.92	3366
PORAC		\$752.00	2084	\$997.00	2085	\$902.00	2086

PLAN	If you are ⇨	Employee in B		Employee in B		Employee &	
		1 Dependent in SM	Plan Code	2+ Dependents in SM	Plan Code	1 Dependent in B 1+Dependents in SM	Plan Code
Blue Shield		\$753.79	3127	\$1,095.23	3128	\$1,001.20	3129
Blue Shield NetValue		\$669.15	0637	\$973.81	0638	\$887.84	0639
Kaiser		\$668.18	3167	\$948.34	3168	\$900.99	3169
PERS Choice		\$798.15	3317	\$1,147.26	3318	\$1,067.57	3319
PERS Select		\$770.86	0817	\$1,119.97	0818	\$1,023.91	0819
PERSCare		\$1,102.47	3367	\$1,507.07	3368	\$1,521.19	3369
PORAC		\$811.00	2087	\$1,206.00	2088	\$1,056.00	2089

Monthly Premiums for Contracting Agencies Other Southern California Region

Effective Date: 1/1/2009 - 12/31/2009

Effective Date: 1/1/2009 - 12/31/2009

BASIC MONTHLY RATE (B)

PLAN	If you are ⇨	Employee Only	Plan Code	Employee & 1 Dependent	Plan Code	Employee & 2+ Dependents	Plan Code
Blue Shield		\$471.18	3041	\$942.36	3042	\$1,225.07	3043
Blue Shield NetValue		\$416.49	0641	\$832.98	0642	\$1,082.87	0643
Kaiser		\$425.11	3081	\$850.22	3082	\$1,105.29	3083
PERS Choice		\$458.59	3231	\$917.18	3232	\$1,192.33	3233
PERS Select		\$430.72	0821	\$861.44	0822	\$1,119.87	0823
PERSCare		\$712.71	3281	\$1,425.42	3282	\$1,853.05	3283
PORAC		\$484.00	2071	\$906.00	2072	\$1,151.00	2073

SUPPLEMENT/MANAGED MEDICARE MONTHLY RATE (SM)

PLAN	If you are ⇨	Employee Only	Plan Code	Employee & 1 Dependent	Plan Code	Employee & 2+ Dependents	Plan Code
Blue Shield		\$341.44	3141	\$682.88	3142	\$1,024.32	3143
Blue Shield NetValue		\$304.66	0651	\$609.32	0652	\$913.98	0653
Kaiser		\$280.16	3181	\$560.32	3182	\$840.48	3183
PERS Choice		\$349.11	3331	\$698.22	3332	\$1,047.33	3333
PERS Select		\$349.11	0831	\$698.22	0832	\$1,047.33	0833
PERSCare		\$404.60	3381	\$809.20	3382	\$1,213.80	3383
PORAC		\$330.00	2081	\$657.00	2082	\$1,052.00	2083

Monthly Premiums for Contracting Agencies Other Southern California Region

Effective Date: 1/1/2009 - 12/31/2009

Effective Date: 1/1/2009 - 12/31/2009

COMBINATION MONTHLY RATE

PLAN	If you are ⇨	Employee in SM		Employee in SM		Employee &	
		1 Dependent in B	Plan Code	2+ Dependents in B	Plan Code	1 Dependent in SM 1+Dependents in B	Plan Code
Blue Shield		\$812.62	3144	\$1,095.33	3145	\$965.59	3146
Blue Shield NetValue		\$721.15	0654	\$971.04	0655	\$859.21	0656
Kaiser		\$705.27	3184	\$960.34	3185	\$815.39	3186
PERS Choice		\$807.70	3334	\$1,082.85	3335	\$973.37	3336
PERS Select		\$779.83	0834	\$1,038.26	0835	\$956.65	0836
PERSCare		\$1,117.31	3384	\$1,544.94	3385	\$1,236.83	3386
PORAC		\$752.00	2084	\$997.00	2085	\$902.00	2086

PLAN	If you are ⇨	Employee in B		Employee in B		Employee &	
		1 Dependent in SM	Plan Code	2+ Dependents in SM	Plan Code	1 Dependent in B 1+Dependents in SM	Plan Code
Blue Shield		\$812.62	3147	\$1,154.06	3148	\$1,095.33	3149
Blue Shield NetValue		\$721.15	0657	\$1,025.81	0658	\$971.04	0659
Kaiser		\$705.27	3187	\$985.43	3188	\$960.34	3189
PERS Choice		\$807.70	3337	\$1,156.81	3338	\$1,082.85	3339
PERS Select		\$779.83	0837	\$1,128.94	0838	\$1,038.26	0839
PERSCare		\$1,117.31	3387	\$1,521.91	3388	\$1,544.94	3389
PORAC		\$811.00	2087	\$1,206.00	2088	\$1,056.00	2089

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BASIC MONTHLY RATE (B)

PLAN	If you are ⇨	Employee Only	Plan Code	Employee & 1 Dependent	Plan Code	Employee & 2+ Dependents	Plan Code
Blue Shield		\$569.01	3031	\$1,138.02	3032	\$1,479.43	3033
Kaiser		\$519.62	3071	\$1,039.24	3072	\$1,351.01	3073
PERS Choice		\$501.59	3221	\$1,003.18	3222	\$1,304.13	3223
PERS Select		\$471.10	0531	\$942.20	0532	\$1,224.86	0533
PERSCare		\$779.53	3271	\$1,559.06	3272	\$2,026.78	3273
PORAC		\$484.00	2071	\$906.00	2072	\$1,151.00	2073

SUPPLEMENT/MANAGED MEDICARE MONTHLY RATE (SM)

PLAN	If you are ⇨	Employee Only	Plan Code	Employee & 1 Dependent	Plan Code	Employee & 2+ Dependents	Plan Code
Blue Shield		\$341.44	3131	\$682.88	3132	\$1,024.32	3133
Kaiser		\$280.16	3171	\$560.32	3172	\$840.48	3173
PERS Choice		\$349.11	3321	\$698.22	3322	\$1,047.33	3323
PERS Select		\$349.11	0541	\$698.22	0542	\$1,047.33	0543
PERSCare		\$404.60	3371	\$809.20	3372	\$1,213.80	3373
PORAC		\$330.00	2081	\$657.00	2082	\$1,052.00	2083

Blue Shield NetValue is not available in Other Northern California.

Monthly Premiums for Contracting Agencies Other Northern California Region

Effective Date: 1/1/2009 - 12/31/2009

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COMBINATION MONTHLY RATE

PLAN	If you are ⇨	Employee in SM		Employee in SM		Employee &	
		1 Dependent in B	Plan Code	2+ Dependents in B	Plan Code	1 Dependent in SM 1+Dependents in B	Plan Code
Blue Shield		\$910.45	3134	\$1,251.86	3135	\$1,024.29	3136
Kaiser		\$799.78	3174	\$1,111.55	3175	\$872.09	3176
PERS Choice		\$850.70	3324	\$1,151.65	3325	\$999.17	3326
PERS Select		\$820.21	0544	\$1,102.87	0545	\$980.88	0546
PERSCare		\$1,184.13	3374	\$1,651.85	3375	\$1,276.92	3376
PORAC		\$752.00	2084	\$997.00	2085	\$902.00	2086

PLAN	If you are ⇨	Employee in B		Employee in B		Employee &	
		1 Dependent in SM	Plan Code	2+ Dependents in SM	Plan Code	1 Dependent in B 1+Dependents in SM	Plan Code
Blue Shield		\$910.45	3137	\$1,251.89	3138	\$1,251.86	3139
Kaiser		\$799.78	3177	\$1,079.94	3178	\$1,111.55	3179
PERS Choice		\$850.70	3327	\$1,199.81	3328	\$1,151.65	3329
PERS Select		\$820.21	0547	\$1,169.32	0548	\$1,102.87	0549
PERSCare		\$1,184.13	3377	\$1,588.73	3378	\$1,651.85	3379
PORAC		\$811.00	2087	\$1,206.00	2088	\$1,056.00	2089

Blue Shield NetValue is not available in Other Northern California.

Monthly Premiums for Contracting Agencies Out of State Region

Effective Date: 1/1/2009 - 12/31/2009

BASIC MONTHLY RATE (B)

PLAN	If you are ⇨	Employee Only	Plan Code	Employee & 1 Dependent	Plan Code	Employee & 2+ Dependents	Plan Code
Blue Shield		<i>Not Applicable</i>					
Kaiser Out of State		\$660.32	*1	\$1,320.64	*2	\$1,716.83	*3
PERS Choice		\$525.47	3241	\$1,050.94	3242	\$1,366.22	3243
PERS Select		<i>Not Applicable</i>					
PERSCare		\$816.65	3291	\$1,633.30	3292	\$2,123.29	3293
PORAC		\$484.00	2071	\$906.00	2072	\$1,151.00	2073

SUPPLEMENT/MANAGED MEDICARE MONTHLY RATE (SM)

PLAN	If you are ⇨	Employee Only	Plan Code	Employee & 1 Dependent	Plan Code	Employee & 2+ Dependents	Plan Code
Blue Shield		<i>Not Applicable</i>					
Kaiser Out of State		\$318.84	**1	\$637.68	**2	\$956.52	**3
PERS Choice		\$349.11	3341	\$698.22	3342	\$1,047.33	3343
PERS Select		<i>Not Applicable</i>					
PERSCare		\$404.60	3391	\$809.20	3392	\$1,213.80	3393
PORAC		\$330.00	2081	\$657.00	2082	\$1,052.00	2083

Kaiser Out-of-	*Basic	**Supplemental	Kaiser Out-of-State	*Basic	**Supplemental
Colorado	252	253	Mid-Atlantic	265	261
Georgia	245	249	Northwest	219	269
Hawaii	270	214	Ohio	262	263

Blue Shield NetValue and PERS Select High Performance Physician Networks are not available Out-of-State.

Monthly Premiums for Contracting Agencies Out of State Region

Effective Date: 1/1/2009 - 12/31/2009

PLAN	If you are ⇨	Employee in SM		Employee in SM		Employee &		
		1 Dependent in B	Plan Code	2+ Dependents in B	Plan Code	1 Dependent in SM	Plan Code	1+Dependents in B
Blue Shield		<i>Not Applicable</i>						
Kaiser Out of State		\$979.16	**4	\$1,375.35	**5	\$1,033.87	**6	
PERS Choice		\$874.58	3344	\$1,189.86	3345	\$1,013.50	3346	
PERS Select		<i>Not Applicable</i>						
PERSCare		\$1,221.25	3394	\$1,711.24	3395	\$1,299.19	3396	
PORAC		\$752.00	2084	\$997.00	2085	\$902.00	2086	

PLAN	If you are ⇨	Employee in B		Employee in B		Employee &		
		1 Dependent in SM	Plan Code	2+ Dependents in SM	Plan Code	1 Dependent in B	Plan Code	1+Dependents in SM
Blue Shield		<i>Not Applicable</i>						
Kaiser Out of State		\$979.16	**7	\$1,298.00	**8	\$1,375.35	**9	
PERS Choice		\$874.58	3347	\$1,223.69	3348	\$1,189.86	3349	
PERS Select		<i>Not Applicable</i>						
PERSCare		\$1,221.25	3397	\$1,625.85	3398	\$1,711.24	3399	
PORAC		\$811.00	2087	\$1,206.00	2088	\$1,056.00	2089	

Kaiser Out-of-State	*Basic	**Supplemental	Kaiser Out-of-State	*Basic	**Supplemental
Colorado	252	253	Mid-Atlantic	265	261
Georgia	245	249	Northwest	219	269
Hawaii	270	214	Ohio	262	263

Blue Shield Net Value and PERS Select High Performance Physician Networks are not available Out-of-State.