

# Monthly Premiums for Contracting Agencies Bay Area/Sacramento Region

Alameda, Amador, Contra Costa, El Dorado, Marin, Napa, Nevada, Placer, Sacramento,  
San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Solano,  
Sonoma, Sutter, Yolo, Yuba

**Effective Date: 1/1/2006 - 12/31/2006**

## BASIC MONTHLY RATE (B)

PLAN	If you are ⇨	Employee Only	Plan Code	Employee & 1 Dependent	Plan Code	Employee & 2+ Dependents	Plan Code
Blue Shield		\$425.50	3011	\$851.00	3012	\$1,106.30	3013
Kaiser		\$389.38	3051	\$778.76	3052	\$1,012.39	3053
PERS Choice		\$404.59	3201	\$809.18	3202	\$1,051.93	3203
PERSCare		\$680.43	3251	\$1,360.86	3252	\$1,769.12	3253
PORAC		\$399.00	2071	\$748.00	2072	\$950.00	2073
Western Health Advantage		\$354.07	2821	\$708.14	2822	\$920.58	2823

## 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		\$286.49	3111	\$572.98	3112	\$859.47	3113
Kaiser		\$218.59	3151	\$437.18	3152	\$655.77	3153
PERS Choice		\$322.03	3301	\$644.06	3302	\$966.09	3303
PERSCare		\$347.20	3351	\$694.40	3352	\$1,041.60	3353
PORAC		\$351.00	2081	\$701.00	2082	\$1,049.00	2083
Western Health Advantage		\$277.44	2831	\$554.88	2832	\$832.32	2833

## COMBINATION MONTHLY RATE

PLAN	If you are ⇨	Employee in SM 1 Dependent in B	Plan Code	Employee in SM 2+ Dependents in B	Plan Code	Employee & 1 Dependent in SM 1+Dependents in B	Plan Code
Blue Shield		\$711.99	3114	\$967.29	3115	\$828.28	3116
Kaiser		\$607.97	3154	\$841.60	3155	\$670.81	3156
PERS Choice		\$726.62	3304	\$969.37	3305	\$886.81	3306
PERSCare		\$1,027.63	3354	\$1,435.89	3355	\$1,102.66	3356
PORAC		\$700.00	2084	\$902.00	2085	\$903.00	2086
Western Health Advantage		\$631.51	2834	\$843.95	2835	\$767.32	2836

PLAN	If you are ⇨	Employee in B 1 Dependent in SM	Plan Code	Employee in B 2+ Dependents in SM	Plan Code	Employee & 1 Dependent in B 1+Dependents in SM	Plan Code
Blue Shield		\$711.99	3117	\$998.48	3118	\$967.29	3119
Kaiser		\$607.97	3157	\$826.56	3158	\$841.60	3159
PERS Choice		\$726.62	3307	\$1,048.65	3308	\$969.37	3309
PERSCare		\$1,027.63	3357	\$1,374.83	3358	\$1,435.89	3359
PORAC		\$749.00	2087	\$1,097.00	2088	\$951.00	2089
Western Health Advantage		\$631.51	2837	\$908.95	2838	\$843.95	2839

# Monthly Premiums for Contracting Agencies

## Los Angeles Area Region

Los Angeles, San Bernardino, Ventura

**Effective Date: 1/1/2006 - 12/31/2006**

### BASIC MONTHLY RATE (B)

PLAN	If you are ⇨	Employee Only	Plan Code	Employee & 1 Dependent	Plan Code	Employee & 2+ Dependents	Plan Code
Blue Shield		\$312.98	3021	\$625.96	3022	\$813.75	3023
Kaiser		\$306.54	3061	\$613.08	3062	\$797.00	3063
PERS Choice		\$376.55	3211	\$753.10	3212	\$979.03	3213
PERSCare		\$633.27	3261	\$1,266.54	3262	\$1,646.50	3263
PORAC		\$399.00	2071	\$748.00	2072	\$950.00	2073
Western Health Advantage		<i>Not Applicable</i>					

### 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		\$286.49	3121	\$572.98	3122	\$859.47	3123
Kaiser		\$218.59	3161	\$437.18	3162	\$655.77	3163
PERS Choice		\$322.03	3311	\$644.06	3312	\$966.09	3313
PERSCare		\$347.20	3361	\$694.40	3362	\$1,041.60	3363
PORAC		\$351.00	2081	\$701.00	2082	\$1,049.00	2083
Western Health Advantage		<i>Not Applicable</i>					

### COMBINATION MONTHLY RATE

PLAN	If you are ⇨	Employee in SM 1 Dependent in B	Plan Code	Employee in SM 2+ Dependents in B	Plan Code	Employee & 1 Dependent in SM 1+Dependents in B	Plan Code
Blue Shield		\$599.47	3124	\$787.26	3125	\$760.77	3126
Kaiser		\$525.13	3164	\$709.05	3165	\$621.10	3166
PERS Choice		\$698.58	3314	\$924.51	3315	\$869.99	3316
PERSCare		\$980.47	3364	\$1,360.43	3365	\$1,074.36	3366
PORAC		\$700.00	2084	\$902.00	2085	\$903.00	2086
Western Health Advantage		<i>Not Applicable</i>					

PLAN	If you are ⇨	Employee in B 1 Dependent in SM	Plan Code	Employee in B 2+ Dependents in SM	Plan Code	Employee & 1 Dependent in B 1+Dependents in SM	Plan Code
Blue Shield		\$599.47	3127	\$885.96	3128	\$787.26	3129
Kaiser		\$525.13	3167	\$743.72	3168	\$709.05	3169
PERS Choice		\$698.58	3317	\$1,020.61	3318	\$924.51	3319
PERSCare		\$980.47	3367	\$1,327.67	3368	\$1,360.43	3369
PORAC		\$749.00	2087	\$1,097.00	2088	\$951.00	2089
Western Health Advantage		<i>Not Applicable</i>					

# Monthly Premiums for Contracting Agencies Other Southern California Region

Fresno, Imperial, Inyo, Kern, Kings, Madera, Riverside, Orange, San Diego,  
San Luis Obispo, Santa Barbara, Tulare

**Effective Date: 1/1/2006 - 12/31/2006**

## BASIC MONTHLY RATE (B)

PLAN	If you are ⇨	Employee Only	Plan Code	Employee & 1 Dependent	Plan Code	Employee & 2+ Dependents	Plan Code
Blue Shield		\$357.67	3041	\$715.34	3042	\$929.94	3043
Kaiser		\$320.55	3081	\$641.10	3082	\$833.43	3083
PERS Choice		\$384.56	3231	\$769.12	3232	\$999.86	3233
PERSCare		\$646.74	3281	\$1,293.48	3282	\$1,681.52	3283
PORAC		\$399.00	2071	\$748.00	2072	\$950.00	2073
Western Health Advantage		<i>Not Applicable</i>					

## 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		\$286.49	3141	\$572.98	3142	\$859.47	3143
Kaiser		\$218.59	3181	\$437.18	3182	\$655.77	3183
PERS Choice		\$322.03	3331	\$644.06	3332	\$966.09	3333
PERSCare		\$347.20	3381	\$694.40	3382	\$1,041.60	3383
PORAC		\$351.00	2081	\$701.00	2082	\$1,049.00	2083
Western Health Advantage		<i>Not Applicable</i>					

## COMBINATION MONTHLY RATE

PLAN	If you are ⇨	Employee in SM 1 Dependent in B	Plan Code	Employee in SM 2+ Dependents in B	Plan Code	Employee & 1 Dependent in SM 1+Dependents in B	Plan Code
Blue Shield		\$644.16	3144	\$858.76	3145	\$787.58	3146
Kaiser		\$539.14	3184	\$731.47	3185	\$629.51	3186
PERS Choice		\$706.59	3334	\$937.33	3335	\$874.80	3336
PERSCare		\$993.94	3384	\$1,381.98	3385	\$1,082.44	3386
PORAC		\$700.00	2084	\$902.00	2085	\$903.00	2086
Western Health Advantage		<i>Not Applicable</i>					

PLAN	If you are ⇨	Employee in B 1 Dependent in SM	Plan Code	Employee in B 2+ Dependents in SM	Plan Code	Employee & 1 Dependent in B 1+Dependents in SM	Plan Code
Blue Shield		\$644.16	3147	\$930.65	3148	\$858.76	3149
Kaiser		\$539.14	3187	\$757.73	3188	\$731.47	3189
PERS Choice		\$706.59	3337	\$1,028.62	3338	\$937.33	3339
PERSCare		\$993.94	3387	\$1,341.14	3388	\$1,381.98	3389
PORAC		\$749.00	2087	\$1,097.00	2088	\$951.00	2089
Western Health Advantage		<i>Not Applicable</i>					

# Monthly Premiums for Contracting Agencies Other Northern California Region

Alpine, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mariposa,  
Mendocino, Merced, Modoc, Mono, Monterey, Plumas, San Benito, Shasta, Sierra, Siskiyou,  
Stanislaus, Tehama, Trinity, Tuolumne

**Effective Date: 1/1/2006 - 12/31/2006**

## BASIC MONTHLY RATE (B)

PLAN	If you are ⇨	Employee Only	Plan Code	Employee & 1 Dependent	Plan Code	Employee & 2+ Dependents	Plan Code
Blue Shield		\$431.91	3031	\$863.82	3032	\$1,122.97	3033
Kaiser		\$398.03	3071	\$796.06	3072	\$1,034.88	3073
PERS Choice		\$420.61	3221	\$841.22	3222	\$1,093.59	3223
PERSCare		\$707.37	3271	\$1,414.74	3272	\$1,839.16	3273
PORAC		\$399.00	2071	\$748.00	2072	\$950.00	2073
Western Health Advantage		\$354.07	2821	\$708.14	2822	\$920.58	2823

## 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		\$286.49	3131	\$572.98	3132	\$859.47	3133
Kaiser		\$218.59	3171	\$437.18	3172	\$655.77	3173
PERS Choice		\$322.03	3321	\$644.06	3322	\$966.09	3323
PERSCare		\$347.20	3371	\$694.40	3372	\$1,041.60	3373
PORAC		\$351.00	2081	\$701.00	2082	\$1,049.00	2083
Western Health Advantage		\$277.44	2831	\$554.88	2832	\$832.32	2833

## COMBINATION MONTHLY RATE

PLAN	If you are ⇨	Employee in SM 1 Dependent in B	Plan Code	Employee in SM 2+ Dependents in B	Plan Code	Employee & 1 Dependent in SM 1+Dependents in B	Plan Code
Blue Shield		\$718.40	3134	\$977.55	3135	\$832.13	3136
Kaiser		\$616.62	3174	\$855.44	3175	\$676.00	3176
PERS Choice		\$742.64	3324	\$995.01	3325	\$896.43	3326
PERSCare		\$1,054.57	3374	\$1,478.99	3375	\$1,118.82	3376
PORAC		\$700.00	2084	\$902.00	2085	\$903.00	2086
Western Health Advantage		\$631.51	2834	\$843.95	2835	\$767.32	2836

PLAN	If you are ⇨	Employee in B 1 Dependent in SM	Plan Code	Employee in B 2+ Dependents in SM	Plan Code	Employee & 1 Dependent in B 1+Dependents in SM	Plan Code
Blue Shield		\$718.40	3137	\$1,004.89	3138	\$977.55	3139
Kaiser		\$616.62	3177	\$835.21	3178	\$855.44	3179
PERS Choice		\$742.64	3327	\$1,064.67	3328	\$995.01	3329
PERSCare		\$1,054.57	3377	\$1,401.77	3378	\$1,478.99	3379
PORAC		\$749.00	2087	\$1,097.00	2088	\$951.00	2089
Western Health Advantage		\$631.51	2837	\$908.95	2838	\$843.95	2839

# Monthly Premiums for Contracting Agencies Out of State Region

**Effective Date: 1/1/2006 - 12/31/2006**

## 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		\$527.31	*1	\$1,054.62	*2	\$1,371.01	*3
PERS Choice		\$440.64	3241	\$881.28	3242	\$1,145.66	3243
PERSCare		\$741.06	3291	\$1,482.12	3292	\$1,926.76	3293
PORAC		\$399.00	2071	\$748.00	2072	\$950.00	2073
Western Health Advantage		<i>Not Applicable</i>					

## 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		\$209.99	**1	\$419.98	**2	\$629.97	**3
PERS Choice		\$322.03	3341	\$644.06	3342	\$966.09	3343
PERSCare		\$347.20	3391	\$694.40	3392	\$1,041.60	3393
PORAC		\$351.00	2081	\$701.00	2082	\$1,049.00	2083
Western Health Advantage		<i>Not Applicable</i>					

## COMBINATION MONTHLY RATE

PLAN	If you are ⇨	Employee in SM 1 Dependent in B	Plan Code	Employee in SM 2+ Dependents in B	Plan Code	Employee & 1 Dependent in SM 1+Dependents in B	Plan Code
Blue Shield		<i>Not Applicable</i>					
Kaiser Out of State		\$737.30	**4	\$1,053.69	**5	\$736.37	**6
PERS Choice		\$762.67	3344	\$1,027.05	3345	\$908.44	3346
PERSCare		\$1,088.26	3394	\$1,532.90	3395	\$1,139.04	3396
PORAC		\$700.00	2084	\$902.00	2085	\$903.00	2086
Western Health Advantage		<i>Not Applicable</i>					

PLAN	If you are ⇨	Employee in B 1 Dependent in SM	Plan Code	Employee in B 2+ Dependents in SM	Plan Code	Employee & 1 Dependent in B 1+Dependents in SM	Plan Code
Blue Shield		<i>Not Applicable</i>					
Kaiser Out of State		\$737.30	**7	\$947.29	**8	\$1,053.69	**9
PERS Choice		\$762.67	3347	\$1,084.70	3348	\$1,027.05	3349
PERSCare		\$1,088.26	3397	\$1,435.46	3398	\$1,532.90	3399
PORAC		\$749.00	2087	\$1,097.00	2088	\$951.00	2089
Western Health Advantage		<i>Not Applicable</i>					

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