Monthly Premiums for State and Contracting Agencies
Out of State Region

Effective Date: 1/1/2016 - 12/31/2016

Basic Monthly Rate (B)

PLAN	If you are ⇨	Member Eligibility	Employee Only	Plan Code	Party Code	Employee & 1 Dependent	Plan Code	Party Code	Employee & 2+ Dependents	Plan Code	Party Code
Kaiser Colorado		State&PA	$930.29	252	1	$1,860.58	252	2	$2,418.75	252	3
Kaiser Georgia		State&PA	930.29	245	1	1,860.58	245	2	2,418.75	245	3
Kaiser Hawaii		State&PA	930.29	270	1	1,860.58	270	2	2,418.75	270	3
Kaiser MidAtlantic		State&PA	930.29	265	1	1,860.58	265	2	2,418.75	265	3
Kaiser Northwest		State&PA	930.29	219	1	1,860.58	219	2	2,418.75	219	3
PERS Choice		PA Only	625.31	324	1	1,250.62	324	2	1,625.81	324	3
PERSCare		PA Only	696.49	329	1	1,392.98	329	2	1,810.87	329	3
PORAC		State&PA	699.00	207	1	1,399.00	207	2	1,789.00	207	3

Supplement/Managed Medicare Monthly Rate (M)

PLAN	If you are ⇨	Member Eligibility	Employee Only	Plan Code	Party Code	Employee & 1 Dependent	Plan Code	Party Code	Employee & 2+ Dependents	Plan Code	Party Code
Kaiser Sr Adv Colorado		State&PA	$297.23	253	1	$594.46	253	2	$891.69	253	3
Kaiser Sr Adv Georgia		State&PA	297.23	249	1	594.46	249	2	891.69	249	3
Kaiser Sr Adv Hawaii		State&PA	297.23	214	1	594.46	214	2	891.69	214	3
Kaiser Sr Adv MidAtlantic		State&PA	297.23	261	1	594.46	261	2	891.69	261	3
Kaiser Sr Adv Northwest		State&PA	297.23	269	1	594.46	269	2	891.69	269	3
PERS Choice Med Supp		PA Only	366.38	334	1	732.76	334	2	1,099.14	334	3
PERSCare Med Supp		PA Only	408.04	339	1	816.08	339	2	1,224.12	339	3
PORAC		State&PA	442.00	208	1	881.00	208	2	1,408.00	208	3
UnitedHealthcare Group Med Adv/PPO Health Only		PA Only	320.98	363	1	641.96	363	2	962.94	363	3
UnitedHealthcare[1] Group Med Adv/PPO Health/Dental/Vision		PA Only	320.98	364	1	641.96	364	2	962.94	364	3

Combination Monthly Rate

PLAN	If you are ⇨	Member Eligibility	Employee in M 1 Dependent in B	Plan Code	Party Code	Employee in M 2+ Dependents in B	Plan Code	Party Code	Employee in M & 1 Dependent in M 1+ Dependents in B	Plan Code	Party Code
Kaiser/Sr Adv Colorado		State&PA	$1,227.52	129	4	$1,785.69	129	5	$1,152.63	129	6
Kaiser/Sr Adv Georgia		State&PA	1,227.52	130	4	1,785.69	130	5	1,152.63	130	6
Kaiser/Sr Adv Hawaii		State&PA	1,227.52	137	4	1,785.69	137	5	1,152.63	137	6
Kaiser/Sr Adv MidAtlantic		State&PA	1,227.52	138	4	1,785.69	138	5	1,152.63	138	6
Kaiser/Sr Adv Northwest		State&PA	1,227.52	139	4	1,785.69	139	5	1,152.63	139	6
PERS Choice/Med Supp		PA Only	991.69	350	4	1,366.88	350	5	1,107.95	350	6
PERSCare/Med Supp		PA Only	1,104.53	361	4	1,522.42	361	5	1,233.97	361	6
PORAC		State&PA	1,142.00	208	4	1,532.00	208	5	1,271.00	208	6

B=Basic Health Plan, M=Medicare Health Plan, PA=Public/Contracting Agency

[1]Dental and Vision coverage is an additional $26.32 per member, per month premium. UnitedHealthcare will bill you directly for this amount

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Combination Monthly Rate

PLAN	If you are ⇨	Member Eligibility	Employee in B 1 Dependent in M	Plan Code	Plan Code	Employee in B 2+ Dependents in M	Plan Code	Plan Code	Employee in B & 1 Dependent in B 1+ Dependents in M	Plan Code	Party Code
Kaiser/Sr Adv Colorado		State&PA	$1,227.52	129	**7**	$1,524.75	129	**8**	$1,785.69	129	**9**
Kaiser/Sr Adv Georgia		State&PA	1,227.52	130	**7**	1,524.75	130	**8**	1,785.69	130	**9**
Kaiser/Sr Adv Hawaii		State&PA	1,227.52	137	**7**	1,524.75	137	**8**	1,785.69	137	**9**
Kaiser/Sr Adv MidAtlantic		State&PA	1,227.52	138	**7**	1,524.75	138	**8**	1,785.69	138	**9**
Kaiser/Sr Adv Northwest		State&PA	1,227.52	139	**7**	1,524.75	139	**8**	1,785.69	139	**9**
PERS Choice/Med Supp		PA Only	991.69	350	**7**	1,358.07	350	**8**	1,366.88	350	**9**
PERSCare/Med Supp		PA Only	1,104.53	361	**7**	1,512.57	361	**8**	1,522.42	361	**9**
PORAC		State&PA	1,138.00	208	**7**	1,665.00	208	**8**	1,528.00	208	**9**

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