Monthly Premiums for State and Contracting Agencies
Out of State Region

Actives and Annuitants

Effective Date: 1/1/2017 - 12/31/2017

Basic Monthly Rate (B)

PLAN	Member Eligibility	Employee Only	Plan Code	Party Rate	Employee & 1 Dependent	Plan Code	Party Rate	Employee & 2+ Dependents	Plan Code	Party Rate
Kaiser Colorado	State&PA	$940.67	252 1	**1**	$1,881.34	252 2	**2**	$2,445.74	252 3	**3**
Kaiser Georgia	State&PA	940.67	245 1	**1**	1,881.34	245 2	**2**	2,445.74	245 3	**3**
Kaiser Hawaii	State&PA	940.67	270 1	**1**	1,881.34	270 2	**2**	2,445.74	270 3	**3**
Kaiser MidAtlantic	State&PA	940.67	265 1	**1**	1,881.34	265 2	**2**	2,445.74	265 3	**3**
Kaiser Northwest	State&PA	940.67	219 1	**1**	1,881.34	219 2	**2**	2,445.74	219 3	**3**
PERS Choice	PA Only	675.61	324 1	**1**	1,351.22	324 2	**2**	1,756.59	324 3	**3**
PERSCare	PA Only	758.69	329 1	**1**	1,517.38	329 2	**2**	1,972.59	329 3	**3**
PORAC	State&PA	699.00	207 1	**1**	1,467.00	207 2	**2**	1,876.00	207 3	**3**

Supplement/Managed Medicare Monthly Rate (M)

PLAN	Member Eligibility	Employee Only	Plan Code	Party Rate	Employee & 1 Dependent	Plan Code	Party Rate	Employee & 2+ Dependents	Plan Code	Party Rate
Kaiser Sr Adv Colorado	State&PA	$300.48	253 1	**4**	$600.96	253 2	**5**	$901.44	253 3	**6**
Kaiser Sr Adv Georgia	State&PA	300.48	249 1	**4**	600.96	249 2	**5**	901.44	249 3	**6**
Kaiser Sr Adv Hawaii	State&PA	300.48	214 1	**4**	600.96	214 2	**5**	901.44	214 3	**6**
Kaiser Sr Adv MidAtlantic	State&PA	300.48	261 1	**4**	600.96	261 2	**5**	901.44	261 3	**6**
Kaiser Sr Adv Northwest	State&PA	300.48	269 1	**4**	600.96	269 2	**5**	901.44	269 3	**6**
PERS Choice Med Supp	PA Only	353.63	334 1	**4**	707.26	334 2	**5**	1,060.89	334 3	**6**
PERSCare Med Supp	PA Only	389.76	339 1	**4**	779.52	339 2	**5**	1,169.28	339 3	**6**
PORAC Med Supp	State&PA	464.00	208 1	**4**	924.00	208 2	**5**	1,477.00	208 3	**6**
UnitedHealthcare **Group Med Adv/PPO Health Only**	PA Only	324.21	363 1	**4**	648.42	363 2	**5**	972.63	363 3	**6**
UnitedHealthcare[1] **Group Med Adv/PPO Health/Dental/Vision**	PA Only	324.21	364 1	**4**	648.42	364 2	**5**	972.63	364 3	**6**

[1]Dental and Vision coverage is an additional $27.47 per member per month premium. You will be billed directly for this amount.

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Combination Monthly Rate

PLAN	Member Eligibility	Employee in M 1 Dependent in B	Plan Code	Party Rate	Employee in M 2+ Dependents in B	Plan Code	Party Rate	Employee in M & 1 Dependent in M 1+ Dependents in B	Plan Code	Party Rate
Kaiser/Sr Adv Colorado	State&PA	$1,241.15	129 4	**7**	$1,805.55	129 5	**8**	$1,165.36	129 6	**9**
Kaiser/Sr Adv Georgia	State&PA	1,241.15	130 4	**7**	1,805.55	130 5	**8**	1,165.36	130 6	**9**
Kaiser/Sr Adv Hawaii	State&PA	1,241.15	137 4	**7**	1,805.55	137 5	**8**	1,165.36	137 6	**9**
Kaiser/Sr Adv MidAtlantic	State&PA	1,241.15	138 4	**7**	1,805.55	138 5	**8**	1,165.36	138 6	**9**
Kaiser/Sr Adv Northwest	State&PA	1,241.15	139 4	**7**	1,805.55	139 5	**8**	1,165.36	139 6	**9**
PERS Choice/Med Supp	PA Only	1,029.24	350 4	**7**	1,434.61	350 5	**8**	1,112.63	350 6	**9**
PERSCare/Med Supp	PA Only	1,148.45	361 4	**7**	1,603.66	361 5	**8**	1,234.73	361 6	**9**
PORAC/Med Supp	State&PA	1,232.00	158 4	**7**	1,641.00	158 5	**8**	1,333.00	158 6	**9**

Combination Monthly Rate

PLAN	Member Eligibility	Employee in B 1 Dependent in M	Plan Code	Party Rate	Employee in B 2+ Dependents in M	Plan Code	Party Rate	Employee in B & 1 Dependent in B 1+ Dependents in M	Plan Code	Party Rate
Kaiser/Sr Adv Colorado	State&PA	$1,241.15	129 7	**10**	$1,541.63	129 8	**11**	$1,805.55	129 9	**12**
Kaiser/Sr Adv Georgia	State&PA	1,241.15	130 7	**10**	1,541.63	130 8	**11**	1,805.55	130 9	**12**
Kaiser/Sr Adv Hawaii	State&PA	1,241.15	137 7	**10**	1,541.63	137 8	**11**	1,805.55	137 9	**12**
Kaiser/Sr Adv MidAtlantic	State&PA	1,241.15	138 7	**10**	1,541.63	138 8	**11**	1,805.55	138 9	**12**
Kaiser/Sr Adv Northwest	State&PA	1,241.15	139 7	**10**	1,541.63	139 8	**11**	1,805.55	139 9	**12**
PERS Choice/Med Supp	PA Only	1,029.24	350 7	**10**	1,382.87	350 8	**11**	1,434.61	350 9	**12**
PERSCare/Med Supp	PA Only	1,148.45	361 7	**10**	1,538.21	361 8	**11**	1,603.66	361 9	**12**
PORAC/Med Supp	State&PA	1,159.00	158 7	**10**	1,712.00	158 8	**11**	1,568.00	158 9	**12**

[1]Dental and Vision coverage is an additional $27.47 per member per month premium. You will be billed directly for this amount.