

<b>Monthly Premiums for Contracting Agencies</b>							
<b>Bay Area Region</b>							
Alameda, Amador, Contra Costa, Marin, Napa, Nevada, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma, Sutter, Yolo, Yuba							
Effective Date: 1/1/2012 - 12/31/2012							
<b>Basic Monthly Rate (B)</b>							
<b>PLAN</b>	If you are ⇨	<b>Employee Only</b>	<b>Plan Code</b>	<b>Employee &amp; 1 Dependent</b>	<b>Plan Code</b>	<b>Employee &amp; 2+ Dependents</b>	<b>Plan Code</b>
Blue Shield		\$711.10	1021	\$1,422.20	1022	\$1,848.86	1023
Blue Shield Advantage		711.10	1701	1,422.20	1702	1,848.86	1703
Blue Shield NetValue		611.59	1241	1,223.18	1242	1,590.13	1243
Blue Shield NetValue Advantage		611.59	1601	1,223.18	1602	1,590.13	1603
Kaiser		610.44	1041	1,220.88	1042	1,587.14	1043
PERS Choice		574.15	1061	1,148.30	1062	1,492.79	1063
PERS Select		487.39	1261	974.78	1262	1,267.21	1263
PERSCare		1,029.23	1221	2,058.46	1222	2,676.00	1223
PORAC		556.00	2071	1,041.00	2072	1,323.00	2073
<b>Supplement/Managed Medicare Monthly Rate (SM)</b>							
<b>PLAN</b>	If you are ⇨	<b>Employee Only</b>	<b>Plan Code</b>	<b>Employee &amp; 1 Dependent</b>	<b>Plan Code</b>	<b>Employee &amp; 2+ Dependents</b>	<b>Plan Code</b>
Blue Shield		\$337.99	1121	\$675.98	1122	\$1,013.97	1123
Blue Shield Advantage		337.99	1711	675.98	1712	1,013.97	1713
Blue Shield Net Value		337.99	1341	675.98	1342	1,013.97	1343
Blue Shield NetValue Advantage		337.99	1611	675.98	1612	1,013.97	1613
Kaiser		277.81	1141	555.62	1142	833.43	1143
PERS Choice		383.44	1161	766.88	1162	1,150.32	1163
PERS Select		383.44	1361	766.88	1362	1,150.32	1363
PERSCare		432.43	1321	864.86	1322	1,297.29	1323
PORAC		418.00	2081	833.00	2082	1,331.00	2083
<b>Combination Monthly Rate</b>							
<b>PLAN</b>	If you are ⇨	<b>Employee in SM 1 Dependent in B</b>	<b>Plan Code</b>	<b>Employee in SM 2+ Dependents in B</b>	<b>Plan Code</b>	<b>Employee &amp; 1 Dependent in SM 1+ Dependents in B</b>	<b>Plan Code</b>
Blue Shield		\$1,049.09	1124	\$1,475.75	1125	\$1,102.64	1126
Blue Shield Advantage		1,049.09	1714	1,475.75	1715	1,102.64	1716
Blue Shield NetValue		949.58	1344	1,316.53	1345	1,042.93	1346
Blue Shield NetValue Advantage		949.58	1614	1,316.53	1615	1,042.93	1616
Kaiser		888.25	1144	1,254.51	1145	921.88	1146
PERS Choice		957.59	1164	1,302.08	1165	1,111.37	1166
PERS Select		870.83	1364	1,163.26	1365	1,059.31	1366
PERSCare		1,461.66	1324	2,079.20	1325	1,482.40	1326
PORAC		903.00	2084	1,185.00	2085	1,115.00	2086
<b>PLAN</b>	If you are ⇨	<b>Employee in B 1 Dependent in SM</b>	<b>Plan Code</b>	<b>Employee in B 2+ Dependents in SM</b>	<b>Plan Code</b>	<b>Employee &amp; 1 Dependent in B 1+ Dependents in SM</b>	<b>Plan Code</b>
Blue Shield		\$1,049.09	1127	\$1,387.08	1128	\$1,475.75	1129
Blue Shield Advantage		1,049.09	1717	1,387.08	1718	1,475.75	1719
Blue Shield NetValue		949.58	1347	1,287.57	1348	1,316.53	1349
Blue Shield NetValue Advantage		949.58	1617	1,287.57	1618	1,316.53	1619
Kaiser		888.25	1147	1,166.06	1148	1,254.51	1149
PERS Choice		957.59	1167	1,341.03	1168	1,302.08	1169
PERS Select		870.83	1367	1,254.27	1368	1,163.26	1369
PERSCare		1,461.66	1327	1,894.09	1328	2,079.20	1329
PORAC		971.00	2087	1,469.00	2088	1,253.00	2089

## Monthly Premiums for Contracting Agencies

### Sacramento Area Region

El Dorado, Placer, Sacramento

Effective Date: 1/1/2012 - 12/31/2012

#### Basic Monthly Rate (B)

PLAN	If you are ⇨	Employee Only	Plan Code	Employee & 1 Dependent	Plan Code	Employee & 2+ Dependents	Plan Code
Blue Shield		\$636.92	1011	\$1,273.84	1012	\$1,655.99	1013
Blue Shield NetValue		553.09	1231	1,106.18	1232	1,438.03	1233
Kaiser		562.69	1031	1,125.38	1032	1,462.99	1033
PERS Choice		534.10	1051	1,068.20	1052	1,388.66	1053
PERS Select		453.39	1251	906.78	1252	1,178.81	1253
PERSCare		957.44	1211	1,914.88	1212	2,489.34	1213
PORAC		556.00	2071	1,041.00	2072	1,323.00	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		\$337.99	1101	\$675.98	1102	\$1,013.97	1103
Blue Shield NetValue		337.99	1331	675.98	1332	1,013.97	1333
Kaiser		277.81	1131	555.62	1132	833.43	1133
PERS Choice		383.44	1151	766.88	1152	1,150.32	1153
PERS Select		383.44	1351	766.88	1352	1,150.32	1353
PERSCare		432.43	1311	864.86	1312	1,297.29	1313
PORAC		418.00	2081	833.00	2082	1,331.00	2083

#### 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		\$974.91	1104	\$1,357.06	1105	\$1,058.13	1106
Blue Shield NetValue		891.08	1334	1,222.93	1335	1,007.83	1336
Kaiser		840.50	1134	1,178.11	1135	893.23	1136
PERS Choice		917.54	1154	1,238.00	1155	1,087.34	1156
PERS Select		836.83	1354	1,108.86	1355	1,038.91	1356
PERSCare		1,389.87	1314	1,964.33	1315	1,439.32	1316
PORAC		903.00	2084	1,185.00	2085	1,115.00	2086

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		\$974.91	1107	\$1,312.90	1108	\$1,357.06	1109
Blue Shield NetValue		891.08	1337	1,229.07	1338	1,222.93	1339
Kaiser		840.50	1137	1,118.31	1138	1,178.11	1139
PERS Choice		917.54	1157	1,300.98	1158	1,238.00	1159
PERS Select		836.83	1357	1,220.27	1358	1,108.86	1359
PERSCare		1,389.87	1317	1,822.30	1318	1,964.33	1319
PORAC		971.00	2087	1,469.00	2088	1,253.00	2089

<b>Monthly Premiums for Contracting Agencies</b>							
<b>Los Angeles Area Region</b>							
Los Angeles, San Bernardino, Ventura							
Effective Date: 1/1/2012- 12/31/2012							
<b>Basic Monthly Rate (B)</b>							
<b>PLAN</b>	<b>If you are ⇨</b>	<b>Employee Only</b>	<b>Plan Code</b>	<b>Employee &amp; 1 Dependent</b>	<b>Plan Code</b>	<b>Employee &amp; 2+ Dependents</b>	<b>Plan Code</b>
Blue Shield		\$510.72	3021	\$1,021.44	3022	\$1,327.87	3023
Blue Shield Advantage		510.72	1441	1,021.44	1442	1,327.87	1443
Blue Shield NetValue		439.25	0621	878.50	0622	1,142.05	0623
Blue Shield NetValue Advantage		439.25	1451	878.50	1452	1,142.05	1453
Kaiser		465.63	3061	931.26	3062	1,210.64	3063
PERS Choice		505.63	3211	1,011.26	3212	1,314.64	3213
PERS Select		429.22	0801	858.44	0802	1,115.97	0803
PERSCare		906.39	3261	1,812.78	3262	2,356.61	3263
PORAC		556.00	2071	1,041.00	2072	1,323.00	2073
<b>Supplement/Managed Medicare Monthly Rate (SM)</b>							
<b>PLAN</b>	<b>If you are ⇨</b>	<b>Employee Only</b>	<b>Plan Code</b>	<b>Employee &amp; 1 Dependent</b>	<b>Plan Code</b>	<b>Employee &amp; 2+ Dependents</b>	<b>Plan Code</b>
Blue Shield		\$337.99	3121	\$675.98	3122	\$1,013.97	3123
Blue Shield Advantage		337.99	1541	675.98	1542	1,013.97	1543
Blue Shield Net Value		337.99	0631	675.98	0632	1,013.97	0633
Blue Shield NetValue Advantage		337.99	1551	675.98	1552	1,013.97	1553
Kaiser		277.81	3161	555.62	3162	833.43	3163
PERS Choice		383.44	3311	766.88	3312	1,150.32	3313
PERS Select		383.44	0811	766.88	0812	1,150.32	0813
PERSCare		432.43	3361	864.86	3362	1,297.29	3363
PORAC		418.00	2081	833.00	2082	1,331.00	2083
<b>Combination Monthly Rate</b>							
<b>PLAN</b>	<b>If you are ⇨</b>	<b>Employee in SM 1 Dependent in B</b>	<b>Plan Code</b>	<b>Employee in SM 2+ Dependents in B</b>	<b>Plan Code</b>	<b>Employee &amp; 1 Dependent in SM 1+ Dependents in B</b>	<b>Plan Code</b>
Blue Shield		\$848.71	3124	\$1,155.14	3125	\$982.41	3126
Blue Shield Advantage		848.71	1544	1,155.14	1545	982.41	1546
Blue Shield NetValue		777.24	0634	1,040.79	0635	939.53	0636
Blue Shield NetValue Advantage		777.24	1554	1,040.79	1555	939.53	1556
Kaiser		743.44	3164	1,022.82	3165	835.00	3166
PERS Choice		889.07	3314	1,192.45	3315	1,070.26	3316
PERS Select		812.66	0814	1,070.19	0815	1,024.41	0816
PERSCare		1,338.82	3364	1,882.65	3365	1,408.69	3366
PORAC		903.00	2084	1,185.00	2085	1,115.00	2086
<b>PLAN</b>	<b>If you are ⇨</b>	<b>Employee in B 1 Dependent in SM</b>	<b>Plan Code</b>	<b>Employee in B 2+ Dependents in SM</b>	<b>Plan Code</b>	<b>Employee &amp; 1 Dependent in B 1+ Dependents in SM</b>	<b>Plan Code</b>
Blue Shield		\$848.71	3127	\$1,186.70	3128	\$1,155.14	3129
Blue Shield Advantage		848.71	1547	1,186.70	1548	1,155.14	1549
Blue Shield NetValue		777.24	0637	1,115.23	0638	1,040.79	0639
Blue Shield NetValue Advantage		777.24	1557	1,115.23	1558	1,040.79	1559
Kaiser		743.44	3167	1,021.25	3168	1,022.82	3169
PERS Choice		889.07	3317	1,272.51	3318	1,192.45	3319
PERS Select		812.66	0817	1,196.10	0818	1,070.19	0819
PERSCare		1,338.82	3367	1,771.25	3368	1,882.65	3369
PORAC		971.00	2087	1,469.00	2088	1,253.00	2089

<b>Monthly Premiums for Contracting Agencies</b>							
<b>Other Southern California Region</b>							
Fresno, Imperial, Inyo, Kern, Kings, Madera, Riverside, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare							
Effective Date: 1/1/2012 - 12/31/2012							
<b>Basic Monthly Rate (B)</b>							
<b>PLAN</b>	If you are ⇒	<b>Employee Only</b>	<b>Plan Code</b>	<b>Employee &amp; 1 Dependent</b>	<b>Plan Code</b>	<b>Employee &amp; 2+ Dependents</b>	<b>Plan Code</b>
Blue Shield		\$583.60	3041	\$1,167.20	3042	\$1,517.36	3043
Blue Shield Advantage		583.60	1421	1,167.20	1422	1,517.36	1423
Blue Shield NetValue		501.93	0641	1,003.86	0642	1,305.02	0643
Blue Shield NetValue Advantage		501.93	1431	1,003.86	1432	1,305.02	1433
Kaiser		512.76	3081	1,025.52	3082	1,333.18	3083
PERS Choice		526.19	3231	1,052.38	3232	1,368.09	3233
PERS Select		446.68	0821	893.36	0822	1,161.37	0823
PERSCare		943.26	3281	1,886.52	3282	2,452.48	3283
PORAC		556.00	2071	1,041.00	2072	1,323.00	2073
<b>Supplement/Managed Medicare Monthly Rate (SM)</b>							
<b>PLAN</b>	If you are ⇒	<b>Employee Only</b>	<b>Plan Code</b>	<b>Employee &amp; 1 Dependent</b>	<b>Plan Code</b>	<b>Employee &amp; 2+ Dependents</b>	<b>Plan Code</b>
Blue Shield		\$337.99	3141	\$675.98	3142	\$1,013.97	3143
Blue Shield Advantage		337.99	1521	675.98	1522	1,013.97	1523
Blue Shield NetValue		337.99	0651	675.98	0652	1,013.97	0653
Blue Shield NetValue Advantage		337.99	1531	675.98	1532	1,013.97	1533
Kaiser		277.81	3181	555.62	3182	833.43	3183
PERS Choice		383.44	3331	766.88	3332	1,150.32	3333
PERS Select		383.44	0831	766.88	0832	1,150.32	0833
PERSCare		432.43	3381	864.86	3382	1,297.29	3383
PORAC		418.00	2081	833.00	2082	1,331.00	2083
<b>Combination Monthly Rate</b>							
<b>PLAN</b>	If you are ⇒	<b>Employee in SM 1 Dependent in B</b>	<b>Plan Code</b>	<b>Employee in SM 2+ Dependents in B</b>	<b>Plan Code</b>	<b>Employee &amp; 1 Dependent in SM 1+ Dependents in B</b>	<b>Plan Code</b>
Blue Shield		\$921.59	3144	\$1,271.75	3145	\$1,026.14	3146
Blue Shield Advantage		921.59	1524	1,271.75	1525	1,026.14	1526
Blue Shield NetValue		839.92	0654	1,141.08	0655	977.14	0656
Blue Shield NetValue Advantage		839.92	1534	1,141.08	1535	977.14	1536
Kaiser		790.57	3184	1,098.23	3185	863.28	3186
PERS Choice		909.63	3334	1,225.34	3335	1,082.59	3336
PERS Select		830.12	0834	1,098.13	0835	1,034.89	0836
PERSCare		1,375.69	3384	1,941.65	3385	1,430.82	3386
PORAC		903.00	2084	1,185.00	2085	1,115.00	2086
<b>PLAN</b>	If you are ⇒	<b>Employee in B 1 Dependent in SM</b>	<b>Plan Code</b>	<b>Employee in B 2+ Dependents in SM</b>	<b>Plan Code</b>	<b>Employee &amp; 1 Dependent in B 1+ Dependents in SM</b>	<b>Plan Code</b>
Blue Shield		\$921.59	3147	\$1,259.58	3148	\$1,271.75	3149
Blue Shield Advantage		921.59	1527	1,259.58	1528	1,271.75	1529
Blue Shield NetValue		839.92	0657	1,177.91	0658	1,141.08	0659
Blue Shield NetValue Advantage		839.92	1537	1,177.91	1538	1,141.08	1539
Kaiser		790.57	3187	1,068.38	3188	1,098.23	3189
PERS Choice		909.63	3337	1,293.07	3338	1,225.34	3339
PERS Select		830.12	0837	1,213.56	0838	1,098.13	0839
PERSCare		1,375.69	3387	1,808.12	3388	1,941.65	3389
PORAC		971.00	2087	1,469.00	2088	1,253.00	2089

## Monthly Premiums for Contracting Agencies Other Northern California Region

Apline, 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: 1/1/2012 - 12/31/2012**

### Basic Monthly Rate (B)

PLAN	If you are ⇒	Employee Only	Plan Code	Employee & 1 Dependent	Plan Code	Employee & 2+ Dependents	Plan Code
Blue Shield		\$704.69	3031	\$1,409.38	3032	\$1,832.19	3033
Kaiser		616.14	3071	1,232.28	3072	1,601.96	3073
PERS Choice		559.25	3221	1,118.50	3222	1,454.05	3223
PERS Select		474.74	0531	949.48	0532	1,234.32	0533
PERSCare		1,002.53	3271	2,005.06	3272	2,606.58	3273
PORAC		556.00	2071	1,041.00	2072	1,323.00	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		\$337.99	3131	\$675.98	3132	\$1,013.97	3133
Kaiser		277.81	3171	555.62	3172	833.43	3173
PERS Choice		383.44	3321	766.88	3322	1,150.32	3323
PERS Select		383.44	0541	766.88	0542	1,150.32	0543
PERSCare		432.43	3371	864.86	3372	1,297.29	3373
PORAC		418.00	2081	833.00	2082	1,331.00	2083

### 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		\$1,042.68	3134	\$1,465.49	3135	\$1,098.79	3136
Kaiser		\$893.95	3174	\$1,263.63	3175	\$925.30	3176
PERS Choice		\$942.69	3324	\$1,278.24	3325	\$1,102.43	3326
PERS Select		\$858.18	0544	\$1,143.02	0545	\$1,051.72	0546
PERSCare		\$1,434.96	3374	\$2,036.48	3375	\$1,466.38	3376
PORAC		903.00	2084	1,185.00	2085	1,115.00	2086

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		\$1,042.68	3137	\$1,380.67	3138	\$1,465.49	3139
Kaiser		893.95	3177	1,171.76	3178	1,263.63	3179
PERS Choice		942.69	3327	1,326.13	3328	1,278.24	3329
PERS Select		858.18	0547	1,241.62	0548	1,143.02	0549
PERSCare		1,434.96	3377	1,867.39	3378	2,036.48	3379
PORAC		971.00	2087	1,469.00	2088	1,253.00	2089

**Blue Shield NetValue is not available in Other Northern California.**

<b>Monthly Premiums for Contracting Agencies</b>							
<b>Out of State Region</b>							
<b>Effective Date: 1/1/2012 - 12/31/2012</b>							
<b>Basic Monthly Rate (B)</b>							
<b>PLAN</b>	<b>If you are ⇨</b>	<b>Employee Only</b>	<b>Plan Code</b>	<b>Employee &amp; 1 Dependent</b>	<b>Plan Code</b>	<b>Employee &amp; 2+ Dependents</b>	<b>Plan Code</b>
<b>Blue Shield</b>		<i>Not Available</i>					
<b>Kaiser Out of State</b>		\$816.47	*1	\$1,632.94	*2	\$2,122.82	*3
<b>PERS Choice</b>		\$649.16	3241	\$1,298.32	3242	\$1,687.82	3243
<b>PERS Select</b>		<i>Not Available</i>					
<b>PERSCare</b>		\$1,163.70	3291	\$2,327.40	3292	\$3,025.62	3293
<b>PORAC</b>		\$556.00	2071	\$1,041.00	2072	\$1,323.00	2073
<b>Supplement/Managed Medicare Monthly Rate (SM)</b>							
<b>PLAN</b>	<b>If you are ⇨</b>	<b>Employee Only</b>	<b>Plan Code</b>	<b>Employee &amp; 1 Dependent</b>	<b>Plan Code</b>	<b>Employee &amp; 2+ Dependents</b>	<b>Plan Code</b>
<b>Blue Shield</b>		<i>Not Available</i>					
<b>Kaiser Out of State</b>		\$366.87	**1	\$733.74	**2	\$1,100.61	**3
<b>PERS Choice</b>		\$383.44	3341	\$766.88	3342	\$1,150.32	3343
<b>PERS Select</b>		<i>Not Available</i>					
<b>PERSCare</b>		\$432.43	3391	\$864.86	3392	\$1,297.29	3393
<b>PORAC</b>		\$418.00	2081	\$833.00	2082	\$1,331.00	2083
<b>Combination Monthly Rate</b>							
<b>PLAN</b>	<b>If you are ⇨</b>	<b>Employee in SM 1 Dependent in B</b>	<b>Plan Code</b>	<b>Employee in SM 2+ Dependents in B</b>	<b>Plan Code</b>	<b>Employee &amp; 1 Dependent in SM 1+ Dependents in B</b>	<b>Plan Code</b>
<b>Blue Shield</b>		<i>Not Available</i>					
<b>Kaiser Out of State</b>		\$1,183.34	**4	\$1,673.22	**5	\$1,223.62	**6
<b>PERS Choice</b>		\$1,032.60	3344	\$1,422.10	3345	\$1,156.38	3346
<b>PERS Select</b>		<i>Not Available</i>					
<b>PERSCare</b>		\$1,596.13	3394	\$2,294.35	3395	\$1,563.08	3396
<b>PORAC</b>		\$903.00	2084	\$1,185.00	2085	\$1,115.00	2086
<b>PLAN</b>	<b>If you are ⇨</b>	<b>Employee in B 1 Dependent in SM</b>	<b>Plan Code</b>	<b>Employee in B 2+ Dependents in SM</b>	<b>Plan Code</b>	<b>Employee &amp; 1 Dependent in B 1+ Dependents in SM</b>	<b>Plan Code</b>
<b>Blue Shield</b>		<i>Not Available</i>					
<b>Kaiser Out of State</b>		\$1,183.34	**7	\$1,550.21	**8	\$1,673.22	**9
<b>PERS Choice</b>		\$1,032.60	3347	\$1,416.04	3348	\$1,422.10	3349
<b>PERS Select</b>		<i>Not Available</i>					
<b>PERSCare</b>		\$1,596.13	3397	\$2,028.56	3398	\$2,294.35	3399
<b>PORAC</b>		\$971.00	2087	\$1,469.00	2088	\$1,253.00	2089

<b>Kaiser Out-of-State</b>	<b>*Basic</b>	<b>**Supplement/ Managed Medicare</b>	<b>Kaiser Out-of-State</b>	<b>*Basic</b>	<b>**Supplement/ Managed Medicare</b>
Colorado	252	253	Mid-Atlantic	265	261
Georgia	245	249	Northwest	219	269
Hawaii	270	214	Ohio	262	263

**Blue Shield, Blue Shield NetValue and PERS Select are not available Out-of-State.**