Monthly Premiums for Contracting Agencies
Out of State Region

Effective Date: 1/1/2014 - 12/31/2014

Basic Monthly Rate (B)

PLAN	If you are ⇨	Employee Only	Plan code	Employee & 1 Dependent	Plan Code	Employee & 2+ Dependents	Plan Code
Kaiser (out-of-state)		$917.20	***1**	$1,834.40	***2**	$2,384.72	***3**
PERS Choice		706.40	**3241**	1,412.80	**3242**	1,836.64	**3243**
PERSCare		736.32	**3291**	1,472.64	**3292**	1,914.43	**3293**
PORAC		634.00	**2071**	1,186.00	**2072**	1,507.00	**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
Kaiser (out-of-state)		$388.65	****1**	$777.30	****2**	$1,165.95	****3**
PERS Choice		307.23	**3341**	614.46	**3342**	921.69	**3343**
PERSCare		327.36	**3391**	654.72	**3392**	982.08	**3393**
PORAC		397.00	**2081**	791.00	**2082**	1,264.00	**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
Kaiser (out-of-state)		$1,305.85	****4**	$1,856.17	****5**	$1,327.62	****6**
PERS Choice		1,013.63	**3344**	1,437.47	**3345**	1,038.30	**3346**
PERSCare		1,063.68	**3394**	1,505.47	**3395**	1,096.51	**3396**
PORAC		949.00	**2084**	1,270.00	**2085**	1,112.00	**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
Kaiser (out-of-state)		$1,305.85	****7**	$1,694.50	****8**	$1,856.17	****9**
PERS Choice		1,013.63	**3347**	1,320.86	**3348**	1,437.47	**3349**
PERSCare		1,063.68	**3397**	1,391.04	**3398**	1,505.47	**3399**
PORAC		1,028.00	**2087**	1,501.00	**2088**	1,349.00	**2089**

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