

Monthly Premiums for Contracting Agencies Out of State Region Effective Date: 1/1/2013 - 12/31/2013						
Basic Monthly Rate (B)						
PLAN	If you are ⇒	Employee Only	Plan Code	Employee & 1 Dependent	Plan Code	Employee & 2+ Dependents
Blue Shield						
Kaiser Out of State		\$876.46	*1	\$1,752.92	*2	\$2,278.80
PERS Choice		\$754.21	3241	\$1,508.42	3242	\$1,960.95
PERS Select						
PERSCare		\$1,224.67	3291	\$2,449.34	3292	\$3,184.14
PORAC		\$581.00	2071	\$1,088.00	2072	\$1,382.00
Supplement/Managed Medicare Monthly Rate (SM)						
PLAN	If you are ⇒	Employee Only	Plan Code	Employee & 1 Dependent	Plan Code	Employee & 2+ Dependents
Blue Shield						
Kaiser Out of State		\$371.89	**1	\$743.78	**2	\$1,115.67
PERS Choice		\$325.74	3341	\$651.48	3342	\$977.22
PERS Select						
PERSCare		\$370.43	3391	\$740.86	3392	\$1,111.29
PORAC		\$418.00	2081	\$833.00	2082	\$1,331.00
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
Blue Shield						
Kaiser Out of State		\$1,248.35	**4	\$1,774.23	**5	\$1,269.66
PERS Choice		\$1,079.95	3344	\$1,532.48	3345	\$1,104.01
PERS Select						
PERSCare		\$1,595.10	3394	\$2,329.90	3395	\$1,475.66
PORAC		\$925.00	2084	\$1,219.00	2085	\$1,127.00
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
Blue Shield						
Kaiser Out of State		\$1,248.35	**7	\$1,620.24	**8	\$1,774.23
PERS Choice		\$1,079.95	3347	\$1,405.69	3348	\$1,532.48
PERS Select						
PERSCare		\$1,595.10	3397	\$1,965.53	3398	\$2,329.90
PORAC		\$996.00	2087	\$1,494.00	2088	\$1,290.00

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

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