

Monthly Premiums for Contracting Agencies Bay Area/Sacramento Region

Alameda, Amador, Contra Costa, El Dorado, Marin, Napa, Nevada, Placer, Sacramento,
San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Solano,
Sonoma, Sutter, Yolo, Yuba

Effective Date: 1/1/2008 - 12/31/2008

BASIC MONTHLY RATE (B)

PLAN	If you are ⇨	Employee Only	Plan Code	Employee & 1 Dependent	Plan Code	Employee & 2+ Dependents	Plan Code
Blue Shield		\$532.93	3011	\$1,065.86	3012	\$1,385.62	3013
Blue Shield NetValue		\$478.22	0601	\$956.44	0602	\$1,243.37	0603
Kaiser		\$470.67	3051	\$941.34	3052	\$1,223.74	3053
PERS Choice		\$482.48	3201	\$964.96	3202	\$1,254.45	3203
PERS Select		\$467.18	0721	\$934.36	0722	\$1,214.67	0723
PERSCare		\$749.83	3251	\$1,499.66	3252	\$1,949.56	3253
PORAC		\$452.00	2071	\$847.00	2072	\$1,076.00	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		\$341.44	3111	\$682.88	3112	\$1,024.32	3113
Blue Shield NetValue		\$304.66	0691	\$609.32	0692	\$913.98	0693
Kaiser		\$273.36	3151	\$546.72	3152	\$820.08	3153
PERS Choice		\$349.11	3301	\$698.22	3302	\$1,047.33	3303
PERS Select		\$349.11	0731	\$698.22	0732	\$1,047.33	0733
PERSCare		\$404.60	3351	\$809.20	3352	\$1,213.80	3353
PORAC		\$308.00	2081	\$614.00	2082	\$983.00	2083

Note: Blue Shield NetValue HMO and PERS Select are new high performance physician network plans. Members must complete an HBD 12 during the 2007 Open Enrollment period if they wish to enroll in these plans.

Monthly Premiums for Contracting Agencies Bay Area/Sacramento Region

Alameda, Amador, Contra Costa, El Dorado, Marin, Napa, Nevada, Placer, Sacramento,
San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Solano,
Sonoma, Sutter, Yolo, Yuba

Effective Date: 1/1/2008 - 12/31/2008

COMBINATION MONTHLY RATE

PLAN	If you are ⇨	Employee in SM		Employee in SM		Employee &	
		1 Dependent in B	Plan Code	2+ Dependents in B	Plan Code	1 Dependent in SM 1+Dependents in B	Plan Code
Blue Shield		\$874.37	3114	\$1,194.13	3115	\$1,002.64	3116
Blue Shield NetValue		\$782.88	0694	\$1,069.81	0695	\$896.25	0696
Kaiser		\$744.03	3154	\$1,026.43	3155	\$829.12	3156
PERS Choice		\$831.59	3304	\$1,121.08	3305	\$987.71	3306
PERS Select		\$816.29	0734	\$1,096.60	0735	\$978.53	0736
PERSCare		\$1,154.43	3354	\$1,604.33	3355	\$1,259.10	3356
PORAC		\$703.00	2084	\$932.00	2085	\$843.00	2086

PLAN	If you are ⇨	Employee in B		Employee in B		Employee &	
		1 Dependent in SM	Plan Code	2+ Dependents in SM	Plan Code	1 Dependent in B 1+Dependents in SM	Plan Code
Blue Shield		\$874.37	3117	\$1,215.81	3118	\$1,194.13	3119
Blue Shield NetValue HMO		\$782.88	0697	\$1,087.54	0698	\$1,069.81	0699
Kaiser		\$744.03	3157	\$1,017.39	3158	\$1,026.43	3159
PERS Choice		\$831.59	3307	\$1,180.70	3308	\$1,121.08	3309
PERS Select		\$816.29	0737	\$1,165.40	0738	\$1,096.60	0739
PERSCare		\$1,154.43	3357	\$1,559.03	3358	\$1,604.33	3359
PORAC		\$758.00	2087	\$1,127.00	2088	\$987.00	2089

Note: Blue Shield NetValue HMO and PERS Select are new high performance physician network plans. Members must complete an HBD 12 during the 2007 Open Enrollment period if they wish to enroll in these plans.

Monthly Premiums for Contracting Agencies Los Angeles Area Region Los Angeles, San Bernardino, Ventura

Effective Date: 1/1/2008 - 12/31/2008

BASIC MONTHLY RATE (B)

PLAN	If you are ⇨	Employee Only	Plan Code	Employee & 1 Dependent	Plan Code	Employee & 2+ Dependents	Plan Code
Blue Shield		\$392.01	3021	\$784.02	3022	\$1,019.23	3023
Blue Shield NetValue		\$351.77	0621	\$703.54	0622	\$914.60	0623
Kaiser		\$359.30	3061	\$718.60	3062	\$934.18	3063
PERS Choice		\$449.04	3211	\$898.08	3212	\$1,167.50	3213
PERS Select		\$434.80	0801	\$869.60	0802	\$1,130.48	0803
PERSCare		\$697.87	3261	\$1,395.74	3262	\$1,814.46	3263
PORAC		\$452.00	2071	\$847.00	2072	\$1,076.00	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		\$341.44	3121	\$682.88	3122	\$1,024.32	3123
Blue Shield Net Value		\$304.66	0631	\$609.32	0632	\$913.98	0633
Kaiser		\$273.36	3161	\$546.72	3162	\$820.08	3163
PERS Choice		\$349.11	3311	\$698.22	3312	\$1,047.33	3313
PERS Select		\$349.11	0811	\$698.22	0822	\$1,047.33	0833
PERSCare		\$404.60	3361	\$809.20	3362	\$1,213.80	3363
PORAC		\$308.00	2081	\$614.00	2082	\$983.00	2083

Note: Blue Shield NetValue HMO and PERS Select are new high performance physician network plans. Members must complete an HBD 12 during the 2007 Open Enrollment period if they wish to enroll in these plans.

Monthly Premiums for Contracting Agencies Los Angeles Area Region Los Angeles, San Bernardino, Ventura

Effective Date: 1/1/2008 - 12/31/2008

COMBINATION MONTHLY RATE

PLAN	If you are ⇨	Employee in SM		Employee in SM		Employee &	
		1 Dependent in B	Plan Code	2+ Dependents in B	Plan Code	1 Dependent in SM 1+Dependents in B	Plan Code
Blue Shield		\$733.45	3124	\$968.66	3125	\$918.09	3126
Blue Shield NetValue		\$656.43	0634	\$867.49	0635	\$820.38	0636
Kaiser		\$632.66	3164	\$848.24	3165	\$762.30	3166
PERS Choice		\$798.15	3314	\$1,067.57	3315	\$967.64	3316
PERS Select		\$783.91	0814	\$1,044.79	0815	\$959.10	0816
PERSCare		\$1,102.47	3364	\$1,521.19	3365	\$1,227.92	3366
PORAC		\$703.00	2084	\$932.00	2085	\$843.00	2086

PLAN	If you are ⇨	Employee in B		Employee in B		Employee &	
		1 Dependent in SM	Plan Code	2+ Dependents in SM	Plan Code	1 Dependent in B 1+Dependents in SM	Plan Code
Blue Shield		\$733.45	3127	\$1,074.89	3128	\$968.66	3129
Blue Shield NetValue		\$656.43	0637	\$961.09	0638	\$867.49	0639
Kaiser		\$632.66	3167	\$906.02	3168	\$848.24	3169
PERS Choice		\$798.15	3317	\$1,147.26	3318	\$1,067.57	3319
PERS Select		\$783.91	0817	\$1,133.02	0818	\$1,044.79	0819
PERSCare		\$1,102.47	3367	\$1,507.07	3368	\$1,521.19	3369
PORAC		\$758.00	2087	\$1,127.00	2088	\$987.00	2089

Note: Blue Shield NetValue HMO and PERS Select are new high performance physician network plans. Members must complete an HBD 12 during the 2007 Open Enrollment period if they wish to enroll in these plans.

Monthly Premiums for Contracting Agencies
Other Southern California Region
 Fresno, Imperial, Inyo, Kern, Kings, Madera, Riverside, Orange, San Diego,
 San Luis Obispo, Santa Barbara, Tulare

Effective Date: 1/1/2008 - 12/31/2008

BASIC MONTHLY RATE (B)

PLAN	If you are ⇨	Employee Only	Plan Code	Employee & 1 Dependent	Plan Code	Employee & 2+ Dependents	Plan Code
Blue Shield		\$447.97	3041	\$895.94	3042	\$1,164.72	3043
Blue Shield NetValue		\$401.98	0641	\$803.96	0642	\$1,045.15	0643
Kaiser		\$393.63	3081	\$787.26	3082	\$1,023.44	3083
PERS Choice		\$458.59	3231	\$917.18	3232	\$1,192.33	3233
PERS Select		\$444.05	0821	\$888.10	0822	\$1,154.53	0823
PERSCare		\$712.71	3281	\$1,425.42	3282	\$1,853.05	3283
PORAC		\$452.00	2071	\$847.00	2072	\$1,076.00	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		\$341.44	3141	\$682.88	3142	\$1,024.32	3143
Blue Shield NetValue		\$304.66	0651	\$609.32	0652	\$913.98	0653
Kaiser		\$273.36	3181	\$546.72	3182	\$820.08	3183
PERS Choice		\$349.11	3331	\$698.22	3332	\$1,047.33	3333
PERS Select		\$349.11	0831	\$698.22	0832	\$1,047.33	0833
PERSCare		\$404.60	3381	\$809.20	3382	\$1,213.80	3383
PORAC		\$308.00	2081	\$614.00	2082	\$983.00	2083

Note: Blue Shield NetValue HMO and PERS Select are new high performance physician network plans. Members must complete an HBD 12 during the 2007 Open Enrollment period if they wish to enroll in these plans.

Monthly Premiums for Contracting Agencies
Other Southern California Region
 Fresno, Imperial, Inyo, Kern, Kings, Madera, Riverside, Orange, San Diego,
 San Luis Obispo, Santa Barbara, Tulare

Effective Date: 1/1/2008 - 12/31/2008

COMBINATION MONTHLY RATE

PLAN	If you are ⇒	Employee in SM		Employee in SM		Employee &	
		1 Dependent in B	Plan Code	2+ Dependents in B	Plan Code	1 Dependent in SM	Plan Code
Blue Shield		\$789.41	3144	\$1,058.19	3145	\$951.66	3146
Blue Shield NetValue		\$706.64	0654	\$947.83	0655	\$850.51	0656
Kaiser		\$666.99	3184	\$903.17	3185	\$782.90	3186
PERS Choice		\$807.70	3334	\$1,082.85	3335	\$973.37	3336
PERS Select		\$793.16	0834	\$1,059.59	0835	\$964.65	0836
PERSCare		\$1,117.31	3384	\$1,544.94	3385	\$1,236.83	3386
PORAC		\$703.00	2084	\$932.00	2085	\$843.00	2086

PLAN	If you are ⇒	Employee in B		Employee in B		Employee &	
		1 Dependent in SM	Plan Code	2+ Dependents in SM	Plan Code	1 Dependent in B	Plan Code
Blue Shield		\$789.41	3147	\$1,130.85	3148	\$1,058.19	3149
Blue Shield NetValue		\$706.64	0657	\$1,011.30	0658	\$947.83	0659
Kaiser		\$666.99	3187	\$940.35	3188	\$903.17	3189
PERS Choice		\$807.70	3337	\$1,156.81	3338	\$1,082.85	3339
PERS Select		\$793.16	0837	\$1,142.27	0838	\$1,059.59	0839
PERSCare		\$1,117.31	3387	\$1,521.91	3388	\$1,544.94	3389
PORAC		\$758.00	2087	\$1,127.00	2088	\$987.00	2089

Note: Blue Shield NetValue HMO and PERS Select are new high performance physician network plans. Members must complete an HBD 12 during the 2007 Open Enrollment period if they wish to enroll in these plans.

Monthly Premiums for Contracting Agencies Other Northern California Region

Alpine, 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: 1/1/2008 - 12/31/2008

BASIC MONTHLY RATE (B)

PLAN	If you are ⇨	Employee Only	Plan Code	Employee & 1 Dependent	Plan Code	Employee & 2+ Dependents	Plan Code
Blue Shield		\$540.94	3031	\$1,081.88	3032	\$1,406.44	3033
Kaiser		\$481.14	3071	\$962.28	3072	\$1,250.96	3073
PERS Choice		\$501.59	3221	\$1,003.18	3222	\$1,304.13	3223
PERS Select		\$485.68	0531	\$971.36	0532	\$1,262.77	0533
PERSCare		\$779.53	3271	\$1,559.06	3272	\$2,026.78	3273
PORAC		\$452.00	2071	\$847.00	2072	\$1,076.00	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		\$341.44	3131	\$682.88	3132	\$1,024.32	3133
Kaiser		\$273.36	3171	\$546.72	3172	\$820.08	3173
PERS Choice		\$349.11	3321	\$698.22	3322	\$1,047.33	3323
PERS Select		\$349.11	0541	\$698.22	0542	\$1,047.33	0543
PERSCare		\$404.60	3371	\$809.20	3372	\$1,213.80	3373
PORAC		\$308.00	2081	\$614.00	2082	\$983.00	2083

Note: PERS Select is a new high performance physician network plan. Members must complete an HBD 12 during the 2007 Open Enrollment period if they wish to enroll in this plan.

Blue Shield NetValue is not available in Other Northern California.

Monthly Premiums for Contracting Agencies Other Northern California Region

Alpine, 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: 1/1/2008 - 12/31/2008

COMBINATION MONTHLY RATE

PLAN	If you are ⇨	Employee in SM		Employee in SM		Employee &	
		1 Dependent in B	Plan Code	2+ Dependents in B	Plan Code	1 Dependent in SM	Plan Code
Blue Shield		\$882.38	3134	\$1,206.94	3135	\$1,007.44	3136
Kaiser		\$754.50	3174	\$1,043.18	3175	\$835.40	3176
PERS Choice		\$850.70	3324	\$1,151.65	3325	\$999.17	3326
PERS Select		\$834.79	0544	\$1,126.20	0545	\$989.63	0546
PERSCare		\$1,184.13	3374	\$1,651.85	3375	\$1,276.92	3376
PORAC		\$703.00	2084	\$932.00	2085	\$843.00	2086

PLAN	If you are ⇨	Employee in B		Employee in B		Employee &	
		1 Dependent in SM	Plan Code	2+ Dependents in SM	Plan Code	1 Dependent in B	Plan Code
Blue Shield		\$882.38	3137	\$1,223.82	3138	\$1,206.94	3139
Kaiser		\$754.50	3177	\$1,027.86	3178	\$1,043.18	3179
PERS Choice		\$850.70	3327	\$1,199.81	3328	\$1,151.65	3329
PERS Select		\$834.79	0547	\$1,183.90	0548	\$1,126.20	0549
PERSCare		\$1,184.13	3377	\$1,588.73	3378	\$1,651.85	3379
PORAC		\$758.00	2087	\$1,127.00	2088	\$987.00	2089

Note: PERS Select is a new high performance physician network plan. Members must complete an HBD 12 during the 2007 Open Enrollment period if they wish to enroll in this plan.

Blue Shield NetValue is not available in Other Northern California.

Monthly Premiums for Contracting Agencies Out of State Region

Effective Date: 1/1/2008 - 12/31/2008

BASIC MONTHLY RATE (B)

PLAN	If you are ⇨	Employee Only	Plan Code	Employee & 1 Dependent	Plan Code	Employee & 2+ Dependents	Plan Code
Blue Shield		<i>Not Applicable</i>					
Kaiser Out of State		\$625.52	*1	\$1,251.04	*2	\$1,626.35	*3
PERS Choice		\$525.47	3241	\$1,050.94	3242	\$1,366.22	3243
PERS Select		<i>Not Applicable</i>					
PERSCare		\$816.65	3291	\$1,633.30	3292	\$2,123.29	3293
PORAC		\$452.00	2071	\$847.00	2072	\$1,076.00	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		<i>Not Applicable</i>					
Kaiser Out of State		\$298.67	**1	\$597.34	**2	\$896.01	**3
PERS Choice		\$349.11	3341	\$698.22	3342	\$1,047.33	3343
PERS Select		<i>Not Applicable</i>					
PERSCare		\$404.60	3391	\$809.20	3392	\$1,213.80	3393
PORAC		\$308.00	2081	\$614.00	2082	\$983.00	2083

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

Blue Shield NetValue and PERS Select High Performance Physician Networks are not available Out-of-State.

Monthly Premiums for Contracting Agencies Out of State Region

Effective Date: 1/1/2008 - 12/31/2008

PLAN	If you are ⇒	Employee in SM		Employee in SM		Employee &	
		1 Dependent in B	Plan Code	2+ Dependents in B	Plan Code	1 Dependent in SM 1+Dependents in B	Plan Code
Blue Shield		<i>Not Applicable</i>					
Kaiser Out of State		\$924.19	**4	\$1,299.50	**5	\$972.65	**6
PERS Choice		\$874.58	3344	\$1,189.86	3345	\$1,013.50	3346
PERS Select		<i>Not Applicable</i>					
PERSCare		\$1,221.25	3394	\$1,711.24	3395	\$1,299.19	3396
PORAC		\$703.00	2084	\$932.00	2085	\$843.00	2086

PLAN	If you are ⇒	Employee in B		Employee in B		Employee &	
		1 Dependent in SM	Plan Code	2+ Dependents in SM	Plan Code	1 Dependent in B 1+Dependents in SM	Plan Code
Blue Shield		<i>Not Applicable</i>					
Kaiser Out of State		\$924.19	**7	\$1,222.86	**8	\$1,299.50	**9
PERS Choice		\$874.58	3347	\$1,223.69	3348	\$1,189.86	3349
PERS Select		<i>Not Applicable</i>					
PERSCare		\$1,221.25	3397	\$1,625.85	3398	\$1,711.24	3399
PORAC			2087	\$1,127.00	2088	\$987.00	2089

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

Blue Shield Net Value and PERS Select High Performance Physician Networks are not available Out-of-State.