

Monthly Premiums for Contracting Agencies Sacramento Area Region

Effective Date: 1/1/2011 - 12/31/2011

BASIC MONTHLY RATE (B)

PLAN	If you are ⇨	Employee Only	Plan Code	Employee & 1 Dependent	Plan Code	Employee & 2+ Dependents	Plan Code
Blue Shield		\$609.14	1011	\$1,218.28	1012	\$1,583.76	1013
Blue Shield NetValue		\$541.43	1231	\$1,082.86	1232	\$1,407.72	1233
Kaiser		\$524.51	1031	\$1,049.02	1032	\$1,363.73	1033
PERS Choice		\$524.04	1051	\$1,048.08	1052	\$1,362.50	1053
PERS Select		\$458.27	1251	\$916.54	1252	\$1,191.50	1253
PERSCare		\$831.50	1211	\$1,663.00	1212	\$2,161.90	1213
PORAC		\$527.00	2071	\$987.00	2072	\$1,254.00	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		\$337.88	1101	\$675.76	1102	\$1,013.64	1103
Blue Shield NetValue		\$337.88	1331	\$675.76	1332	\$1,013.64	1333
Kaiser		\$282.30	1131	\$564.60	1132	\$846.90	1133
PERS Choice		\$375.88	1151	\$751.76	1152	\$1,127.64	1153
PERS Select		\$375.88	1351	\$751.76	1352	\$1,127.64	1353
PERSCare		\$433.66	1311	\$867.32	1312	\$1,300.98	1313
PORAC		\$418.00	2081	\$833.00	2082	\$1,331.00	2083

Monthly Premiums for Contracting Agencies Sacramento Area Region

Effective Date: 1/1/2011 - 12/31/2011

COMBINATION MONTHLY RATE

PLAN	If you are ⇔	Employee &					
		Employee in SM 1 Dependent in B	Plan Code	Employee in SM 2+ Dependents in B	Plan Code	1 Dependent in SM 1+Dependents in B	Plan Code
Blue Shield		\$947.02	1104	\$1,312.50	1105	\$1,041.24	1106
Blue Shield NetValue		\$879.31	1334	\$1,204.17	1335	\$1,000.62	1336
Kaiser		\$806.81	1134	\$1,121.52	1135	\$879.31	1136
PERS Choice		\$899.92	1154	\$1,214.34	1155	\$1,066.18	1156
PERS Select		\$834.15	1354	\$1,109.11	1355	\$1,026.72	1356
PERSCare		\$1,265.16	1314	\$1,764.06	1315	\$1,366.22	1316
PORAC		\$878.00	2084	\$1,145.00	2085	\$1,100.00	2086

PLAN	If you are ⇔	Employee &					
		Employee in B 1 Dependent in SM	Plan Code	Employee in B 2+ Dependents in SM	Plan Code	1 Dependent in B 1+Dependents in SM	Plan Code
Blue Shield		\$947.02	1107	\$1,284.90	1108	\$1,312.50	1109
Blue Shield NetValue HMO		\$879.31	1337	\$1,217.19	1338	\$1,204.17	1339
Kaiser		\$806.81	1137	\$1,089.11	1138	\$1,121.52	1139
PERS Choice		\$899.92	1157	\$1,275.80	1158	\$1,214.34	1159
PERS Select		\$834.15	1357	\$1,210.03	1358	\$1,109.11	1359
PERSCare		\$1,265.16	1317	\$1,698.82	1318	\$1,764.06	1319
PORAC		\$942.00	2087	\$1,440.00	2088	\$1,209.00	2089

Monthly Premiums for Contracting Agencies Bay Area Region

Effective Date: 1/1/2011 - 12/31/2011

BASIC MONTHLY RATE (B)

PLAN	If you are ⇨	Employee Only	Plan Code	Employee & 1 Dependent	Plan Code	Employee & 2+ Dependents	Plan Code
Blue Shield		\$675.51	1021	\$1,351.02	1022	\$1,756.33	1023
Blue Shield NetValue		\$581.24	1241	\$1,162.48	1242	\$1,511.22	1243
Kaiser		\$568.99	1041	\$1,137.98	1042	\$1,479.37	1043
PERS Choice		\$563.40	1061	\$1,126.80	1062	\$1,464.84	1063
PERS Select		\$492.68	1261	\$985.36	1262	\$1,280.97	1263
PERSCare		\$893.95	1221	\$1,787.90	1222	\$2,324.27	1223
PORAC		\$527.00	2071	\$987.00	2072	\$1,254.00	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		\$337.88	1121	\$675.76	1122	\$1,013.64	1123
Blue Shield NetValue		\$337.88	1341	\$675.76	1342	\$1,013.64	1343
Kaiser		\$282.30	1141	\$564.60	1142	\$846.90	1143
PERS Choice		\$375.88	1161	\$751.76	1162	\$1,127.64	1163
PERS Select		\$375.88	1361	\$751.76	1362	\$1,127.64	1363
PERSCare		\$433.66	1321	\$867.32	1322	\$1,300.98	1323
PORAC		\$418.00	2081	\$833.00	2082	\$1,331.00	2083

Monthly Premiums for Contracting Agencies Bay Area Region

Effective Date: 1/1/2011 - 12/31/2011

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		\$1,013.39	1124	\$1,418.70	1125	\$1,081.07	1126
Blue Shield NetValue		\$919.12	1344	\$1,267.86	1345	\$1,024.50	1346
Kaiser		\$851.29	1144	\$1,192.68	1145	\$905.99	1146
PERS Choice		\$939.28	1164	\$1,277.32	1165	\$1,089.80	1166
PERS Select		\$868.56	1364	\$1,164.17	1365	\$1,047.37	1366
PERSCare		\$1,327.61	1324	\$1,863.98	1325	\$1,403.69	1326
PORAC		\$878.00	2084	\$1,145.00	2085	\$1,100.00	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		\$1,013.39	1127	\$1,351.27	1128	\$1,418.70	1129
Blue Shield NetValue HMO		\$919.12	1347	\$1,257.00	1348	\$1,267.86	1349
Kaiser		\$851.29	1147	\$1,133.59	1148	\$1,192.68	1149
PERS Choice		\$939.28	1167	\$1,315.16	1168	\$1,277.32	1169
PERS Select		\$868.56	1367	\$1,244.44	1368	\$1,164.17	1369
PERSCare		\$1,327.61	1327	\$1,761.27	1328	\$1,863.98	1329
PORAC		\$942.00	2087	\$1,440.00	2088	\$1,209.00	2089

Monthly Premiums for Contracting Agencies

Los Angeles Area Region

Los Angeles, San Bernardino, Ventura

Effective Date: 1/1/2011 - 12/31/2011

BASIC MONTHLY RATE (B)

PLAN	If you are ⇄	Employee Only	Plan Code	Employee & 1 Dependent	Plan Code	Employee & 2+ Dependents	Plan Code
Blue Shield		\$496.93	3021	\$993.86	3022	\$1,292.02	3023
Blue Shield Advantage		\$496.93	1441	\$993.86	1442	\$1,292.02	1443
Blue Shield NetValue		\$427.58	0621	\$855.16	0622	\$1,111.71	0623
Blue Shield NetValue Advantage		\$427.58	1451	\$855.16	1452	\$1,111.71	1453
Kaiser		\$434.00	3061	\$868.00	3062	\$1,128.40	3063
PERS Choice		\$496.15	3211	\$992.30	3212	\$1,289.99	3213
PERS Select		\$433.87	0801	\$867.74	0802	\$1,128.06	0803
PERSCare		\$787.24	3261	\$1,574.48	3262	\$2,046.82	3263
PORAC		\$527.00	2071	\$987.00	2072	\$1,254.00	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		\$337.88	3121	\$675.76	3122	\$1,013.64	3123
Blue Shield Advantage		\$337.88	1541	\$675.76	1542	\$1,013.64	1543
Blue Shield Net Value		\$337.88	0631	\$675.76	0632	\$1,013.64	0633
Blue Shield NetValue Advantage		\$337.88	1551	\$675.76	1552	\$1,013.64	1553
Kaiser		\$282.30	3161	\$564.60	3162	\$846.90	3163
PERS Choice		\$375.88	3311	\$751.76	3312	\$1,127.64	3313
PERS Select		\$375.88	0811	\$751.76	0812	\$1,127.64	0813
PERSCare		\$433.66	3361	\$867.32	3362	\$1,300.98	3363
PORAC		\$418.00	2081	\$833.00	2082	\$1,331.00	2083

Monthly Premiums for Contracting Agencies

Los Angeles Area Region

Los Angeles, San Bernardino, Ventura

Effective Date: 1/1/2011 - 12/31/2011

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		\$834.81	3124	\$1,132.97	3125	\$973.92	3126
Blue Shield Advantage		\$834.81	1544	\$1,132.97	1545	\$973.92	1546
Blue Shield NetValue		\$765.46	0634	\$1,022.01	0635	\$932.31	0636
Blue Shield NetValue Advantage		\$765.46	1554	\$1,022.01	1555	\$932.31	1556
Kaiser		\$716.30	3164	\$976.70	3165	\$825.00	3166
PERS Choice		\$872.03	3314	\$1,169.72	3315	\$1,049.45	3316
PERS Select		\$809.75	0814	\$1,070.07	0815	\$1,012.08	0816
PERSCare		\$1,220.90	3364	\$1,693.24	3365	\$1,339.66	3366
PORAC		\$878.00	2084	\$1,145.00	2085	\$1,100.00	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		\$834.81	3127	\$1,172.69	3128	\$1,132.97	3129
Blue Shield Advantage		\$834.81	1547	\$1,172.69	1548	\$1,132.97	1549
Blue Shield NetValue		\$765.46	0637	\$1,103.34	0638	\$1,022.01	0639
Blue Shield NetValue Advantage		\$765.46	1557	\$1,103.34	1558	\$1,022.01	1559
Kaiser		\$716.30	3167	\$998.60	3168	\$976.70	3169
PERS Choice		\$872.03	3317	\$1,247.91	3318	\$1,169.72	3319
PERS Select		\$809.75	0817	\$1,185.63	0818	\$1,070.07	0819
PERSCare		\$1,220.90	3367	\$1,654.56	3368	\$1,693.24	3369
PORAC		\$942.00	2087	\$1,440.00	2088	\$1,209.00	2089

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: 1/1/2011 - 12/31/2011

BASIC MONTHLY RATE (B)

PLAN	If you are ⇨	Employee Only	Plan Code	Employee & 1 Dependent	Plan Code	Employee & 2+ Dependents	Plan Code
Blue Shield		\$567.87	3041	\$1,135.74	3042	\$1,476.46	3043
Blue Shield Advantage		\$567.87	1421	\$1,135.74	1422	\$1,476.46	1423
Blue Shield NetValue		\$488.62	0641	\$977.24	0642	\$1,270.41	0643
Blue Shield NetValue Advantage		\$488.62	1431	\$977.24	1432	\$1,270.41	1433
Kaiser		\$477.95	3081	\$955.90	3082	\$1,242.67	3083
PERS Choice		\$516.28	3231	\$1,032.56	3232	\$1,342.33	3233
PERS Select		\$451.48	0821	\$902.96	0822	\$1,173.85	0823
PERSCare		\$819.18	3281	\$1,638.36	3282	\$2,129.87	3283
PORAC		\$527.00	2071	\$987.00	2072	\$1,254.00	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		\$337.88	3141	\$675.76	3142	\$1,013.64	3143
Blue Shield Advantage		\$337.88	1521	\$675.76	1522	\$1,013.64	1523
Blue Shield NetValue		\$337.88	0651	\$675.76	0652	\$1,013.64	0653
Blue Shield NetValue Advantage		\$337.88	1531	\$675.76	1532	\$1,013.64	1533
Kaiser		\$282.30	3181	\$564.60	3182	\$846.90	3183
PERS Choice		\$375.88	3331	\$751.76	3332	\$1,127.64	3333
PERS Select		\$375.88	0831	\$751.76	0832	\$1,127.64	0833
PERSCare		\$433.66	3381	\$867.32	3382	\$1,300.98	3383
PORAC		\$418.00	2081	\$833.00	2082	\$1,331.00	2083

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: 1/1/2011 - 12/31/2011

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		\$905.75	3144	\$1,246.47	3145	\$1,016.48	3146
Blue Shield Advantage		\$905.75	1524	\$1,246.47	1525	\$1,016.48	1526
Blue Shield NetValue		\$826.50	0654	\$1,119.67	0655	\$968.93	0656
Blue Shield NetValue Advantage		\$826.50	1534	\$1,119.67	1535	\$968.93	1536
Kaiser		\$760.25	3184	\$1,047.02	3185	\$851.37	3186
PERS Choice		\$892.16	3334	\$1,201.93	3335	\$1,061.53	3336
PERS Select		\$827.36	0834	\$1,098.25	0835	\$1,022.65	0836
PERSCare		\$1,252.84	3384	\$1,744.35	3385	\$1,358.83	3386
PORAC		\$878.00	2084	\$1,145.00	2085	\$1,100.00	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		\$905.75	3147	\$1,243.63	3148	\$1,246.47	3149
Blue Shield Advantage		\$905.75	1527	\$1,243.63	1528	\$1,246.47	1529
Blue Shield NetValue		\$826.50	0657	\$1,164.38	0658	\$1,119.67	0659
Blue Shield NetValue Advantage		\$826.50	1537	\$1,164.38	1538	\$1,119.67	1539
Kaiser		\$760.25	3187	\$1,042.55	3188	\$1,047.02	3189
PERS Choice		\$892.16	3337	\$1,268.04	3338	\$1,201.93	3339
PERS Select		\$827.36	0837	\$1,203.24	0838	\$1,098.25	0839
PERSCare		\$1,252.84	3387	\$1,686.50	3388	\$1,744.35	3389
PORAC		\$942.00	2087	\$1,440.00	2088	\$1,209.00	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: 1/1/2011 - 12/31/2011

BASIC MONTHLY RATE (B)

PLAN	If you are ⇨	Employee Only	Plan Code	Employee & 1 Dependent	Plan Code	Employee & 2+ Dependents	Plan Code
Blue Shield		\$685.67	3031	\$1,371.34	3032	\$1,782.74	3033
Kaiser		\$574.32	3071	\$1,148.64	3072	\$1,493.23	3073
PERS Choice		\$548.78	3221	\$1,097.56	3222	\$1,426.83	3223
PERS Select		\$479.90	0531	\$959.80	0532	\$1,247.74	0533
PERSCare		\$870.76	3271	\$1,741.52	3272	\$2,263.98	3273
PORAC		\$527.00	2071	\$987.00	2072	\$1,254.00	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		\$337.88	3131	\$675.76	3132	\$1,013.64	3133
Kaiser		\$282.30	3171	\$564.60	3172	\$846.90	3173
PERS Choice		\$375.88	3321	\$751.76	3322	\$1,127.64	3323
PERS Select		\$375.88	0541	\$751.76	0542	\$1,127.64	0543
PERSCare		\$433.66	3371	\$867.32	3372	\$1,300.98	3373
PORAC		\$418.00	2081	\$833.00	2082	\$1,331.00	2083

Blue Shield NetValue is not available in Other Northern California.

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: 1/1/2011 - 12/31/2011

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		\$1,023.55	3134	\$1,434.95	3135	\$1,087.16	3136
Kaiser		\$856.62	3174	\$1,201.21	3175	\$909.19	3176
PERS Choice		\$924.66	3324	\$1,253.93	3325	\$1,081.03	3326
PERS Select		\$855.78	0544	\$1,143.72	0545	\$1,039.70	0546
PERSCare		\$1,304.42	3374	\$1,826.88	3375	\$1,389.78	3376
PORAC		\$878.00	2084	\$1,145.00	2085	\$1,100.00	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		\$1,023.55	3137	\$1,361.43	3138	\$1,434.95	3139
Kaiser		\$856.62	3177	\$1,138.92	3178	\$1,201.21	3179
PERS Choice		\$924.66	3327	\$1,300.54	3328	\$1,253.93	3329
PERS Select		\$855.78	0547	\$1,231.66	0548	\$1,143.72	0549
PERSCare		\$1,304.42	3377	\$1,738.08	3378	\$1,826.88	3379
PORAC		\$942.00	2087	\$1,440.00	2088	\$1,209.00	2089

Blue Shield NetValue is not available in Other Northern California.

Monthly Premiums for Contracting Agencies Out of State Region

Effective Date: 1/1/2011 - 12/31/2011

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		\$785.28	*1	\$1,570.56	*2	\$2,041.73	*3
PERS Choice		\$636.97	3241	\$1,273.94	3242	\$1,656.12	3243
PERS Select				<i>Not Applicable</i>			
PERSCare		\$1,010.68	3291	\$2,021.36	3292	\$2,627.77	3293
PORAC		\$527.00	2071	\$987.00	2072	\$1,254.00	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		\$354.81	**1	\$709.62	**2	\$1,064.43	**3
PERS Choice		\$375.88	3341	\$751.76	3342	\$1,127.64	3343
PERS Select				<i>Not Applicable</i>			
PERSCare		\$433.66	3391	\$867.32	3392	\$1,300.98	3393
PORAC		\$418.00	2081	\$833.00	2082	\$1,331.00	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: 1/1/2011 - 12/31/2011

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		\$1,140.09	**4	\$1,611.26	**5	\$1,180.79	**6
PERS Choice		\$1,012.85	3344	\$1,395.03	3345	\$1,133.94	3346
PERS Select		<i>Not Applicable</i>					
PERSCare		\$1,444.34	3394	\$2,050.75	3395	\$1,473.73	3396
PORAC		\$878.00	2084	\$1,145.00	2085	\$1,100.00	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		\$1,140.09	**7	\$1,494.90	**8	\$1,611.26	**9
PERS Choice		\$1,012.85	3347	\$1,388.73	3348	\$1,395.03	3349
PERS Select		<i>Not Applicable</i>					
PERSCare		\$1,444.34	3397	\$1,878.00	3398	\$2,050.75	3399
PORAC		\$942.00	2087	\$1,440.00	2088	\$1,209.00	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.