

## Monthly Premiums for Contracting Agencies Out of State Region

Effective Date: 1/1/2015 - 12/31/2015							
Basic Monthly Rate (B)							
PLAN	If you are <input type="checkbox"/>	Employee Only	Plan code	Employee &1 Dependent	Plan Code	Employee &2+ Dependents	Plan Code
Kaiser (out-of-state)		\$922.78	*1	\$1,845.56	*2	\$2,399.23	*3
PERS Choice		653.58	3241	1,307.16	3242	1,699.31	3243
PERSCare		722.74	3291	1,445.48	3292	1,879.12	3293
PORAC		675.00	2071	1,292.00	2072	1,642.00	2073
Supplement/Managed Medicare Monthly Rate (SM)							
PLAN	If you are <input type="checkbox"/>	Employee Only	Plan Code	Employee &1 Dependent	Plan Code	Employee &2+ Dependents	Plan Code
Kaiser (out-of-state)		\$390.47	**1	\$780.94	**2	\$1,171.41	**3
PERS Choice		339.47	3341	678.94	3342	1,018.41	3343
PERSCare		368.76	3391	737.52	3392	1,106.28	3393
PORAC		402.00	2081	802.00	2082	1,281.00	2083
Combination Monthly Rate							
PLAN	If you are <input type="checkbox"/>	Employee in SM1 Dependent in B	Plan Code	Employee in SM2+ Dependents in B	Plan Code	Employee &1 Dependent in B SM1+ Dependents in B	Plan Code
Kaiser (out-of-state)		\$1,313.25	**4	\$1,866.92	**5	\$1,334.61	**6
PERS Choice		993.05	3344	1,385.20	3345	1,071.09	3346
PERSCare		1,091.50	3394	1,525.14	3395	1,171.16	3396
PORAC		1,019.00	2084	1,369.00	2085	1,152.00	2086
PLAN	If you are <input type="checkbox"/>	Employee in B1 Dependent in SM	Plan Code	Employee in B2+ Dependents in SM	Plan Code	Employee &1 Dependent in B 1+ Dependents in SM	Plan Code
Kaiser (out-of-state)		\$1,313.25	**7	\$1,703.72	**8	\$1,866.92	**9
PERS Choice		993.05	3347	1,332.52	3348	1,385.20	3349
PERSCare		1,091.50	3397	1,460.26	3398	1,525.14	3399
PORAC		1,075.00	2087	1,554.00	2088	1,425.00	2089
Kaiser Out-of-State		*Basic	**Supplement/Managed	Kaiser Out-of-State		*Basic	**Supplement/Managed
Colorado		252	253	Mid-Atlantic		265	261
Georgia		245	249	Northwest		219	269
Hawaii		270	214	Ohio		262	263