

**CITY OF RIVERSIDE
2022 RETIREE RATESHEETS
HEALTH, VISION and DENTAL**

2022 KAISER - RETIREE RATES				
PROVIDER/COVERAGE CATEGORY	MONTHLY MEDICAL PREMIUM	MONTHLY VISION PREMIUM	TOTAL (RAW) MONTHLY PREMIUM	TOTAL MONTHLY PREMIUM
Kaiser Permanente HMO 15 RETIREE Under 65 \$15 DOV Plan				
Single	\$620.68	\$6.74	\$627.42	\$631.42
2-Party	\$1,253.78	\$9.64	\$1,263.42	\$1,267.42
Family	\$1,675.86	\$17.26	\$1,693.12	\$1,697.12
Kaiser Permanente HMO 30 RETIREE Under 65 \$30 DOV Plan				
Single	\$562.26	\$6.74	\$569.00	\$573.00
2-Party	\$1,135.74	\$9.64	\$1,145.38	\$1,149.38
Family	\$1,518.08	\$17.26	\$1,535.34	\$1,539.34
Kaiser Permanente HMO 10 - 65+ RETIREE \$10				
Subscriber (M)	\$181.26	\$6.74	\$188.00	\$192.00
Subscriber (M) + Spouse (M)	\$362.58	\$9.64	\$372.22	\$376.22
Subscriber (M) + Spouse (NM<65)	\$814.36	\$9.64	\$824.00	\$828.00
Subscriber (M) + Spouse (NM >65)	\$1,556.90	\$9.64	\$1,566.54	\$1,570.54
Subscriber (NM<65) + Spouse (M)	\$802.00	\$9.64	\$811.64	\$815.64
Subscriber (NM+65) + Spouse (NM<65)	\$2,008.74			
Subscriber (M) + Spouse (M) + Child (NM)	\$784.66	\$17.26	\$801.92	\$805.92
Subscriber (M) + Spouse (NM<65) + Child (NM)	\$1,236.44	\$17.26	\$1,253.70	\$1,257.70
Subscriber (NM<65) + Spouse (M) + Child (NM)	\$1,224.08	\$17.26	\$1,241.34	\$1,245.34
Subscriber (NM<65) + Spouse (NM+65)	\$1,996.32	\$9.64	\$2,005.96	\$2,009.96
Subscriber (NM +65)	\$1,375.64	\$7.74	\$1,383.38	\$1,387.38
Subscriber (NM+65) + Spouse (NM+65)	\$2,751.28	\$9.64	\$2,760.92	\$2,764.92
Subscriber (NM+65) + Spouse (NM+65) + Child (NM)	\$3,173.36	\$17.26	\$3,190.62	\$3,194.62
Subscriber (Part A Only +65)	\$1,062.62	\$6.74	\$1,069.36	\$1,073.36
Kaiser Permanente HMO 15 - 65+ RETIREE \$15				
Subscriber (M)	\$143.76	\$6.74	\$150.50	\$154.50
Subscriber (M) + Spouse (M)	\$287.52	\$9.64	\$297.16	\$301.16
Subscriber (M) + Spouse (NM<65)	\$717.24	\$9.64	\$726.88	\$730.88
Subscriber (M) + Spouse (NM >65)	\$1,482.82	\$9.64	\$1,492.46	\$1,496.46
Subscriber (NM<65) + Spouse (M)	\$706.02	\$9.64	\$715.66	\$719.66
Subscriber (NM+65) + Spouse (NM<65)	\$2,678.12			
Subscriber (M) + Spouse (M) + Child (NM)	\$669.86	\$17.26	\$687.12	\$691.12
Subscriber (M) + Spouse (NM<65) + Child (NM)	\$1,099.58	\$17.26	\$1,116.84	\$1,120.84
Subscriber (NM<65) + Spouse (M) + Child (NM)	\$1,088.32	\$17.26	\$1,105.58	\$1,109.58
Subscriber (NM<65) + Spouse (NM+65)	\$1,901.32	\$9.64	\$1,910.96	\$1,914.96
Subscriber (NM+65)	\$1,339.06	\$7.74	\$1,346.80	\$1,350.80
Subscriber (NM+65) + Spouse (NM+65)	\$2,678.12	\$9.64	\$2,687.76	\$2,691.76
Subscriber (NM+65) + Spouse (NM+65) + Child (NM)	\$3,060.46	\$17.26	\$3,077.72	\$3,081.72
Subscriber (Part A Only +65)	\$1,026.04	\$6.74	\$1,032.78	\$1,036.78

RATES ARE SUBJECT TO CHANGE

*Includes \$4.00 Administrative Fee

**M=Medicare Enrollee, NM=No Medicare

2022 BLUE SHIELD - RETIREE RATES

PROVIDER/COVERAGE CATEGORY	MONTHLY MEDICAL PREMIUM	MONTHLY VISION PREMIUM	TOTAL (RAW) MONTHLY PREMIUM	TOTAL MONTHLY PREMIUM*
Blue Shield HMO 15 RETIREES - UNDER 65				
Single	\$801.78	\$6.74	\$808.52	\$812.52
2-Party	\$1,622.86	\$9.64	\$1,632.50	\$1,636.50
Family	\$2,241.50	\$17.26	\$2,258.76	\$2,262.76
Blue Shield HMO 20 RETIREES - UNDER 65				
Single	\$679.46	\$6.74	\$686.20	\$690.20
2-Party	\$1,374.80	\$9.64	\$1,384.44	\$1,388.44
Family	\$1,898.06	\$17.26	\$1,915.32	\$1,919.32
Blue Shield TRIO HMO 20 RETIREES - UNDER 65				
Single	\$585.36	\$6.74	\$592.10	\$596.10
2-Party	\$1,184.36	\$9.64	\$1,194.00	\$1,198.00
Family	\$1,635.16	\$17.26	\$1,652.42	\$1,656.42
Blue Shield PPO RETIREES - UNDER 65				
Single	\$1,192.80	\$6.74	\$1,199.54	\$1,203.54
2-Party	\$2,385.82	\$9.64	\$2,395.46	\$2,399.46
Family	\$3,042.80	\$17.26	\$3,060.06	\$3,064.06
Blue Shield HMO 15 RETIREES - with Medicare A&B				
Single	\$867.18	\$6.74	\$873.92	\$877.92
2-Party	\$1,755.28	\$9.64	\$1,764.92	\$1,768.92
Family	\$2,424.38	\$17.26	\$2,441.64	\$2,445.64
Blue Shield HMO 15 RETIREES - without Medicare A&B				
Single	\$1,350.46	\$6.74	\$1,357.20	\$1,361.20
2-Party	\$2,733.28	\$9.64	\$2,742.92	\$2,746.92
Family	\$3,774.80	\$17.26	\$3,792.06	\$3,796.06
Blue Shield HMO 20 RETIREES - with Medicare A&B				
Single	\$731.84	\$6.74	\$738.58	\$742.58
2-Party	\$1,480.64	\$9.64	\$1,490.28	\$1,494.28
Family	\$2,044.28	\$17.26	\$2,061.54	\$2,065.54
Blue Shield HMO 20 RETIREES - without Medicare A&B				
Single	\$1,179.54	\$6.74	\$1,186.28	\$1,190.28
2-Party	\$2,386.40	\$9.64	\$2,396.04	\$2,400.04
Family	\$3,294.94	\$17.26	\$3,312.20	\$3,316.20
Blue Shield TRIO HMO 20 RETIREES - with Medicare A&B				
Single	\$630.48	\$6.74	\$637.22	\$641.22
2-Party	\$1,275.56	\$9.64	\$1,285.20	\$1,289.20
Family	\$1,761.12	\$17.26	\$1,778.38	\$1,782.38
Blue Shield TRIO HMO20 RETIREES - without Medicare A&B				
Single	\$1,016.16	\$6.74	\$1,022.90	\$1,026.90
2-Party	\$2,055.86	\$9.64	\$2,065.50	\$2,069.50
Family	\$2,838.54	\$17.26	\$2,855.80	\$2,859.80
Blue Shield PPO RETIREE with Med A&B or Blue Card Out-of-State w/Med A&B				
Single	\$1,469.08	\$6.74	\$1,475.82	\$1,479.82
2-Party	\$2,938.38	\$9.64	\$2,948.02	\$2,952.02
Family	\$3,747.52	\$17.26	\$3,764.78	\$3,768.78
Blue Shield PPO RETIREE without Med A&B or Blue Card Out-of-State w/Med A&B				
Single	\$1,931.20	\$6.74	\$1,937.94	\$1,941.94
2-Party	\$3,862.78	\$9.64	\$3,872.42	\$3,876.42
Family	\$4,926.44	\$17.26	\$4,943.70	\$4,947.70

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**CITY OF RIVERSIDE
RETIREE RATE SHEETS
HEALTH, VISION and DENTAL**

2022 Dental Rate Sheets				
PROVIDER/COVERAGE CATEGORY	MONTHLY MEDICAL PREMIUM	MONTHLY VISION PREMIUM	TOTAL (RAW) MONTHLY PREMIUM	TOTAL MONTHLY PREMIUM*
Delta Dental PPO RETIREE				
Single	69.03	N/A	\$69.03	\$73.03
2-Party	125.27	N/A	\$125.27	\$129.27
Family	176.39	N/A	\$176.39	\$180.39
Delta Care USA Dental PMI/DHMO RETIREE				
Single	21.24	N/A	\$21.24	\$25.24
2-Party	32.18	N/A	\$32.18	\$36.18
Family	47.92	N/A	\$47.92	\$51.92
Local Advantage Dental Plan RETIREE				
Single	69.03	N/A	\$69.03	\$73.03
2-Party	125.27	N/A	\$125.27	\$129.27
Family	176.39	N/A	\$176.39	\$180.39

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