

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

**2024 KAISER - RETIREE RATES**

PROVIDER/COVERAGE CATEGORY	MONTHLY MEDICAL PREMIUM	MONTHLY VISION PREMIUM	TOTAL (RAW) MONTHLY PREMIUM	TOTAL MONTHLY PREMIUM
<b>Kaiser Permanente STANDARD RETIREE Under 65 \$15 DOV Plan</b>				
Single	\$800.78	\$6.74	\$807.52	\$811.52
2-Party	\$1,617.56	\$9.64	\$1,627.20	\$1,631.20
Family	\$2,162.08	\$17.26	\$2,179.34	\$2,183.34
<b>Kaiser Permanente VALUE RETIREE Under 65 \$30 DOV Plan</b>				
Single	\$726.26	\$6.74	\$733.00	\$737.00
2-Party	\$1,467.04	\$9.64	\$1,476.68	\$1,480.68
Family	\$1,960.90	\$17.26	\$1,978.16	\$1,982.16
<b>Kaiser Permanente STANDARD 65+ RETIREE \$10</b>				
Subscriber (M)	\$183.82	\$6.74	\$190.56	\$194.56
Subscriber (M) + Spouse (M)	\$367.70	\$9.64	\$377.34	\$381.34
Subscriber (M) + Spouse (NM<65)	\$1,000.60	\$9.64	\$1,010.24	\$1,014.24
Subscriber (M) + Spouse (NM >65)	\$1,682.86	\$9.64	\$1,692.50	\$1,696.50
Subscriber (NM<65) + Spouse (M)	\$984.66	\$9.64	\$994.30	\$998.30
Subscriber (NM+65) + Spouse (NM<65)	\$2,315.82	\$9.64	\$2,325.46	\$2,329.46
Subscriber (M) + Spouse (M) + Child (NM)	\$912.22	\$17.26	\$929.48	\$933.48
Subscriber (M) + Spouse (NM<65) + Child (NM)	\$1,545.12	\$17.26	\$1,562.38	\$1,566.38
Subscriber (NM<65) + Spouse (M) + Child (NM)	\$1,529.18	\$17.26	\$1,546.44	\$1,550.44
Subscriber (NM<65) + Spouse (NM+65)	\$2,299.82	\$9.64	\$2,309.46	\$2,313.46
Subscriber (NM +65)	\$1,499.04	\$7.74	\$1,506.78	\$1,510.78
Subscriber (NM+65) + Spouse (NM+65)	\$2,998.08	\$9.64	\$3,007.72	\$3,011.72
Subscriber (NM+65) + Spouse (NM+65) + Child (NM)	\$3,542.60	\$17.26	\$3,559.86	\$3,563.86
Subscriber (Part A Only +65)	\$1,186.40	\$6.74	\$1,193.14	\$1,197.14
<b>Kaiser Permanente VALUE 65+ RETIREE \$15</b>				
Subscriber (M)	\$145.18	\$6.74	\$151.92	\$155.92
Subscriber (M) + Spouse (M)	\$290.36	\$9.64	\$300.00	\$304.00
Subscriber (M) + Spouse (NM<65)	\$855.96	\$9.64	\$865.60	\$869.60
Subscriber (M) + Spouse (NM >65)	\$1,601.10	\$9.64	\$1,610.74	\$1,614.74
Subscriber (NM<65) + Spouse (M)	\$871.44	\$9.64	\$881.08	\$885.08
Subscriber (NM+65) + Spouse (NM<65)	\$2,196.70	\$9.64	\$2,206.34	\$2,210.34
Subscriber (M) + Spouse (M) + Child (NM)	\$784.22	\$17.26	\$801.48	\$805.48
Subscriber (M) + Spouse (NM<65) + Child (NM)	\$1,379.82	\$17.26	\$1,397.08	\$1,401.08
Subscriber (NM<65) + Spouse (M) + Child (NM)	\$1,365.30	\$17.26	\$1,382.56	\$1,386.56
Subscriber (NM<65) + Spouse (NM+65)	\$2,182.18	\$9.64	\$2,191.82	\$2,195.82
Subscriber (NM+65)	\$1,455.92	\$7.74	\$1,463.66	\$1,467.66
Subscriber (NM+65) + Spouse (NM+65)	\$2,911.84	\$9.64	\$2,921.48	\$2,925.48
Subscriber (NM+65) + Spouse (NM+65) + Child (NM)	\$3,405.70	\$17.26	\$3,422.96	\$3,426.96
Subscriber (Part A Only +65)	\$1,142.90	\$6.74	\$1,149.64	\$1,153.64

RATES ARE SUBJECT TO CHANGE

\*Total Premium includes \$4.00 Administrative Fee

\*\*M=Medicare Enrollee; NM= No Medicare

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**2024 BLUE SHIELD - RETIREE RATES**

PROVIDER/COVERAGE CATEGORY	MONTHLY MEDICAL PREMIUM	MONTHLY VISION PREMIUM	TOTAL (RAW) MONTHLY PREMIUM	TOTAL MONTHLY PREMIUM
<b>Blue Shield (HMO 15) Under 65 \$15 Plan</b>				
Single	\$869.88	\$6.74	\$876.62	\$880.62
2-Party	\$1,760.74	\$9.64	\$1,770.38	\$1,774.38
Family	\$2,431.96	\$17.26	\$2,449.22	\$2,453.22
<b>Blue Shield (HMO 20) Under 65 \$20 Plan</b>				
Single	\$737.20	\$6.74	\$743.94	\$747.94
2-Party	\$1,491.60	\$9.64	\$1,501.24	\$1,505.24
Family	\$2,059.34	\$17.26	\$2,076.60	\$2,080.60
<b>Blue Shield (Trio HMO 20) Under 65 \$20 Plan</b>				
Single	\$635.08	\$6.74	\$641.82	\$645.82
2-Party	\$1,285.00	\$9.64	\$1,294.64	\$1,298.64
Family	\$1,774.08	\$17.26	\$1,791.34	\$1,795.34
<b>Blue Shield (PPO) Under 65 Plan</b>				
Single	\$1,352.86	\$6.74	\$1,359.60	\$1,363.60
2-Party	\$2,705.98	\$9.64	\$2,715.62	\$2,719.62
Family	\$3,451.14	\$17.26	\$3,468.40	\$3,472.40
<b>Blue Shield (HMO 15) 65+ \$15 Plan - with Medicare A&amp;B</b>				
Single	\$940.84	\$6.74	\$947.58	\$951.58
2-Party	\$1,904.44	\$9.64	\$1,914.08	\$1,918.08
Family	\$2,630.40	\$9.64	\$2,640.04	\$2,644.04
<b>Blue Shield (HMO 15) 65+ \$15 Plan - without Medicare A&amp;B</b>			\$0.00	
Single	\$1,465.20	\$6.74	\$1,471.94	\$1,475.94
2-Party	\$2,965.54	\$9.64	\$2,975.18	\$2,979.18
Family	\$4,095.56	\$9.64	\$4,105.20	\$4,109.20
<b>Blue Shield (HMO 20) 65+ \$20 Plan - with Medicare A&amp;B</b>				
Single	\$794.00	\$6.74	\$800.74	\$804.74
2-Party	\$1,606.44	\$9.64	\$1,616.08	\$1,620.08
Family	\$2,218.00	\$9.64	\$2,227.64	\$2,231.64
<b>Blue Shield (HMO 20) 65+ \$20 Plan - without Medicare A&amp;B</b>				
Single	\$1,279.76	\$6.74	\$1,286.50	\$1,290.50
2-Party	\$2,589.18	\$9.64	\$2,598.82	\$2,602.82
Family	\$3,574.94	\$9.64	\$3,584.58	\$3,588.58
<b>Blue Shield (Trio HMO 20) 65+ \$20 Plan - with Medicare A&amp;B</b>				
Single	\$684.02	\$6.74	\$690.76	\$694.76
2-Party	\$1,383.96	\$9.64	\$1,393.60	\$1,397.60
Family	\$1,910.78	\$9.64	\$1,920.42	\$1,924.42
<b>Blue Shield (Trio HMO 20) 65+ \$20 Plan - without Medicare A&amp;B</b>				
Single	\$1,102.50	\$6.74	\$1,109.24	\$1,113.24
2-Party	\$2,230.56	\$9.64	\$2,240.20	\$2,244.20
Family	\$3,079.74	\$9.64	\$3,089.38	\$3,093.38
<b>Blue Shield (PPO) 65+ Plan - with Medicare A&amp;B</b>				
Single	\$1,666.20	\$6.74	\$1,672.94	\$1,676.94
2-Party	\$3,332.68	\$9.64	\$3,342.32	\$3,346.32
Family	\$4,250.42	\$9.64	\$4,260.06	\$4,264.06
<b>Blue Shield (PPO) 65+ Plan - without Medicare A&amp;B</b>				
Single	\$2,190.36	\$6.74	\$2,197.10	\$2,201.10
2-Party	\$4,381.16	\$9.64	\$4,390.80	\$4,394.80
Family	\$5,587.54	\$9.64	\$5,597.18	\$5,601.18

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## 2024 Dental Rate Sheet

<b>Delta Dental PPO RETIREE</b>	<b>MONTHLY DENTAL PREMIUM</b>	<b>TOTAL MONTHLY PREMIUM*</b>
Single	\$69.03	\$73.03
2-Party	\$125.27	\$129.27
Family	\$176.39	\$180.39
<b>DeltaCare USA Dental PMI/DHMO RETIREE</b>		
Single	\$21.24	\$25.24
2-Party	\$32.18	\$36.18
Family	\$47.92	\$51.92
<b>Local Advantage Dental Plan RETIREE</b>		
Single	\$69.03	\$73.03
2-Party	\$125.27	\$129.27
Family	\$176.39	\$180.39

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