

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

2021 KAISER - RETIREE RATES				
PROVIDER/COVERAGE CATEGORY	MONTHLY MEDICAL PREMIUM	MONTHLY VISION PREMIUM	TOTAL (RAW) MONTHLY PREMIUM	TOTAL MONTHLY PREMIUM*
Kaiser Permanente STANDARD RETIREE Under 65 \$15 DOV Plan				
Single	\$607.54	\$6.74	\$614.28	\$618.28
2-Party	\$1,227.26	\$9.64	\$1,236.90	\$1,240.90
Family	\$1,640.38	\$17.26	\$1,657.64	\$1,661.64
Kaiser Permanente VALUE RETIREE Under 65 \$30 DOV Plan				
Single	\$550.32	\$6.74	\$557.06	\$561.06
2-Party	\$1,111.64	\$9.64	\$1,121.28	\$1,125.28
Family	\$1,485.84	\$17.26	\$1,503.10	\$1,507.10
Kaiser Permanente STANDARD 65+ RETIREE				
Subscriber (M)	\$191.50	\$6.74	\$198.24	\$202.24
Subscriber (M) + Spouse (M)	\$383.06	\$9.64	\$392.70	\$396.70
Subscriber (M) + Spouse (NM<65)	\$811.22	\$9.64	\$820.86	\$824.86
Subscriber (M) + Spouse (NM >65)	\$1,567.12	\$9.64	\$1,576.76	\$1,580.76
Subscriber (NM<65) + Spouse (M)	\$799.04	\$9.64	\$808.68	\$812.68
Subscriber (NM+65) + Spouse (NM<65)	\$1,995.34	\$9.64	\$2,004.98	\$2,008.98
Subscriber (M) + Spouse (M) + Child (NM)	\$796.18	\$17.26	\$813.44	\$817.44
Subscriber (M) + Spouse (NM<65) + Child (NM)	\$1,224.34	\$17.26	\$1,241.60	\$1,245.60
Subscriber (NM<65) + Spouse (M) + Child (NM)	\$1,212.22	\$17.26	\$1,229.48	\$1,233.48
Subscriber (NM<65) + Spouse (NM+65)	\$1,983.16	\$9.64	\$1,992.80	\$1,996.80
Subscriber (NM +65)	\$1,375.62	\$7.74	\$1,383.36	\$1,387.36
Subscriber (NM+65) + Spouse (NM+65)	\$2,751.24	\$9.64	\$2,760.88	\$2,764.88
Subscriber (NM+65) + Spouse (NM+65) + Child (NM)	\$3,164.36	\$17.26	\$3,181.62	\$3,185.62
Subscriber (Part A Only +65)	\$1,062.60	\$6.74	\$1,069.34	\$1,073.34
Kaiser Permanente VALUE 65+ RETIREE				
Subscriber (M)	\$153.72	\$6.74	\$160.46	\$164.46
Subscriber (M) + Spouse (M)	\$307.44	\$9.64	\$317.08	\$321.08
Subscriber (M) + Spouse (NM<65)	\$715.04	\$9.64	\$724.68	\$728.68
Subscriber (M) + Spouse (NM >65)	\$1,492.78	\$9.64	\$1,502.42	\$1,506.42
Subscriber (NM<65) + Spouse (M)	\$704.04	\$9.64	\$713.68	\$717.68
Subscriber (NM+65) + Spouse (NM<65)	\$1,900.38	\$9.64	\$1,910.02	\$1,914.02
Subscriber (M) + Spouse (M) + Child (NM)	\$681.64	\$17.26	\$698.90	\$702.90
Subscriber (M) + Spouse (NM<65) + Child (NM)	\$1,089.24	\$17.26	\$1,106.50	\$1,110.50
Subscriber (NM<65) + Spouse (M) + Child (NM)	\$1,078.24	\$17.26	\$1,095.50	\$1,099.50
Subscriber (NM<65) + Spouse (NM+65)	\$1,889.38	\$9.64	\$1,899.02	\$1,903.02
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)	\$3,052.32	\$17.26	\$3,069.58	\$3,073.58
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

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2021 BLUE SHIELD - RETIREE RATES				
PROVIDER/COVERAGE CATEGORY	MONTHLY MEDICAL PREMIUM	MONTHLY VISION PREMIUM	TOTAL (RAW) MONTHLY PREMIUM	TOTAL MONTHLY PREMIUM*
Blue Shield HMO 1 (HIGH) RETIREE Under 65				
Single	\$775.82	\$6.74	\$782.56	\$786.56
2-Party	\$1,570.30	\$9.64	\$1,579.94	\$1,583.94
Family	\$2,168.88	\$17.26	\$2,186.14	\$2,190.14
Blue Shield HMO 2 (LOW) RETIREE Under 65				
Single	\$657.46	\$6.74	\$664.20	\$668.20
2-Party	\$1,330.26	\$9.64	\$1,339.90	\$1,343.90
Family	\$1,836.58	\$17.26	\$1,853.84	\$1,857.84
Blue Shield Trio HMO RETIREE Under 65				
Single	\$566.50	\$6.74	\$573.24	\$577.24
2-Party	\$1,146.00	\$9.64	\$1,155.64	\$1,159.64
Family	\$1,582.20	\$17.26	\$1,599.46	\$1,603.46
Blue Shield PPO RETIREE und 65, (CA & OOS)				
Single	\$1,146.92	\$6.74	\$1,153.66	\$1,157.66
2-Party	\$2,294.06	\$9.64	\$2,303.70	\$2,307.70
Family	\$2,925.78	\$17.26	\$2,943.04	\$2,947.04
Blue Shield HMO 1 (HIGH) RETIREE with Medicare A&B				
Single	\$839.10	\$6.74	\$845.84	\$849.84
2-Party	\$1,698.42	\$9.64	\$1,708.06	\$1,712.06
Family	\$2,345.84	\$17.26	\$2,363.10	\$2,367.10
Blue Shield HMO 1 (HIGH) RETIREE without Medicare A&B				
Single	\$1,306.72	\$6.74	\$1,313.46	\$1,317.46
2-Party	\$2,644.74	\$9.64	\$2,654.38	\$2,658.38
Family	\$3,652.52	\$17.26	\$3,669.78	\$3,673.78
Blue Shield HMO 2 (LOW) RETIREE with Medicare A&B				
Single	\$708.14	\$6.74	\$714.88	\$718.88
2-Party	\$1,432.68	\$9.64	\$1,442.32	\$1,446.32
Family	\$1,978.06	\$17.26	\$1,995.32	\$1,999.32
Blue Shield HMO 2 (LOW) RETIREE without Medicare A&B				
Single	\$1,141.34	\$6.74	\$1,148.08	\$1,152.08
2-Party	\$2,309.10	\$9.64	\$2,318.74	\$2,322.74
Family	\$3,188.20	\$17.26	\$3,205.46	\$3,209.46
Blue Shield Trio HMO RETIREE with Medicare A&B				
Single	\$610.06	\$6.74	\$616.80	\$620.80
2-Party	\$1,234.24	\$9.64	\$1,243.88	\$1,247.88
Family	\$1,704.08	\$17.26	\$1,721.34	\$1,725.34
Blue Shield Trio HMO RETIREE without Medicare A&B				
Single	\$983.24	\$6.74	\$989.98	\$993.98
2-Party	\$1,989.26	\$9.64	\$1,998.90	\$2,002.90
Family	\$2,746.60	\$17.26	\$2,763.86	\$2,767.86
Blue Shield PPO RETIREE w/Med A&B or Blue Card OOS w/Med A&B				
Single	\$1,412.58	\$6.74	\$1,419.32	\$1,423.32
2-Party	\$2,825.38	\$9.64	\$2,835.02	\$2,839.02
Family	\$3,603.38	\$17.26	\$3,620.64	\$3,624.64
Blue Shield PPO RET w/out Med A&B or Blue Card OOS w/o Med A&B				
Single	\$1,856.92	\$6.74	\$1,863.66	\$1,867.66
2-Party	\$3,714.22	\$9.64	\$3,723.86	\$3,727.86
Family	\$4,736.98	\$17.26	\$4,754.24	\$4,758.24

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2021 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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