

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

2025 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	\$851.60	\$6.92	\$858.52	\$862.52
2-Party	\$1,720.22	\$9.90	\$1,730.12	\$1,734.12
Family	\$2,299.28	\$17.72	\$2,317.00	\$2,321.00
Kaiser Permanente VALUE RETIREE Under 65 \$30 DOV Plan				
Single	\$772.54	\$6.92	\$779.46	\$783.46
2-Party	\$1,560.54	\$9.90	\$1,570.44	\$1,574.44
Family	\$2,085.88	\$17.72	\$2,103.60	\$2,107.60
Kaiser Permanente STANDARD 65+ RETIREE \$10				
Subscriber (M)	\$196.98	\$6.92	\$203.90	\$207.90
Subscriber (M) + Spouse (M)	\$394.00	\$9.90	\$403.90	\$407.90
Subscriber (M) + Spouse (NM<65)	\$1,065.60	\$9.90	\$1,075.50	\$1,079.50
Subscriber (M) + Spouse (NM >65)	\$1,759.06	\$9.90	\$1,768.96	\$1,772.96
Subscriber (NM<65) + Spouse (M)	\$1,048.62	\$9.90	\$1,058.52	\$1,062.52
Subscriber (NM+65) + Spouse (NM<65)	\$2,430.70	\$9.90	\$2,440.60	\$2,444.60
Subscriber (M) + Spouse (M) + Child (NM)	\$973.06	\$17.72	\$990.78	\$994.78
Subscriber (M) + Spouse (NM<65) + Child (NM)	\$1,644.66	\$17.72	\$1,662.38	\$1,666.38
Subscriber (NM<65) + Spouse (M) + Child (NM)	\$1,627.68	\$17.72	\$1,645.40	\$1,649.40
Subscriber (NM<65) + Spouse (NM+65)	\$2,413.68	\$9.90	\$2,423.58	\$2,427.58
Subscriber (NM +65)	\$1,562.08	\$6.92	\$1,569.00	\$1,573.00
Subscriber (NM+65) + Spouse (NM+65)	\$3,124.16	\$9.90	\$3,134.06	\$3,138.06
Subscriber (NM+65) + Spouse (NM+65) + Child (NM)	\$3,703.22	\$17.72	\$3,720.94	\$3,724.94
Subscriber (Part A Only +65)	\$1,249.08	\$6.92	\$1,256.00	\$1,260.00
Kaiser Permanente VALUE 65+ RETIREE \$15				
Subscriber (M)	\$159.96	\$6.92	\$166.88	\$170.88
Subscriber (M) + Spouse (M)	\$319.92	\$9.90	\$329.82	\$333.82
Subscriber (M) + Spouse (NM<65)	\$932.50	\$9.90	\$942.40	\$946.40
Subscriber (M) + Spouse (NM >65)	\$1,675.54	\$9.90	\$1,685.44	\$1,689.44
Subscriber (NM<65) + Spouse (M)	\$932.50	\$9.90	\$942.40	\$946.40
Subscriber (NM+65) + Spouse (NM<65)	\$2,303.58	\$9.90	\$2,313.48	\$2,317.48
Subscriber (M) + Spouse (M) + Child (NM)	\$845.26	\$17.72	\$862.98	\$866.98
Subscriber (M) + Spouse (NM<65) + Child (NM)	\$1,473.30	\$17.72	\$1,491.02	\$1,495.02
Subscriber (NM<65) + Spouse (M) + Child (NM)	\$1,457.84	\$17.72	\$1,475.56	\$1,479.56
Subscriber (NM<65) + Spouse (NM+65)	\$2,288.12	\$9.90	\$2,298.02	\$2,302.02
Subscriber (NM+65)	\$1,515.58	\$6.92	\$1,522.50	\$1,526.50
Subscriber (NM+65) + Spouse (NM+65)	\$3,031.16	\$9.90	\$3,041.06	\$3,045.06
Subscriber (NM+65) + Spouse (NM+65) + Child (NM)	\$3,556.50	\$17.72	\$3,574.22	\$3,578.22
Subscriber (Part A Only +65)	\$1,202.58	\$6.92	\$1,209.50	\$1,213.50

RATES ARE SUBJECT TO CHANGE

*Total Premium includes \$4.00 Administrative Fee

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2025 BLUE SHIELD - RETIREE RATES				
PROVIDER/COVERAGE CATEGORY	MONTHLY MEDICAL PREMIUM	MONTHLY VISION PREMIUM	TOTAL (RAW) MONTHLY PREMIUM	TOTAL MONTHLY PREMIUM
Blue Shield (HMO 15) Under 65 \$15 Plan				
Single	\$876.66	\$6.92	\$883.58	\$887.58
2-Party	\$1,774.48	\$9.90	\$1,784.38	\$1,788.38
Family	\$2,450.94	\$17.72	\$2,468.66	\$2,472.66
Blue Shield (HMO 20) Under 65 \$20 Plan				
Single	\$742.94	\$6.92	\$749.86	\$753.86
2-Party	\$1,503.24	\$9.90	\$1,513.14	\$1,517.14
Family	\$2,075.40	\$17.72	\$2,093.12	\$2,097.12
Blue Shield (Trio HMO 20) Under 65 \$20 Plan				
Single	\$640.04	\$6.92	\$646.96	\$650.96
2-Party	\$1,295.02	\$9.90	\$1,304.92	\$1,308.92
Family	\$1,787.92	\$17.72	\$1,805.64	\$1,809.64
Blue Shield (PPO) Under 65 Plan				
Single	\$1,363.42	\$6.92	\$1,370.34	\$1,374.34
2-Party	\$2,727.10	\$9.90	\$2,737.00	\$2,741.00
Family	\$3,478.08	\$17.72	\$3,495.80	\$3,499.80
Blue Shield (HMO 15) 65+ \$15 Plan - with Medicare A&B				
Single	\$948.18	\$6.92	\$955.10	\$959.10
2-Party	\$1,919.30	\$9.90	\$1,929.20	\$1,933.20
Family	\$2,650.92	\$17.72	\$2,668.64	\$2,672.64
Blue Shield (HMO 15) 65+ \$15 Plan - without Medicare A&B			\$0.00	
Single	\$1,476.64	\$6.92	\$1,483.56	\$1,487.56
2-Party	\$2,988.68	\$9.90	\$2,998.58	\$3,002.58
Family	\$4,127.52	\$17.72	\$4,145.24	\$4,149.24
Blue Shield (HMO 20) 65+ \$20 Plan - with Medicare A&B				
Single	\$800.20	\$6.92	\$807.12	\$811.12
2-Party	\$1,618.98	\$9.90	\$1,628.88	\$1,632.88
Family	\$2,235.30	\$17.72	\$2,253.02	\$2,257.02
Blue Shield (HMO 20) 65+ \$20 Plan - without Medicare A&B				
Single	\$1,289.74	\$6.92	\$1,296.66	\$1,300.66
2-Party	\$2,609.38	\$9.90	\$2,619.28	\$2,623.28
Family	\$3,602.84	\$17.72	\$3,620.56	\$3,624.56
Blue Shield (Trio HMO 20) 65+ \$20 Plan - with Medicare A&B				
Single	\$689.36	\$6.92	\$696.28	\$700.28
2-Party	\$1,394.76	\$9.90	\$1,404.66	\$1,408.66
Family	\$1,925.70	\$9.90	\$1,935.60	\$1,939.60
Blue Shield (Trio HMO 20) 65+ \$20 Plan - without Medicare A&B				
Single	\$1,111.10	\$6.92	\$1,118.02	\$1,122.02
2-Party	\$2,247.96	\$9.90	\$2,257.86	\$2,261.86
Family	\$3,103.78	\$9.90	\$3,113.68	\$3,117.68
Blue Shield (PPO) 65+ Plan - with Medicare A&B				
Single	\$1,679.20	\$6.92	\$1,686.12	\$1,690.12
2-Party	\$3,358.68	\$9.90	\$3,368.58	\$3,372.58
Family	\$4,283.60	\$9.90	\$4,293.50	\$4,297.50
Blue Shield (PPO) 65+ Plan - without Medicare A&B				
Single	\$2,207.46	\$6.92	\$2,214.38	\$2,218.38
2-Party	\$4,415.36	\$9.90	\$4,425.26	\$4,429.26
Family	\$5,631.16	\$9.90	\$5,641.06	\$5,645.06

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2025 Dental Rate Sheet		
Delta Dental PPO RETIREE	MONTHLY DENTAL PREMIUM	TOTAL MONTHLY PREMIUM*
Single	\$69.03	\$73.03
2-Party	\$125.27	\$129.27
Family	\$184.08	\$188.08
DeltaCare USA Dental PMI/DHMO RETIREE		
Single	\$25.74	\$29.74
2-Party	\$39.04	\$43.04
Family	\$58.46	\$62.46
Local Advantage Dental Plan RETIREE		
Single	\$69.03	\$73.03
2-Party	\$125.27	\$129.27
Family	\$184.08	\$188.08

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