

City of Riverside
2026 Retiree Rates
Kaiser Permanente Medical Plans & Vision Service Plan (VSP) Retiree Rates

	Medical Plan Monthly Premium	Vision Plan Monthly Premium	Medical + Vision Premium	Total Monthly Premium*
HMO 15 under Age 65				
Single	\$785.26	\$6.92	\$792.18	\$796.18
2-Party	\$1,586.20	\$9.90	\$1,596.10	\$1,600.10
Family	\$2,120.16	\$17.72	\$2,137.88	\$2,141.88
HMO 30 under Age 65				
Single	\$766.02	\$6.92	\$772.94	\$776.94
2-Party	\$1,547.34	\$9.90	\$1,557.24	\$1,561.24
Family	\$2,068.22	\$17.72	\$2,085.94	\$2,089.94
Medicare Senior Advantage Plan HMO 10 - Age 65+				
Subscriber (M)	\$211.60	\$6.92	\$218.52	\$222.52
Subscriber (M) + Spouse (M)	\$423.24	\$9.90	\$433.14	\$437.14
Subscriber (M) + Spouse (NM)	\$1,012.54	\$9.90	\$1,022.44	\$1,026.44
Subscriber (M) + Spouse (NM >65)	\$1,012.54	\$9.90	\$1,022.44	\$1,026.44
Subscriber (NM) + Spouse (M)	\$996.90	\$9.90	\$1,006.80	\$1,010.80
Subscriber (NM) + Spouse (NM)	\$1,586.20	\$9.90	\$1,596.10	\$1,600.10
Subscriber (M) + Child (NM)	\$1,012.54	\$9.90	\$1,022.44	\$1,026.44
Subscriber (M) + Children (NM)	\$1,546.50	\$17.72	\$1,564.22	\$1,568.22
Subscriber (M) + Spouse (M) + Child (NM)	\$957.20	\$17.72	\$974.92	\$978.92
Subscriber (M) + Spouse (NM) + Child (NM)	\$1,546.50	\$17.72	\$1,564.22	\$1,568.22
Subscriber (NM) + Spouse (M) + Child (NM)	\$1,530.86	\$17.72	\$1,548.58	\$1,552.58
Subscriber (NM) + Spouse (NM)	\$1,586.20	\$9.90	\$1,596.10	\$1,600.10
Subscriber (NM)	\$785.26	\$6.92	\$792.18	\$796.18
Subscriber (NM) + Spouse (NM)	\$1,586.20	\$9.90	\$1,596.10	\$1,600.10
Subscriber (NM) + Spouse (NM) + Child (NM)	\$2,120.16	\$17.72	\$2,137.88	\$2,141.88
Subscriber (Part A Only +65)	\$785.26	\$6.92	\$792.18	\$796.18
Medicare Senior Advantage Plan HMO 15 - Age 65+				
Subscriber (M)	\$177.12	\$6.92	\$184.04	\$188.04
Subscriber (M) + Spouse (M)	\$354.28	\$9.90	\$364.18	\$368.18
Subscriber (M) + Spouse (NM)	\$958.44	\$9.90	\$968.34	\$972.34
Subscriber (M) + Spouse (NM >65)	\$958.44	\$9.90	\$968.34	\$972.34
Subscriber (NM) + Spouse (M)	\$943.18	\$9.90	\$953.08	\$957.08
Subscriber (NM) + Spouse (NM)	\$958.44	\$9.90	\$968.34	\$972.34
Subscriber (M) + Child (NM)	\$1,479.32	\$17.72	\$1,497.04	\$1,501.04
Subscriber (M) + Children (NM)	\$1,547.34	\$9.90	\$1,557.24	\$1,561.24
Subscriber (M) + Spouse (M) + Child (NM)	\$875.16	\$17.72	\$892.88	\$896.88
Subscriber (M) + Spouse (NM) + Child (NM)	\$1,479.32	\$17.72	\$1,497.04	\$1,501.04
Subscriber (NM) + Spouse (M) + Child (NM)	\$1,464.06	\$17.72	\$1,481.78	\$1,485.78
Subscriber (NM) + Spouse (NM)	\$1,547.34	\$9.90	\$1,557.24	\$1,561.24
Subscriber (NM)	\$766.02	\$6.92	\$772.94	\$776.94
Subscriber (NM) + Spouse (NM)	\$1,547.34	\$9.90	\$1,557.24	\$1,561.24
Subscriber (NM) + Spouse (NM) + Child (NM)	\$2,068.22	\$17.72	\$2,085.94	\$2,089.94
Subscriber (Part A Only +65)	\$766.02	\$6.92	\$772.94	\$776.94

Rates are subject to change.

*Total Premium includes a \$4.00 Administrative Fee

M=Medicare Enrollee; NM= No Medicare

City of Riverside
2026 Retiree Rates

Blue Shield of California Medical Plans & Vision Service Plan (VSP)

	Medical Plan Monthly Premium	Vision Plan Monthly Premium	Medical + Vision Premium	Total Monthly Premium*
Access+ HMO 15				
Single	\$937.14	\$6.92	\$944.06	\$948.06
2-Party	\$1,896.92	\$9.90	\$1,906.82	\$1,910.82
Family	\$2,620.04	\$17.72	\$2,637.76	\$2,641.76
Access+ HMO 20				
Single	\$794.20	\$6.92	\$801.12	\$805.12
2-Party	\$1,606.96	\$9.90	\$1,616.86	\$1,620.86
Family	\$2,218.60	\$17.72	\$2,236.32	\$2,240.32
Trio HMO 20				
Single	\$684.20	\$6.92	\$691.12	\$695.12
2-Party	\$1,384.38	\$9.90	\$1,394.28	\$1,398.28
Family	\$1,911.28	\$17.72	\$1,929.00	\$1,933.00
PPO 80/60% + \$500 Deductible				
Single	\$1,629.28	\$6.92	\$1,636.20	\$1,640.20
2-Party	\$3,258.86	\$9.90	\$3,268.76	\$3,272.76
Family	\$4,156.30	\$17.72	\$4,174.02	\$4,178.02
Access+ HMO 15 - Age 65+ (M)				
Single	\$1,013.60	\$6.92	\$1,020.52	\$1,024.52
2-Party	\$2,051.72	\$9.90	\$2,061.62	\$2,065.62
Family	\$2,833.82	\$17.72	\$2,851.54	\$2,855.54
Access+ HMO 15 - Age 65+ (NM)				
Single	\$1,578.52	\$6.92	\$1,585.44	\$1,589.44
2-Party	\$3,194.90	\$9.90	\$3,204.80	\$3,208.80
Family	\$4,412.32	\$17.72	\$4,430.04	\$4,434.04
Access+ HMO 20 - Age 65+ (M)				
Single	\$855.40	\$6.92	\$862.32	\$866.32
2-Party	\$1,730.68	\$9.90	\$1,740.58	\$1,744.58
Family	\$2,389.54	\$17.72	\$2,407.26	\$2,411.26
Access+ HMO 20 - Age 65+ (NM)				
Single	\$1,378.72	\$6.92	\$1,385.64	\$1,389.64
2-Party	\$2,789.42	\$9.90	\$2,799.32	\$2,803.32
Family	\$3,851.44	\$17.72	\$3,869.16	\$3,873.16
Trio HMO 20 - Age 65+ (M)				
Single	\$736.92	\$6.92	\$743.84	\$747.84
2-Party	\$1,491.00	\$9.90	\$1,500.90	\$1,504.90
Family	\$2,058.56	\$17.72	\$2,076.28	\$2,080.28
Trio HMO 20 - Age 65+ (NM)				
Single	\$1,187.76	\$6.92	\$1,194.68	\$1,198.68
2-Party	\$2,403.06	\$9.90	\$2,412.96	\$2,416.96
Family	\$3,317.94	\$17.72	\$3,335.66	\$3,339.66
PPO 80/60% + \$500 Deductible - Age 65+ (M)				
Single	\$2,006.62	\$6.92	\$2,013.54	\$2,017.54
2-Party	\$4,013.60	\$9.90	\$4,023.50	\$4,027.50
Family	\$5,118.90	\$17.72	\$5,136.62	\$5,140.62
PPO 80/60% + \$500 Deductible - Age 65+ (NM)				
Single	\$2,637.90	\$6.92	\$2,644.82	\$2,648.82
2-Party	\$5,276.36	\$9.90	\$5,286.26	\$5,290.26
Family	\$6,729.24	\$17.72	\$6,746.96	\$6,750.96
High Deductible Health Plan 1800/3400/3600 Deductible - (M) or Blue Card Out-of-State (M)				
Single	\$1,594.90	\$6.92	\$1,601.82	\$1,605.82
2-Party	\$3,190.08	\$9.90	\$3,199.98	\$3,203.98
Family	\$4,068.60	\$17.72	\$4,086.32	\$4,090.32
High Deductible Health Plan 1800/3400/3600 Deductible - Age 65+(NM) or Blue Card Out-of-State (NM)				
Single	\$2,096.66	\$6.92	\$2,103.58	\$2,107.58
2-Party	\$4,193.74	\$9.90	\$4,203.64	\$4,207.64
Family	\$5,348.52	\$17.72	\$5,366.24	\$5,370.24

Rates are subject to change.

*Total Premium includes a \$4.00 Administrative Fee

**M=Medicare Enrollee; NM= No Medicare

City of Riverside
2026 Retiree Rates
Dental Plans

	Monthly Premium	Total Monthly Premium*
Delta Dental PPO		
Single	\$63.85	\$67.85
2-Party	\$115.87	\$119.87
Family	\$170.27	\$174.27
DeltaCare USA DHMO		
Single	\$25.74	\$29.74
2-Party	\$39.04	\$43.04
Family	\$58.46	\$62.46
Local Dental Advantage Plus! Plan		
Single	\$63.85	\$67.85
2-Party	\$115.87	\$119.87
Family	\$170.27	\$174.27

Rates are subject to change.

*Total Premium includes a \$4.00 Administrative Fee