

**City of Riverside**  
**2027 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* |
|----------------------------------------------------------|------------------------------|-----------------------------|--------------------------|------------------------|
| <b>HMO 15 under Age 65</b>                               |                              |                             |                          |                        |
| Single                                                   | \$849.60                     | \$6.92                      | \$856.52                 | \$860.52               |
| 2-Party                                                  | \$1,716.20                   | \$9.90                      | \$1,726.10               | \$1,730.10             |
| Family                                                   | \$2,293.92                   | \$17.72                     | \$2,311.64               | \$2,315.64             |
| <b>HMO 30 under Age 65</b>                               |                              |                             |                          |                        |
| Single                                                   | \$828.72                     | \$6.92                      | \$835.64                 | \$839.64               |
| 2-Party                                                  | \$1,674.02                   | \$9.90                      | \$1,683.92               | \$1,687.92             |
| Family                                                   | \$2,237.54                   | \$17.72                     | \$2,255.26               | \$2,259.26             |
| <b>Medicare Senior Advantage Plan HMO High - Age 65+</b> |                              |                             |                          |                        |
| Subscriber (M)                                           | \$208.62                     | \$6.92                      | \$215.54                 | \$219.54               |
| Subscriber (M) + Spouse (M)                              | \$417.28                     | \$9.90                      | \$427.18                 | \$431.18               |
| Subscriber (M) + Spouse (NM)                             | \$1,075.22                   | \$9.90                      | \$1,085.12               | \$1,089.12             |
| Subscriber (M) + Spouse (NM >65)                         | \$1,075.22                   | \$9.90                      | \$1,085.12               | \$1,089.12             |
| Subscriber (NM) + Spouse (M)                             | \$1,058.26                   | \$9.90                      | \$1,068.16               | \$1,072.16             |
| Subscriber (NM) + Spouse (NM)                            | \$1,716.20                   | \$9.90                      | \$1,726.10               | \$1,730.10             |
| Subscriber (M) + Child (NM)                              | \$1,075.22                   | \$9.90                      | \$1,085.12               | \$1,089.12             |
| Subscriber (M) + Children (NM)                           | \$1,652.94                   | \$17.72                     | \$1,670.66               | \$1,674.66             |
| Subscriber (M) + Spouse (M) + Child (NM)                 | \$995.00                     | \$17.72                     | \$1,012.72               | \$1,016.72             |
| Subscriber (M) + Spouse (NM) + Child (NM)                | \$1,652.94                   | \$17.72                     | \$1,670.66               | \$1,674.66             |
| Subscriber (NM) + Spouse (M) + Child (NM)                | \$1,635.98                   | \$17.72                     | \$1,653.70               | \$1,657.70             |
| Subscriber (NM) + Spouse (NM)                            | \$1,716.20                   | \$9.90                      | \$1,726.10               | \$1,730.10             |
| Subscriber (NM)                                          | \$849.60                     | \$6.92                      | \$856.52                 | \$860.52               |
| Subscriber (NM) + Spouse (NM)                            | \$1,716.20                   | \$9.90                      | \$1,726.10               | \$1,730.10             |
| Subscriber (NM) + Spouse (NM) + Child (NM)               | \$2,293.92                   | \$17.72                     | \$2,311.64               | \$2,315.64             |
| Subscriber (Part A Only +65)                             | \$849.60                     | \$6.92                      | \$856.52                 | \$860.52               |
| <b>Medicare Senior Advantage Plan Low - Age 65+</b>      |                              |                             |                          |                        |
| Subscriber (M)                                           | \$173.70                     | \$6.92                      | \$180.62                 | \$184.62               |
| Subscriber (M) + Spouse (M)                              | \$347.44                     | \$9.90                      | \$357.34                 | \$361.34               |
| Subscriber (M) + Spouse (NM)                             | \$1,019.00                   | \$9.90                      | \$1,028.90               | \$1,032.90             |
| Subscriber (M) + Spouse (NM >65)                         | \$1,019.00                   | \$9.90                      | \$1,028.90               | \$1,032.90             |
| Subscriber (NM) + Spouse (M)                             | \$1,002.46                   | \$9.90                      | \$1,012.36               | \$1,016.36             |
| Subscriber (NM) + Spouse (NM)                            | \$1,674.02                   | \$9.90                      | \$1,683.92               | \$1,687.92             |
| Subscriber (M) + Child (NM)                              | \$1,019.00                   | \$17.72                     | \$1,036.72               | \$1,040.72             |
| Subscriber (M) + Children (NM)                           | \$1,582.52                   | \$9.90                      | \$1,592.42               | \$1,596.42             |
| Subscriber (M) + Spouse (M) + Child (NM)                 | \$910.96                     | \$17.72                     | \$928.68                 | \$932.68               |
| Subscriber (M) + Spouse (NM) + Child (NM)                | \$1,582.52                   | \$17.72                     | \$1,600.24               | \$1,604.24             |
| Subscriber (NM) + Spouse (M) + Child (NM)                | \$1,565.98                   | \$17.72                     | \$1,583.70               | \$1,587.70             |
| Subscriber (NM) + Spouse (NM)                            | \$1,674.02                   | \$9.90                      | \$1,683.92               | \$1,687.92             |
| Subscriber (NM)                                          | \$828.72                     | \$6.92                      | \$835.64                 | \$839.64               |
| Subscriber (NM) + Spouse (NM)                            | \$1,674.02                   | \$9.90                      | \$1,683.92               | \$1,687.92             |
| Subscriber (NM) + Spouse (NM) + Child (NM)               | \$2,237.54                   | \$17.72                     | \$2,255.26               | \$2,259.26             |
| Subscriber (Part A Only +65)                             | \$828.60                     | \$6.92                      | \$835.52                 | \$839.52               |

Rates are subject to change.

\*Total Premium includes a \$4.00 Administrative Fee

M=Medicare Enrollee; NM= No Medicare

**City of Riverside**

**2027 Retiree Rates**

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

|                                                                                                           | Medical Plan<br>Monthly Premium | Vision Plan Monthly<br>Premium | Medical + Vision<br>Premium | Total Monthly<br>Premium* |
|-----------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------------|-----------------------------|---------------------------|
| <b>Access+ HMO 15</b>                                                                                     |                                 |                                |                             |                           |
| Single                                                                                                    | \$1,056.04                      | \$6.92                         | \$1,062.96                  | \$1,066.96                |
| 2-Party                                                                                                   | \$2,137.60                      | \$9.90                         | \$2,147.50                  | \$2,151.50                |
| Family                                                                                                    | \$2,952.49                      | \$17.72                        | \$2,970.21                  | \$2,974.21                |
| <b>Access+ HMO 20</b>                                                                                     |                                 |                                |                             |                           |
| Single                                                                                                    | \$894.97                        | \$6.92                         | \$901.89                    | \$905.89                  |
| 2-Party                                                                                                   | \$1,810.86                      | \$9.90                         | \$1,820.76                  | \$1,824.76                |
| Family                                                                                                    | \$2,500.10                      | \$17.72                        | \$2,517.82                  | \$2,521.82                |
| <b>Trio HMO 20</b>                                                                                        |                                 |                                |                             |                           |
| Single                                                                                                    | \$771.02                        | \$6.92                         | \$777.94                    | \$781.94                  |
| 2-Party                                                                                                   | \$1,560.03                      | \$9.90                         | \$1,569.93                  | \$1,573.93                |
| Family                                                                                                    | \$2,153.80                      | \$17.72                        | \$2,171.52                  | \$2,175.52                |
| <b>PPO 80/60% + \$500 Deductible</b>                                                                      |                                 |                                |                             |                           |
| Single                                                                                                    | \$1,799.38                      | \$6.92                         | \$1,806.30                  | \$1,810.30                |
| 2-Party                                                                                                   | \$3,599.07                      | \$9.90                         | \$3,608.97                  | \$3,612.97                |
| Family                                                                                                    | \$4,590.22                      | \$17.72                        | \$4,607.94                  | \$4,611.94                |
| <b>High Deductible Health Plan 1800/3400/3600 Deductible</b>                                              |                                 |                                |                             |                           |
| Single                                                                                                    | \$1,430.17                      | \$6.92                         | \$1,437.09                  | \$1,441.09                |
| 2-Party                                                                                                   | \$2,860.62                      | \$9.90                         | \$2,870.52                  | \$2,874.52                |
| Family                                                                                                    | \$3,648.37                      | \$17.72                        | \$3,666.09                  | \$3,670.09                |
| <b>Access+ HMO 15 - Age 65+ (M)</b>                                                                       |                                 |                                |                             |                           |
| Single                                                                                                    | \$1,142.21                      | \$6.92                         | \$1,149.13                  | \$1,153.13                |
| 2-Party                                                                                                   | \$2,312.05                      | \$9.90                         | \$2,321.95                  | \$2,325.95                |
| Family                                                                                                    | \$3,193.40                      | \$17.72                        | \$3,211.12                  | \$3,215.12                |
| <b>Access+ HMO 15 - Age 65+ (NM)</b>                                                                      |                                 |                                |                             |                           |
| Single                                                                                                    | \$1,778.80                      | \$6.92                         | \$1,785.72                  | \$1,789.72                |
| 2-Party                                                                                                   | \$3,600.28                      | \$9.90                         | \$3,610.18                  | \$3,614.18                |
| Family                                                                                                    | \$4,972.19                      | \$17.72                        | \$4,989.91                  | \$4,993.91                |
| <b>Access+ HMO 20 - Age 65+ (M)</b>                                                                       |                                 |                                |                             |                           |
| Single                                                                                                    | \$963.94                        | \$6.92                         | \$970.86                    | \$974.86                  |
| 2-Party                                                                                                   | \$1,950.28                      | \$9.90                         | \$1,960.18                  | \$1,964.18                |
| Family                                                                                                    | \$2,692.73                      | \$17.72                        | \$2,710.45                  | \$2,714.45                |
| <b>Access+ HMO 20 - Age 65+ (NM)</b>                                                                      |                                 |                                |                             |                           |
| Single                                                                                                    | \$1,553.65                      | \$6.92                         | \$1,560.57                  | \$1,564.57                |
| 2-Party                                                                                                   | \$3,143.36                      | \$9.90                         | \$3,153.26                  | \$3,157.26                |
| Family                                                                                                    | \$4,340.14                      | \$17.72                        | \$4,357.86                  | \$4,361.86                |
| <b>Trio HMO 20 - Age 65+ (M)</b>                                                                          |                                 |                                |                             |                           |
| Single                                                                                                    | \$830.42                        | \$6.92                         | \$837.34                    | \$841.34                  |
| 2-Party                                                                                                   | \$1,680.18                      | \$9.90                         | \$1,690.08                  | \$1,694.08                |
| Family                                                                                                    | \$2,319.76                      | \$17.72                        | \$2,337.48                  | \$2,341.48                |
| <b>Trio HMO 20 - Age 65+ (NM)</b>                                                                         |                                 |                                |                             |                           |
| Single                                                                                                    | \$1,338.46                      | \$6.92                         | \$1,345.38                  | \$1,349.38                |
| 2-Party                                                                                                   | \$2,707.98                      | \$9.90                         | \$2,717.88                  | \$2,721.88                |
| Family                                                                                                    | \$3,738.94                      | \$17.72                        | \$3,756.66                  | \$3,760.66                |
| <b>PPO 80/60% + \$500 Deductible - Age 65+ (M)</b>                                                        |                                 |                                |                             |                           |
| Single                                                                                                    | \$2,216.10                      | \$6.92                         | \$2,223.02                  | \$2,227.02                |
| 2-Party                                                                                                   | \$4,432.61                      | \$9.90                         | \$4,442.51                  | \$4,446.51                |
| Family                                                                                                    | \$5,653.31                      | \$17.72                        | \$5,671.03                  | \$5,675.03                |
| <b>PPO 80/60% + \$500 Deductible - Age 65+ (NM)</b>                                                       |                                 |                                |                             |                           |
| Single                                                                                                    | \$2,913.29                      | \$6.92                         | \$2,920.21                  | \$2,924.21                |
| 2-Party                                                                                                   | \$5,827.20                      | \$9.90                         | \$5,837.10                  | \$5,841.10                |
| Family                                                                                                    | \$7,431.76                      | \$17.72                        | \$7,449.48                  | \$7,453.48                |
| <b>High Deductible Health Plan 1800/3400/3600 Deductible - (M) or Blue Card Out-of-State (M)</b>          |                                 |                                |                             |                           |
| Single                                                                                                    | \$1,761.41                      | \$6.92                         | \$1,768.33                  | \$1,772.33                |
| 2-Party                                                                                                   | \$3,523.12                      | \$9.90                         | \$3,533.02                  | \$3,537.02                |
| Family                                                                                                    | \$4,493.35                      | \$17.72                        | \$4,511.07                  | \$4,515.07                |
| <b>High Deductible Health Plan 1800/3400/3600 Deductible - Age 65+(NM) or Blue Card Out-of-State (NM)</b> |                                 |                                |                             |                           |
| Single                                                                                                    | \$2,315.54                      | \$6.92                         | \$2,322.46                  | \$2,326.46                |
| 2-Party                                                                                                   | \$4,631.56                      | \$9.90                         | \$4,641.46                  | \$4,645.46                |
| Family                                                                                                    | \$5,906.90                      | \$17.72                        | \$5,924.62                  | \$5,928.62                |

Rates are subject to change.

\*Total Premium includes a \$4.00 Administrative Fee

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

**City of Riverside**  
**2027 Retiree Rates**  
**Dental Plans**

|                                          | Monthly Premium | Total Monthly Premium* |
|------------------------------------------|-----------------|------------------------|
| <b>Delta Dental PPO</b>                  |                 |                        |
| Single                                   | \$66.23         | \$70.23                |
| 2-Party                                  | \$120.19        | \$124.19               |
| Family                                   | \$176.62        | \$180.62               |
| <b>DeltaCare USA DHMO</b>                |                 |                        |
| Single                                   | \$25.74         | \$29.74                |
| 2-Party                                  | \$39.04         | \$43.04                |
| Family                                   | \$58.46         | \$62.46                |
| <b>Local Dental Advantage Plus! Plan</b> |                 |                        |
| Single                                   | \$63.85         | \$67.85                |
| 2-Party                                  | \$115.87        | \$119.87               |
| Family                                   | \$170.27        | \$174.27               |

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\*Total Premium includes a \$4.00 Administrative Fee