

**Monthly Health Insurance Rates for County Retirees
(effective January 1, 2018)**

Health Insurance Rates for Retirees Under 65

1/1/2018

KAISER HMO	monthly premium
Employee Only	651.30
Employee +1	1,302.60
Employee + Family	1,843.18

KAISER HDHP	monthly premium
Employee Only	509.48
Employee +1	1,018.96
Employee + Family	1,441.82

BLUE SHIELD HMO	monthly premium
Employee Only	1,079.54
Employee +1	2,159.08
Employee + Family	3,055.10

BLUE SHIELD TRIO HMO	monthly premium
Employee Only	923.76
Employee +1	1,847.52
Employee + Family	2,614.24

BLUE SHIELD HDHP	monthly premium
Employee Only	832.92
Employee +1	1,665.84
Employee + Family	2,357.16

BLUE SHIELD PPO	monthly premium
Employee Only	1,284.94
Employee +1	2,668.76
Employee + Family	3,883.40

BLUE SHIELD PPO (out-of-area)	monthly premium
Employee Only	1,099.58
Employee +1	2,288.62
Employee + Family	3,378.40

Health Insurance Rates for Retirees 65 and Over

1/1/2018

KAISER SENIOR ADVANTAGE HMO	monthly premium
Single - Subscriber with Medicare	362.88
Two-Party - Subscriber with Medicare & Spouse with Medicare	725.76
Two-Party - Subscriber with Medicare & Dependent without Medicare	1,014.18
Two-Party - Subscriber without Medicare & Spouse with Medicare	1,014.18
Family - Subscriber with Medicare & Children without Medicare	1,554.76
Family - Subscriber with Medicare, Spouse without Medicare, & Child without Medicare	1,554.76
Family - Subscriber without Medicare, Spouse with Medicare, and Child without Medicare	1,554.76
Family - Subscriber with Medicare, Spouse with Medicare, and Children without Medicare	1,266.34
Family - Subscriber with Medicare, Spouse without Medicare, and Children without Medicare	1,554.76
Family - Subscriber without Medicare, Spouse with Medicare, and Children without Medicare	1,554.76
Family - Subscriber without Medicare, Spouse with Medicare, and Children with Medicare	1,376.66
Family - Subscriber with Medicare, Spouse with Medicare, and Children with Medicare	1,088.24

SECURE HORIZONS with UNITED HEALTHCARE	monthly premium
Single - Retiree with Medicare	394.86

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Two-Party - Both with Medicare	789.72
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BLUE SHIELD PPO (COB Plan)	monthly premium
Single - Retiree with Medicare	585.30
Two-Party - Both with Medicare	1,170.60
Two-Party - Ret with Medicare (PPO), Spouse w/o (PPO)	1,969.12
Two-Party - Ret with Medicare (PPO), Spouse w/o (OOA PPO)	1,774.34
Two-Party - Ret w/o Medicare (PPO), Spouse with Medicare (PPO)	1,870.24
Two-Party - Ret with Medicare (PPO), Spouse w/o (HMO)	1,664.84
Family - Ret with Med (PPO) + Spouse and Child without (HMO)	2,560.86
Family - Ret & Spouse with (PPO) & Child without Medicare (PPO)	2,554.42
Family - Ret with Med, Spouse with Medicare & Child(ren) with Medicare	1,755.90
Family - Ret with Med (PPO) + Spouse and Child without (PPO)	3,183.76

BLUE SHIELD PPO (OUT-OF-AREA)	monthly premium
Single - Retiree (OOA PPO)	1,099.58
Two-Party - Ret (OOA PPO) + Spouse (OOA PPO)	2,288.62
Family - Ret (OOA PPO) + Spouse (OOA PPO) + Child (OOA PPO)	3,378.40
Two-Party - Ret (OOA PPO) + Spouse with Medicare (PPO)	1,684.88
Family - Ret (OOA PPO) + Spouse with Medicare (PPO) + Child (OOA PPO)	2,873.92