

**Monthly Health Insurance Rates for County Retirees  
(effective January 1, 2019)**

**Health Insurance Rates for Retirees Under 65**

**1/1/2019**

<b>KAISER HMO</b>	<b>monthly premium</b>
Employee Only	685.22
Employee +1	1,370.44
Employee + Family	1,939.20

<b>KAISER HDHP</b>	<b>monthly premium</b>
Employee Only	537.94
Employee +1	1,075.88
Employee + Family	1,522.38

<b>BLUE SHIELD HMO</b>	<b>monthly premium</b>
Employee Only	1,144.32
Employee +1	2,288.64
Employee + Family	3,238.44

<b>BLUE SHIELD TRIO HMO</b>	<b>monthly premium</b>
Employee Only	979.20
Employee +1	1,958.40
Employee + Family	2,771.14

<b>BLUE SHIELD HDHP</b>	<b>monthly premium</b>
Employee Only	882.90
Employee +1	1,765.80
Employee + Family	2,498.62

<b>BLUE SHIELD PPO</b>	<b>monthly premium</b>
Employee Only	1,362.04
Employee +1	2,828.90
Employee + Family	4,116.40

<b>BLUE SHIELD PPO (out-of-area)</b>	<b>monthly premium</b>
Employee Only	1,165.56
Employee +1	2,425.94
Employee + Family	3,581.10

**Health Insurance Rates for Retirees 65 and Over**

**1/1/2019**

<b>KAISER SENIOR ADVANTAGE HMO</b>	<b>monthly premium</b>
Single - Subscriber <b>with</b> Medicare	383.86
Two-Party - Subscriber <b>with</b> Medicare & Spouse <b>with</b> Medicare	767.72
Two-Party - Subscriber <b>with</b> Medicare & Dependent <b>without</b> Medicare	1,069.08
Two-Party - Subscriber <b>without</b> Medicare & Spouse <b>with</b> Medicare	1,069.08
Family - Subscriber <b>with</b> Medicare & Children <b>without</b> Medicare	1,637.84
Family - Subscriber <b>with</b> Medicare, Spouse <b>without</b> Medicare, & Child <b>without</b> Medicare	1,637.84
Family - Subscriber <b>without</b> Medicare, Spouse <b>with</b> Medicare, and Child <b>without</b> Medicare	1,637.84
Family - Subscriber <b>with</b> Medicare, Spouse <b>with</b> Medicare, and Children <b>without</b> Medicare	1,336.48
Family - Subscriber <b>with</b> Medicare, Spouse <b>without</b> Medicare, and Children <b>without</b> Medicare	1,637.84
Family - Subscriber <b>without</b> Medicare, Spouse <b>with</b> Medicare, and Children <b>without</b> Medicare	1,637.84
Family - Subscriber <b>without</b> Medicare, Spouse <b>with</b> Medicare, and Children <b>with</b> Medicare	1,452.56
Family - Subscriber <b>with</b> Medicare, Spouse <b>with</b> Medicare, and Children <b>with</b> Medicare	1,151.20

<b>SECURE HORIZONS with UNITED HEALTHCARE</b>	<b>monthly premium</b>
Single - Retiree <b>with</b> Medicare	394.86
Two-Party - Both <b>with</b> Medicare	789.72

<b>BLUE SHIELD PPO</b>	<b>monthly premium</b>
Single - Retiree <b>with</b> Medicare	620.42
Two-Party - Both <b>with</b> Medicare	1,240.84
Two-Party - Ret <b>w/o</b> Medicare (PPO), Spouse <b>with</b> Medicare (PPO)	1,982.46

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Two-Party - Ret <b>with</b> Medicare (PPO), Spouse w/o (PPO)	2,087.28
Family - Ret <b>with</b> Med (PPO) + Spouse and Child <b>without</b> (PPO)	3,374.78
Family - Ret <b>with</b> Med, Spouse <b>with</b> Medicare & Child(ren) <b>with</b> Medicare	1,861.26

<b>BLUE SHIELD ACCESS +HMO and PPO (Medicare)</b>	<b>monthly premium</b>
Two-Party - Ret <b>with</b> Medicare (PPO), Spouse w/o (HMO)	1,764.74
Two-Party - Ret w/o Medicare (HMO), Spouse with Medicare (PPO)	1,764.74
Family - Ret <b>with</b> Med (PPO) + Spouse and Child <b>without</b> (HMO)	2,714.54
Family - Ret & Spouse <b>with</b> Med (PPO) & Child <b>without</b> Medicare (HMO)	2,385.16

<b>BLUE SHIELD TRIO HMO and PPO (Medicare)</b>	<b>monthly premium</b>
Two-Party - Ret <b>with</b> Medicare (PPO), Spouse w/o (TRIO HMO)	1,599.62
Two-Party - Ret w/o Medicare (TRIO HMO), Spouse with Medicare (PPO)	1,599.62
Family - Ret <b>with</b> Med (PPO) + Spouse and Child <b>without</b> (TRIO HMO)	2,412.36
Family - Ret & Spouse <b>with</b> (PPO) & Child <b>without</b> Medicare (TRIO HMO)	2,220.04

<b>BLUE SHIELD PPO (OUT-OF-AREA) * no longer available to new participants</b>	<b>monthly premium</b>
Two-Party - Ret <b>with</b> Medicare (PPO), Spouse w/o (OOA PPO)	1,880.80
Two-Party - Ret (OOA PPO) + Spouse <b>with</b> Medicare (PPO)	1,785.98
Family - Ret (OOA PPO) + Spouse <b>with</b> Medicare (PPO) + Child (OOA PPO)	3,046.36

**Dental Insurance Rates for Retirees**

**1/1/2019**

<b>Voluntary Delta Dental DHMO</b>	<b>monthly premium</b>
Single	27.63
Two-Party	46.97
Family	71.84

<b>Voluntary Cigna Dental PPO</b>	<b>monthly premium</b>
Single	41.18
Two-Party	79.28
Family	142.21

<b>Delta Dental DHMO</b>	<b>monthly premium</b>
Management	44.97
Represented	44.97

<b>Cigna Dental PPO</b>	<b>monthly premium</b>
Management	141.35
Represented	114.08

**Vision Insurance Rates for Retirees**

**1/1/2019**

<b>Voluntary VSP</b>	<b>monthly premium</b>
Single	9.29
Two-Party	18.58
Family	29.91

<b>VSP-Management</b>	<b>monthly premium</b>
Composite Rate	16.05