

**Monthly Health Insurance Rates for County Retirees
(effective January 1, 2020)**

Health Insurance Rates for Retirees Under 65

1/1/2020

KAISER HMO	monthly premium
Employee Only	685.22
Employee +1	1,370.44
Employee + Family	1,939.20

KAISER HDHP	monthly premium
Employee Only	537.94
Employee +1	1,075.88
Employee + Family	1,522.38

BLUE SHIELD HMO	monthly premium
Employee Only	1,189.40
Employee +1	2,378.80
Employee + Family	3,366.02

BLUE SHIELD TRIO HMO	monthly premium
Employee Only	930.24
Employee +1	1,860.48
Employee + Family	2,632.58

BLUE SHIELD HDHP	monthly premium
Employee Only	917.68
Employee +1	1,835.36
Employee + Family	2,597.06

BLUE SHIELD PPO	monthly premium
Employee Only	1,415.70
Employee +1	2,940.36
Employee + Family	4,278.58

BLUE SHIELD PPO (out-of-area)	monthly premium
Employee Only	1,211.48
Employee +1	2,521.52
Employee + Family	3,722.20

Health Insurance Rates for Retirees 65 and Over

1/1/2020

KAISER SENIOR ADVANTAGE HMO	monthly premium
Single - Subscriber with Medicare	383.03
Two-Party - Subscriber with Medicare & Spouse with Medicare	766.06
Two-Party - Subscriber with Medicare & Dependent without Medicare	1,068.25
Two-Party - Subscriber without Medicare & Spouse with Medicare	1,068.25
Family - Subscriber with Medicare & Children without Medicare	1,636.41
Family - Subscriber with Medicare, Spouse without Medicare, & Child without Medicare	1,636.41
Family - Subscriber without Medicare, Spouse with Medicare, and Child without Medicare	1,636.41
Family - Subscriber with Medicare, Spouse with Medicare, and Children without Medicare	1,334.22
Family - Subscriber with Medicare, Spouse without Medicare, and Children without Medicare	1,636.41
Family - Subscriber without Medicare, Spouse with Medicare, and Children without Medicare	1,636.41
Family - Subscriber without Medicare, Spouse with Medicare, and Children with Medicare	1,450.90
Family - Subscriber with Medicare, Spouse with Medicare, and Children with Medicare	1,148.71

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

BLUE SHIELD PPO	monthly premium
Single - Retiree with Medicare	644.86
Two-Party - Both with Medicare	1,289.72
Two-Party - Ret w/o Medicare (PPO), Spouse with Medicare (PPO)	2,060.56
Two-Party - Ret with Medicare (PPO), Spouse w/o (PPO)	2,169.52
Family - Ret with Med (PPO) + Spouse and Child without (PPO)	3,507.74
Family - Ret with Med, Spouse with Medicare & Child(ren) with Medicare	1,934.58

**Monthly Health Insurance Rates for County Retirees
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BLUE SHIELD ACCESS +HMO and PPO (Medicare)	monthly premium
Two-Party - Ret with Medicare (PPO), Spouse w/o (HMO)	1,834.26
Two-Party - Ret w/o Medicare (HMO), Spouse with Medicare (PPO)	1,834.26
Family - Ret with Med (PPO) + Spouse and Child without (HMO)	2,821.48
Family - Ret & Spouse with Med (PPO) & Child without Medicare (HMO)	2,479.12

BLUE SHIELD TRIO HMO and PPO (Medicare)	monthly premium
Two-Party - Ret with Medicare (PPO), Spouse w/o (TRIO HMO)	1,575.10
Two-Party - Ret w/o Medicare (TRIO HMO), Spouse with Medicare (PPO)	1,575.10
Family - Ret with Med (PPO) + Spouse and Child without (TRIO HMO)	2,347.20
Family - Ret & Spouse with (PPO) & Child without Medicare (TRIO HMO)	2,219.96

BLUE SHIELD PPO (OUT-OF-AREA) * no longer available to new participants	monthly premium
Two-Party - Ret with Medicare (PPO), Spouse w/o (OOA PPO)	1,954.90
Two-Party - Ret (OOA PPO) + Spouse with Medicare (PPO)	1,856.34
Family - Ret (OOA PPO) + Spouse with Medicare (PPO) + Child (OOA PPO)	3,166.38

Dental Insurance Rates for Retirees

1/1/2020

Voluntary Delta Dental DHMO	monthly premium
Single	27.63
Two-Party	46.97
Family	71.84

Voluntary Cigna Dental PPO	monthly premium
Single	42.33
Two-Party	81.49
Family	146.18

Delta Dental DHMO	monthly premium
Management	44.97
Represented	44.97

Cigna Dental PPO	monthly premium
Management	145.30
Represented	117.27

Vision Insurance Rates for Retirees

1/1/2020

Voluntary VSP	monthly premium
Single	9.29
Two-Party	18.58
Family	29.91

VSP-Management	monthly premium
Composite Rate	16.52