

**City of Riverside
2010 Retiree
Medical, Vision, and Dental**

PROVIDER/COVERAGE CATEGORY	MONTHLY MEDICAL PREMIUM	MONTHLY VISION PREMIUM	TOTAL MONTHLY PREMIUM**
Kaiser Permanente PREFERRED RETIREE Under 65			
Single	\$449.73	\$6.64	\$465.04
2-Party	\$849.17	\$9.50	\$874.98
Family	\$1,135.20	\$17.00	\$1,174.09
Kaiser Permanente STANDARD RETIREE Under 65			
Single	\$393.39	\$6.64	\$407.63
2-Party	\$763.18	\$9.50	\$787.36
Family	\$972.90	\$17.00	\$1,008.71
Kaiser Permanente VALUE RETIREE Under 65			
Single	\$355.21	\$6.64	\$368.73
2-Party	\$689.10	\$9.50	\$711.87
Family	\$930.64	\$17.00	\$965.65
Kaiser Permanente PREFERRED 65+ RETIREE			
Subscriber (M)	\$179.95	\$6.64	\$190.14
Subscriber (M) + Spouse (M)	\$359.60	\$9.50	\$376.11
Subscriber (M) + Spouse (NM<65)	\$579.39	\$9.50	\$600.08
Subscriber (M) + Spouse (NM >65)	\$1,320.52	\$9.50	\$1,355.29
Subscriber (NM<65) + Spouse (M)	\$629.38	\$9.50	\$651.02
Subscriber (M) + Spouse (M) + Child (NM)	\$645.63	\$17.00	\$675.22
Subscriber (M) + Spouse (NM<65) + Child (NM)	\$865.42	\$17.00	\$899.19
Subscriber (NM<65) + Spouse (M) + Child (NM)	\$915.41	\$17.00	\$950.13
Subscriber (NM<65) + Spouse (NM+65)	\$1,590.30	\$9.50	\$1,630.20
Subscriber (NM +65)	\$1,140.57	\$6.64	\$1,169.01
Subscriber (NM+65) + Spouse (NM+65)	\$2,281.14	\$9.50	\$2,334.16
Subscriber (NM+65) + Spouse (NM+65) + Child (NM)	\$2,567.17	\$17.00	\$2,633.27
Subscriber (Part A Only +65)	\$827.56	\$6.64	\$850.05
Kaiser Permanente STANDARD 65+ RETIREE			
Subscriber (M)	\$163.97	\$6.64	\$173.85
Subscriber (M) + Spouse (M)	\$327.79	\$9.50	\$343.70
Subscriber (M) + Spouse (NM<65)	\$533.76	\$9.50	\$553.58
Subscriber (M) + Spouse (NM >65)	\$1,268.64	\$9.50	\$1,302.42
Subscriber (NM<65) + Spouse (M)	\$557.21	\$9.50	\$577.48
Subscriber (M) + Spouse (M) + Child (NM)	\$537.51	\$17.00	\$565.05
Subscriber (M) + Spouse (NM<65) + Child (NM)	\$743.48	\$17.00	\$774.93
Subscriber (NM<65) + Spouse (M) + Child (NM)	\$766.93	\$17.00	\$798.82
Subscriber (NM<65) + Spouse (NM+65)	\$1,498.06	\$9.50	\$1,536.20
Subscriber (NM +65)	\$1,104.67	\$6.64	\$1,132.42
Subscriber (NM+65) + Spouse (NM+65)	\$2,209.34	\$9.50	\$2,261.00
Subscriber (NM+65) + Spouse (NM+65) + Child (NM)	\$2,419.06	\$17.00	\$2,482.35
Subscriber (Part A Only +65)	\$791.66	\$6.64	\$813.47
Kaiser Permanente VALUE 65+ RETIREE			
Subscriber (M)	\$155.95	\$6.64	\$165.68
Subscriber (M) + Spouse (M)	\$311.90	\$9.50	\$327.51
Subscriber (M) + Spouse (NM<65)	\$489.84	\$9.50	\$508.83
Subscriber (M) + Spouse (NM >65)	\$1,245.32	\$9.50	\$1,278.66
Subscriber (NM<65) + Spouse (M)	\$511.16	\$9.50	\$530.55
Subscriber (M) + Spouse (M) + Child (NM)	\$553.44	\$17.00	\$581.28
Subscriber (M) + Spouse (NM<65) + Child (NM)	\$731.38	\$17.00	\$762.60
Subscriber (NM<65) + Spouse (M) + Child (NM)	\$752.70	\$17.00	\$784.32
Subscriber (NM<65) + Spouse (NM+65)	\$1,444.58	\$9.50	\$1,481.71
Subscriber (NM+65)	\$1,089.37	\$6.64	\$1,116.83
Subscriber (NM+65) + Spouse (NM+65)	\$2,178.74	\$9.50	\$2,229.82
Subscriber (NM+65) + Spouse (NM+65) + Child (NM)	\$2,420.28	\$17.00	\$2,483.59
Subscriber (Part A Only +65)	\$776.36	\$6.64	\$797.88

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Blue Cross HMO PREFERRED RETIREE (Under 65)			
Single	\$419.04	\$6.64	\$433.77
2-Party	\$848.16	\$9.50	\$873.96
Family	\$1,171.48	\$17.00	\$1,211.06
Blue Cross HMO STANDARD RETIREE (Under 65)			
Single	\$405.14	\$6.64	\$419.60
2-Party	\$820.02	\$9.50	\$845.28
Family	\$1,132.62	\$17.00	\$1,171.46
Blue Cross HMO VALUE (SELECT) RETIREE (Under 65)			
Single	\$362.80	\$6.64	\$376.46
2-Party	\$734.02	\$9.50	\$757.65
Family	\$1,013.40	\$17.00	\$1,049.98
BC PPO RETIREE und 65, Blue Card RETIREE (Under 65)			
Single	\$690.48	\$6.64	\$710.37
2-Party	\$1,380.96	\$9.50	\$1,416.88
Family	\$1,760.74	\$17.00	\$1,811.52
Blue Cross HMO PREFERRED RETIREE with Medicare A&B (Over 65)			
Single	\$454.08	\$6.64	\$469.47
2-Party	\$919.06	\$9.50	\$946.20
Family	\$1,269.32	\$17.00	\$1,310.76
Blue Cross HMO PREFERRED RETIREE without Medicare A&B (Over 65)			
Single	\$704.30	\$6.64	\$724.45
2-Party	\$1,425.34	\$9.50	\$1,462.10
Family	\$1,968.38	\$17.00	\$2,023.10
Blue Cross HMO STANDARD RETIREE with Medicare A&B (Over 65)			
Single	\$439.00	\$6.64	\$454.11
2-Party	\$888.58	\$9.50	\$915.14
Family	\$1,226.02	\$17.00	\$1,266.64
Blue Cross HMO STANDARD RETIREE without Medicare A&B (Over 65)			
Single	\$665.96	\$6.64	\$685.38
2-Party	\$1,347.72	\$9.50	\$1,383.01
Family	\$1,861.16	\$17.00	\$1,913.85
Blue Cross HMO VALUE (SELECT) RETIREE with Medicare A&B (Over 65)			
Single	\$389.70	\$6.64	\$403.87
2-Party	\$788.44	\$9.50	\$813.10
Family	\$1,088.58	\$17.00	\$1,126.59
Blue Cross HMO VALUE (SELECT) RETIREE without Medicare A&B (Over 65)			
Single	\$631.08	\$6.64	\$649.84
2-Party	\$1,276.88	\$9.50	\$1,310.82
Family	\$1,762.96	\$17.00	\$1,813.78
BC PPO RETIREE w/Med A&B or Blue Card Out-of-State w/Med A&B (Over 65)			
Single	\$852.42	\$6.64	\$875.38
2-Party	\$1,704.84	\$9.50	\$1,746.91
Family	\$2,173.64	\$17.00	\$2,232.26
BC PPO RET w/out Med A&B or BlueCard Out-of-State w/out Med A&B (Over 65)			
Single	\$1,120.92	\$6.64	\$1,148.98
2-Party	\$2,241.86	\$9.50	\$2,294.14
Family	\$2,858.40	\$17.00	\$2,930.03
Delta Dental DPO RETIREE			
Single	\$63.28	N/A	\$64.48
2-Party	\$114.84	N/A	\$117.02
Family	\$161.70	N/A	\$164.77
Delta Care Dental PMI/DHMO RETIREE			
Single	\$18.58	N/A	\$18.93
2-Party	\$28.18	N/A	\$28.72
Family	\$41.92	N/A	\$42.72
Local Advantage Dental Plan RETIREE			
Single	\$63.28	N/A	\$64.48
2-Party	\$114.84	N/A	\$117.02
Family	\$161.70	N/A	\$164.77

RATES ARE SUBJECT TO CHANGE.

**INCLUDES ADMINISTRATIVE FEE