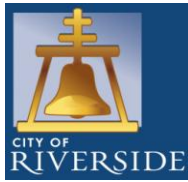


**CITY OF RIVERSIDE
2012 RETIREE
HEALTH, VISION and DENTAL**

PROVIDER/COVERAGE CATEGORY	MONTHLY MEDICAL PREMIUM	MONTHLY VISION PREMIUM	TOTAL (RAW) MONTHLY PREMIUM	TOTAL MONTHLY PREMIUM*
Kaiser Permanente PREFERRED RETIREE Under 65				
Single	\$496.51	\$6.64	\$503.15	\$513.21
2-Party	\$937.51	\$9.50	\$947.01	\$965.95
Family	\$1,253.29	\$17.00	\$1,270.29	\$1,295.70
Kaiser Permanente STANDARD RETIREE Under 65				
Single	\$450.76	\$6.64	\$457.40	\$466.55
2-Party	\$874.49	\$9.50	\$883.99	\$901.67
Family	\$1,114.79	\$17.00	\$1,131.79	\$1,154.43
Kaiser Permanente VALUE RETIREE Under 65				
Single	\$407.27	\$6.64	\$413.91	\$422.19
2-Party	\$790.10	\$9.50	\$799.60	\$815.59
Family	\$1,067.04	\$17.00	\$1,084.04	\$1,105.72
Kaiser Permanente PREFERRED 65+ RETIREE				
Subscriber (M)**	\$180.29	\$6.64	\$186.93	\$190.67
Subscriber (M) + Spouse (M)	\$360.28	\$9.50	\$369.78	\$377.18
Subscriber (M) + Spouse (NM<65)	\$621.29	\$9.50	\$630.79	\$643.41
Subscriber (M) + Spouse (NM >65)	\$1,331.28	\$9.50	\$1,340.78	\$1,367.60
Subscriber (NM<65) + Spouse (M)	\$676.50	\$9.50	\$686.00	\$699.72
Subscriber (M) + Spouse (M) + Child (NM)**	\$676.06	\$17.00	\$693.06	\$706.92
Subscriber (M) + Spouse (NM<65) + Child (NM)	\$937.07	\$17.00	\$954.07	\$973.15
Subscriber (NM<65) + Spouse (M) + Child (NM)	\$992.28	\$17.00	\$1,009.28	\$1,029.47
Subscriber (NM<65) + Spouse (NM+65)	\$1,647.50	\$9.50	\$1,657.00	\$1,690.14
Subscriber (NM +65)	\$1,150.99	\$6.64	\$1,157.63	\$1,180.78
Subscriber (NM+65) + Spouse (NM+65)	\$2,301.98	\$9.50	\$2,311.48	\$2,357.71
Subscriber (NM+65) + Spouse (NM+65) + Child (NM)	\$2,617.76	\$17.00	\$2,634.76	\$2,687.46
Subscriber (Part A Only +65)	\$837.98	\$6.64	\$844.62	\$861.51
Kaiser Permanente STANDARD 65+ RETIREE				
Subscriber (M)	\$180.30	\$6.64	\$186.94	\$190.68
Subscriber (M) + Spouse (M)	\$360.45	\$9.50	\$369.95	\$377.35
Subscriber (M) + Spouse (NM<65)	\$604.03	\$9.50	\$613.53	\$625.80
Subscriber (M) + Spouse (NM >65)	\$1,297.69	\$9.50	\$1,307.19	\$1,333.33
Subscriber (NM<65) + Spouse (M)	\$630.91	\$9.50	\$640.41	\$653.22
Subscriber (M) + Spouse (M) + Child (NM)	\$600.75	\$17.00	\$617.75	\$630.11
Subscriber (M) + Spouse (NM<65) + Child (NM)	\$844.33	\$17.00	\$861.33	\$878.56
Subscriber (NM<65) + Spouse (M) + Child (NM)	\$871.21	\$17.00	\$888.21	\$905.97
Subscriber (NM<65) + Spouse (NM+65)	\$1,568.15	\$9.50	\$1,577.65	\$1,609.20
Subscriber (NM +65)	\$1,117.39	\$6.64	\$1,124.03	\$1,146.51
Subscriber (NM+65) + Spouse (NM+65)	\$2,234.78	\$9.50	\$2,244.28	\$2,289.17
Subscriber (NM+65) + Spouse (NM+65) + Child (NM)	\$2,475.08	\$17.00	\$2,492.08	\$2,541.92
Subscriber (Part A Only +65)	\$804.38	\$6.64	\$811.02	\$827.24

*Includes Administrative Fee

**M = Medicare; NM = No Medicare

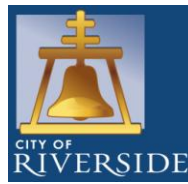


**CITY OF RIVERSIDE
2012 RETIREE
HEALTH, VISION and DENTAL**

PROVIDER/COVERAGE CATEGORY	MONTHLY MEDICAL PREMIUM	MONTHLY VISION PREMIUM	TOTAL (RAW) MONTHLY PREMIUM	TOTAL MONTHLY PREMIUM*
Kaiser Permanente VALUE 65+ RETIREE				
Subscriber (M)	\$145.51	\$6.64	\$152.15	\$155.19
Subscriber (M) + Spouse (M)	\$291.02	\$9.50	\$300.52	\$306.53
Subscriber (M) + Spouse (NM<65)	\$528.34	\$9.50	\$537.84	\$548.60
Subscriber (M) + Spouse (NM >65)	\$1,230.78	\$9.50	\$1,240.28	\$1,265.09
Subscriber (NM<65) + Spouse (M)	\$552.78	\$9.50	\$562.28	\$573.53
Subscriber (M) + Spouse (M) + Child (NM)	\$567.96	\$17.00	\$584.96	\$596.66
Subscriber (M) + Spouse (NM<65) + Child (NM)	\$805.28	\$17.00	\$822.28	\$838.73
Subscriber (NM<65) + Spouse (M) + Child (NM)	\$829.72	\$17.00	\$846.72	\$863.65
Subscriber (NM<65) + Spouse (NM+65)	\$1,492.54	\$9.50	\$1,502.04	\$1,532.08
Subscriber (NM+65)	\$1,085.27	\$6.64	\$1,091.91	\$1,113.75
Subscriber (NM+65) + Spouse (NM+65)	\$2,170.54	\$9.50	\$2,180.04	\$2,223.64
Subscriber (NM+65) + Spouse (NM+65) + Child (NM)	\$2,447.48	\$17.00	\$2,464.48	\$2,513.77
Subscriber (Part A Only +65)	\$772.26	\$6.64	\$778.90	\$794.48
Blue Cross HMO PREFERRED RETIREE Under 65				
Single	\$494.20	\$6.64	\$500.84	\$510.86
2-Party	\$1,000.32	\$9.50	\$1,009.82	\$1,030.02
Family	\$1,381.60	\$17.00	\$1,398.60	\$1,426.57
Blue Cross HMO STANDARD RETIREE Under 65				
Single	\$473.00	\$6.64	\$479.64	\$489.23
2-Party	\$957.38	\$9.50	\$966.88	\$986.22
Family	\$1,322.32	\$17.00	\$1,339.32	\$1,366.11
Blue Cross HMO VALUE RETIREE Under 65				
Single	\$413.34	\$6.64	\$419.98	\$428.38
2-Party	\$836.28	\$9.50	\$845.78	\$862.70
Family	\$1,154.58	\$17.00	\$1,171.58	\$1,195.01
BC PPO RETIREE und 65, Blue Card RETIREE Under 65				
Single	\$696.94	\$6.64	\$703.58	\$717.65
2-Party	\$1,393.88	\$9.50	\$1,403.38	\$1,431.45
Family	\$1,777.22	\$17.00	\$1,794.22	\$1,830.10
Blue Cross HMO PREFERRED RETIREE with Medicare A&B				
Single	\$534.56	\$6.64	\$541.20	\$552.02
2-Party	\$1,081.88	\$9.50	\$1,091.38	\$1,113.21
Family	\$1,494.30	\$17.00	\$1,511.30	\$1,541.53
Blue Cross HMO PREFERRED RETIREE without Medicare A&B				
Single	\$832.40	\$6.64	\$839.04	\$855.82
2-Party	\$1,684.62	\$9.50	\$1,694.12	\$1,728.00
Family	\$2,326.48	\$17.00	\$2,343.48	\$2,390.35
Blue Cross HMO STANDARD RETIREE with Medicare A&B				
Single	\$511.58	\$6.64	\$518.22	\$528.58
2-Party	\$1,035.50	\$9.50	\$1,045.00	\$1,065.90
Family	\$1,428.74	\$17.00	\$1,445.74	\$1,474.65

*Includes Administrative Fee

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**CITY OF RIVERSIDE
2012 RETIREE
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PROVIDER/COVERAGE CATEGORY	MONTHLY MEDICAL PREMIUM	MONTHLY VISION PREMIUM	TOTAL (RAW) MONTHLY PREMIUM	TOTAL MONTHLY PREMIUM*
Blue Cross HMO STANDARD RETIREE without Medicare A&B				
Single	\$777.96	\$6.64	\$784.60	\$800.29
2-Party	\$1,574.38	\$9.50	\$1,583.88	\$1,615.56
Family	\$2,174.20	\$17.00	\$2,191.20	\$2,235.02
Blue Cross HMO VALUE RETIREE with Medicare A&B				
Single	\$445.18	\$6.64	\$451.82	\$460.86
2-Party	\$900.70	\$9.50	\$910.20	\$928.40
Family	\$1,243.56	\$17.00	\$1,260.56	\$1,285.77
Blue Cross HMO VALUE RETIREE without Medicare A&B				
Single	\$717.50	\$6.64	\$724.14	\$738.62
2-Party	\$1,451.66	\$9.50	\$1,461.16	\$1,490.38
Family	\$2,004.34	\$17.00	\$2,021.34	\$2,061.77
BC PPO RETIREE w/Med A&B or Blue Card Out-of-State w/Med A&B				
Single	\$858.82	\$6.64	\$865.46	\$882.77
2-Party	\$1,717.66	\$9.50	\$1,727.16	\$1,761.70
Family	\$2,189.98	\$17.00	\$2,206.98	\$2,251.12
BC PPO RET w/out Med A&B or BlueCard Out-of-State w/out Med A&B				
Single	\$1,129.34	\$6.64	\$1,135.98	\$1,158.70
2-Party	\$2,258.74	\$9.50	\$2,268.24	\$2,313.60
Family	\$2,879.90	\$17.00	\$2,896.90	\$2,954.84
Delta Dental DPO RETIREE				
Single	\$65.82	N/A	\$65.82	\$67.14
2-Party	\$119.44	N/A	\$119.44	\$121.83
Family	\$168.18	N/A	\$168.18	\$171.54
Delta Care Dental PMI/DHMO RETIREE				
Single	\$18.58	N/A	\$18.58	\$18.95
2-Party	\$28.18	N/A	\$28.18	\$28.74
Family	\$41.92	N/A	\$41.92	\$42.76
Local Advantage Dental Plan RETIREE				
Single	\$65.82	N/A	\$65.82	\$67.14
2-Party	\$119.44	N/A	\$119.44	\$121.83
Family	\$168.18	N/A	\$168.18	\$171.54

RATES ARE SUBJECT TO CHANGE.

*Includes Administrative Fee