



City of Arts & Innovation

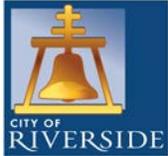
**CITY OF RIVERSIDE
2015 RETIREE
HEALTH, VISION and DENTAL
(Vision is included with all medical plans)**

PROVIDER/COVERAGE CATEGORY	MONTHLY MEDICAL PREMIUM	MONTHLY VISION PREMIUM	TOTAL (RAW) MONTHLY PREMIUM	TOTAL MONTHLY PREMIUM*
Kaiser Permanente HMO 15 RETIREE Under 65				
Single	\$548.59	\$6.64	\$555.23	\$566.33
2-Party	\$1,108.21	\$9.50	\$1,117.71	\$1,140.06
Family	\$1,481.14	\$17.00	\$1,498.14	\$1,528.10
Kaiser Permanente HMO 30 RETIREE Under 65				
Single	\$496.77	\$6.64	\$503.41	\$513.48
2-Party	\$1,003.43	\$9.50	\$1,012.93	\$1,033.19
Family	\$1,341.29	\$17.00	\$1,358.29	\$1,385.46
Kaiser Permanente Senior Advantage HMO 10 - 65+ RETIREE				
Subscriber (M)**	\$195.60	\$6.64	\$202.24	\$206.28
Subscriber (M) + Spouse (M)	\$391.26	\$9.50	\$400.76	\$408.78
Subscriber (M) + Spouse (NM<65)**	\$755.22	\$9.50	\$764.72	\$780.01
Subscriber (M) + Spouse (NM >65)	\$1,441.77	\$9.50	\$1,451.27	\$1,480.30
Subscriber (NM<65) + Spouse (M)	\$744.25	\$9.50	\$753.75	\$768.83
Subscriber (M) + Spouse (M) + Child (NM)	\$764.19	\$17.00	\$781.19	\$796.81
Subscriber (M) + Spouse (NM<65) + Child (NM)	\$1,128.15	\$17.00	\$1,145.15	\$1,168.05
Subscriber (NM<65) + Spouse (M) + Child (NM)	\$1,117.18	\$17.00	\$1,134.18	\$1,156.86
Subscriber (NM<65) + Spouse (NM+65)	\$1,794.76	\$9.50	\$1,804.26	\$1,840.35
Subscriber (NM +65)	\$1,246.17	\$6.64	\$1,252.81	\$1,277.87
Subscriber (NM+65) + Spouse (NM+65)	\$2,492.34	\$9.50	\$2,501.84	\$2,551.88
Subscriber (NM+65) + Spouse (NM+65) + Child (NM)	\$2,865.27	\$17.00	\$2,882.27	\$2,939.92
Subscriber (Part A Only +65)	\$933.16	\$6.64	\$939.80	\$958.60
Kaiser Permanente Senior Advantage HMO 15 - 65+ RETIREE				
Subscriber (M)	\$158.19	\$6.64	\$164.83	\$168.13
Subscriber (M) + Spouse (M)	\$316.38	\$9.50	\$325.88	\$332.40
Subscriber (M) + Spouse (NM<65)	\$664.85	\$9.50	\$674.35	\$687.84
Subscriber (M) + Spouse (NM >65)	\$1,338.46	\$9.50	\$1,347.96	\$1,374.92
Subscriber (NM<65) + Spouse (M)	\$654.96	\$9.50	\$664.46	\$677.75
Subscriber (M) + Spouse (M) + Child (NM)	\$654.24	\$17.00	\$671.24	\$684.66
Subscriber (M) + Spouse (NM<65) + Child (NM)	\$1,002.71	\$17.00	\$1,019.71	\$1,040.10
Subscriber (NM<65) + Spouse (M) + Child (NM)	\$992.82	\$17.00	\$1,009.82	\$1,030.02
Subscriber (NM<65) + Spouse (NM+65)	\$1,677.04	\$9.50	\$1,686.54	\$1,720.27
Subscriber (NM+65)	\$1,180.27	\$6.64	\$1,186.91	\$1,210.65
Subscriber (NM+65) + Spouse (NM+65)	\$2,360.54	\$9.50	\$2,370.04	\$2,417.44
Subscriber (NM+65) + Spouse (NM+65) + Child (NM)	\$2,698.40	\$17.00	\$2,715.40	\$2,769.71
Subscriber (Part A Only +65)	\$867.26	\$6.64	\$873.90	\$891.38

RATES ARE SUBJECT TO CHANGE.

* Includes 2% Administrative Fee

** M=Medicare; NM=No Medicare



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PROVIDER/COVERAGE CATEGORY	MONTHLY MEDICAL PREMIUM	MONTHLY VISION PREMIUM	TOTAL (RAW) MONTHLY PREMIUM	TOTAL MONTHLY PREMIUM*
Blue Cross HMO 15 RETIREE Under 65				
Single	\$584.34	\$6.64	\$590.98	\$602.80
2-Party	\$1,182.74	\$9.50	\$1,192.24	\$1,216.08
Family	\$1,633.58	\$17.00	\$1,650.58	\$1,683.59
Blue Cross HMO 20 RETIREE Under 65				
Single	\$492.30	\$6.64	\$498.94	\$508.92
2-Party	\$996.10	\$9.50	\$1,005.60	\$1,025.71
Family	\$1,375.22	\$17.00	\$1,392.22	\$1,420.06
BC PPO RETIREE und 65, Blue Card RETIREE Under 65				
Single	\$808.08	\$6.64	\$814.72	\$831.01
2-Party	\$1,616.28	\$9.50	\$1,625.78	\$1,658.30
Family	\$2,061.32	\$17.00	\$2,078.32	\$2,119.89
Blue Cross HMO 15 RETIREE with Medicare A&B				
Single	\$632.04	\$6.64	\$638.68	\$651.45
2-Party	\$1,279.20	\$9.50	\$1,288.70	\$1,314.47
Family	\$1,766.84	\$17.00	\$1,783.84	\$1,819.52
Blue Cross HMO 15 RETIREE without Medicare A&B				
Single	\$984.18	\$6.64	\$990.82	\$1,010.64
2-Party	\$1,991.86	\$9.50	\$2,001.36	\$2,041.39
Family	\$2,750.78	\$17.00	\$2,767.78	\$2,823.14
Blue Cross HMO 20 RETIREE with Medicare A&B				
Single	\$530.26	\$6.64	\$536.90	\$547.64
2-Party	\$1,072.80	\$9.50	\$1,082.30	\$1,103.95
Family	\$1,481.18	\$17.00	\$1,498.18	\$1,528.14
Blue Cross HMO 20 without Medicare A&B				
Single	\$854.62	\$6.64	\$861.26	\$878.49
2-Party	\$1,729.06	\$9.50	\$1,738.56	\$1,773.33
Family	\$2,387.36	\$17.00	\$2,404.36	\$2,452.45
BC PPO RETIREE w/Med A&B or Blue Card Out-of-State w/Med A&B				
Single	\$995.40	\$6.64	\$1,002.04	\$1,022.08
2-Party	\$1,991.00	\$9.50	\$2,000.50	\$2,040.51
Family	\$2,539.00	\$17.00	\$2,556.00	\$2,607.12
BC PPO RET w/out Med A&B or BlueCard Out-of-State w/out Med A&B				
Single	\$1,308.44	\$6.64	\$1,315.08	\$1,341.38
2-Party	\$2,617.14	\$9.50	\$2,626.64	\$2,679.17
Family	\$3,337.34	\$17.00	\$3,354.34	\$3,421.43

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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	\$20.00	N/A	\$20.00	\$20.40
2-Party	\$32.32	N/A	\$32.32	\$32.97
Family	\$45.14	N/A	\$45.14	\$46.04
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

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