



**CITY OF RIVERSIDE
2017 RETIREE
HEALTH/VISION and DENTAL**

PROVIDER/COVERAGE CATEGORY	MONTHLY MEDICAL PREMIUM	MONTHLY VISION PREMIUM	TOTAL (RAW) MONTHLY PREMIUM	TOTAL MONTHLY PREMIUM*
Kaiser Permanente HMO \$15 RETIREE Under 65				
Single	\$566.42	\$6.64	\$573.06	\$584.52
2-Party	\$1,144.14	\$9.50	\$1,153.64	\$1,176.71
Family	\$1,529.30	\$17.00	\$1,546.30	\$1,577.23
Kaiser Permanente HMO \$30 RETIREE Under 65				
Single	\$513.06	\$6.64	\$519.70	\$530.09
2-Party	\$1,036.40	\$9.50	\$1,045.90	\$1,066.82
Family	\$1,385.28	\$17.00	\$1,402.28	\$1,430.33
Kaiser Permanente HMO \$10 65+ RETIREE (SENIOR ADVANTAGE)				
Subscriber (M)**	\$198.00	\$6.64	\$204.64	\$208.73
Subscriber (M) + Spouse (M)	\$396.02	\$9.50	\$405.52	\$413.63
Subscriber (M) + Spouse (NM<65)**	\$775.72	\$9.50	\$785.22	\$800.92
Subscriber (M) + Spouse (NM >65)	\$1,461.42	\$9.50	\$1,470.92	\$1,500.34
Subscriber (NM<65) + Spouse (M)	\$764.44	\$9.50	\$773.94	\$789.42
Subscriber (M) + Spouse (M) + Child (NM)	\$781.18	\$17.00	\$798.18	\$814.14
Subscriber (M) + Spouse (NM<65) + Child (NM)	\$1,160.88	\$17.00	\$1,177.88	\$1,201.44
Subscriber (NM<65) + Spouse (M) + Child (NM)	\$1,149.60	\$17.00	\$1,166.60	\$1,189.93
Subscriber (NM<65) + Spouse (NM+65)	\$1,144.14	\$9.50	\$1,153.64	\$1,176.71
Subscriber (NM +65)	\$1,263.42	\$6.64	\$1,270.06	\$1,295.46
Subscriber (NM+65) + Spouse (NM+65)	\$2,526.84	\$9.50	\$2,536.34	\$2,587.07
Subscriber (NM+65) + Spouse (NM+65) + Child (NM)	\$3,104.56	\$17.00	\$3,121.56	\$3,183.99
Subscriber (Part A Only +65)	\$950.42	\$6.64	\$957.06	\$976.20
Kaiser Permanente HMO \$15 65+ RETIREE (SENIOR ADVANTAGE)				
Subscriber (M)	\$159.50	\$6.64	\$166.14	\$169.46
Subscriber (M) + Spouse (M)	\$319.00	\$9.50	\$328.50	\$335.07
Subscriber (M) + Spouse (NM<65)	\$682.84	\$9.50	\$692.34	\$706.19
Subscriber (M) + Spouse (NM >65)	\$1,374.42	\$9.50	\$1,383.92	\$1,411.60
Subscriber (NM<65) + Spouse (M)	\$672.56	\$9.50	\$682.06	\$695.70
Subscriber (M) + Spouse (M) + Child (NM)	\$667.88	\$17.00	\$684.88	\$698.58
Subscriber (M) + Spouse (NM<65) + Child (NM)	\$1,031.72	\$17.00	\$1,048.72	\$1,069.69
Subscriber (NM<65) + Spouse (M) + Child (NM)	\$1,021.44	\$17.00	\$1,038.44	\$1,059.21
Subscriber (NM<65) + Spouse (NM+65)	\$1,036.40	\$9.50	\$1,045.90	\$1,066.82
Subscriber (NM+65)	\$1,214.92	\$6.64	\$1,221.56	\$1,245.99
Subscriber (NM+65) + Spouse (NM+65)	\$2,429.84	\$9.50	\$2,439.34	\$2,488.13
Subscriber (NM+65) + Spouse (NM+65) + Child (NM)	\$2,953.18	\$17.00	\$2,970.18	\$3,029.58
Subscriber (Part A Only +65)	\$901.92	\$6.64	\$908.56	\$926.73

RATES ARE SUBJECT TO CHANGE

* Includes 2% Administrative Fee

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Blue Cross HMO \$15 RETIREE Under 65				
Single	\$632.40	\$6.64	\$639.04	\$651.82
2-Party	\$1,280.04	\$9.50	\$1,289.54	\$1,315.33
Family	\$1,767.96	\$17.00	\$1,784.96	\$1,820.66
Blue Cross HMO VALUE RETIREE Under 65				
Single	\$535.94	\$6.64	\$542.58	\$553.43
2-Party	\$1,084.38	\$9.50	\$1,093.88	\$1,115.76
Family	\$1,497.10	\$17.00	\$1,514.10	\$1,544.38
BC PPO RETIREE und 65, Blue Card RETIREE Under 65				
Single	\$899.12	\$6.64	\$905.76	\$923.88
2-Party	\$1,798.38	\$9.50	\$1,807.88	\$1,844.04
Family	\$2,293.58	\$17.00	\$2,310.58	\$2,356.79
Blue Cross HMO PREFERRED RETIREE with Medicare A&B				
Single	\$684.00	\$6.64	\$690.64	\$704.45
2-Party	\$1,384.46	\$9.50	\$1,393.96	\$1,421.84
Family	\$1,912.20	\$17.00	\$1,929.20	\$1,967.78
Blue Cross HMO PREFERRED RETIREE without Medicare A&B				
Single	\$1,065.16	\$6.64	\$1,071.80	\$1,093.24
2-Party	\$2,155.84	\$9.50	\$2,165.34	\$2,208.65
Family	\$2,977.32	\$17.00	\$2,994.32	\$3,054.21
Blue Cross HMO VALUE RETIREE with Medicare A&B				
Single	\$577.26	\$6.64	\$583.90	\$595.58
2-Party	\$1,167.86	\$9.50	\$1,177.36	\$1,200.91
Family	\$1,612.42	\$17.00	\$1,629.42	\$1,662.01
Blue Cross HMO VALUE RETIREE without Medicare A&B				
Single	\$930.36	\$6.64	\$937.00	\$955.74
2-Party	\$1,882.24	\$9.50	\$1,891.74	\$1,929.57
Family	\$2,598.82	\$17.00	\$2,615.82	\$2,668.14
BC PPO RETIREE w/Med A&B or Blue Card Out-of-State w/Med A&B				
Single	\$1,107.36	\$6.64	\$1,114.00	\$1,136.28
2-Party	\$2,214.90	\$9.50	\$2,224.40	\$2,268.89
Family	\$2,824.78	\$17.00	\$2,841.78	\$2,898.62
BC PPO RET w/out Med A&B or BlueCard Out-of-State w/out Med A&B				
Single	\$1,455.70	\$6.64	\$1,462.34	\$1,491.59
2-Party	\$2,911.66	\$9.50	\$2,921.16	\$2,979.58
Family	\$3,713.44	\$17.00	\$3,730.44	\$3,805.05

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Delta Dental PPO 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	\$21.24	N/A	\$21.24	\$21.66
2-Party	\$32.18	N/A	\$32.18	\$32.82
Family	\$47.92	N/A	\$47.92	\$48.88
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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