

2014 Retiree Medical and Dental Premium Rates

The rates listed below are the most frequently used rates. Rates are based upon retiree/dependent age and Medicare eligibility. If your specific status is not listed or if you are not sure what your rate will be, please call the Employee Benefits and Services Division (EBSB) at 909-387-5787. We will be happy to assist you!

How to calculate your total monthly medical premium if you have dependents:

If you have one or more dependents on your coverage, please make sure to add the "Retiree only" rate to the "1 Dependent" or "2 Dependents" rate, as applicable.

For example:

You are a retiree over 65, with Medicare A and B. You live in a Medicare service area, and you have one dependent, under 65, without Medicare. If you select Blue Shield as your carrier, your total monthly premium will be:

Retiree: Blue Shield 65 Plus - Retiree only, over 65, with Medicare A and B (High Option) . . \$220.28

Dependent: Blue Shield Signature - 1 Dependent, under 65, no Medicare (High Option) . . .1,030.40

Total Monthly Premium \$1,250.68

Monthly Medical Plan Rates

Effective January 1, 2014 Plan and Coverage Level	2014 Rate	
	High	Low
Blue Shield Signature (HMO)		
Retiree only, under 65, no Medicare	\$900.95	\$740.83
1 Dependent, under 65, no Medicare	\$1,030.40	\$846.35
2 Dependents, under 65, no Medicare	\$1,747.52	\$1,435.39
Retiree only, over 65, no Medicare	\$900.95	n/a
1 Dependent, over 65, no Medicare	\$1,030.40	n/a
2 Dependents, over 65, no Medicare	\$2,060.80	n/a
Blue Shield 65 Plus (HMO) Medicare Advantage		
Retiree only, over 65, with Medicare A and B	\$220.28	\$91.70
1 Dependent, over 65, with Medicare A and B	\$215.92	\$87.34
2 Dependents, over 65, with Medicare A and B	\$431.84	\$174.68
Blue Shield PPO Medicare COB – California and Out of State		
Retiree only, over 65, with Medicare A and B	\$659.95	n/a
1 Dependent, over 65, with Medicare A and B	\$655.59	n/a
2 Dependents, over 65, with Medicare A and B	\$1,311.18	n/a

Monthly Medical Plan Rates (continued)

Effective January 1, 2014 Plan and Coverage Level	2014 Rate	
Blue Shield PPO – California	High	Low
Retiree only, under 65, no Medicare	\$1,431.72	\$1,121.20
1 Dependent, under 65, no Medicare	\$1,465.47	\$1,146.65
2 Dependents, under 65, no Medicare	\$3,050.80	\$2,372.42
Blue Shield PPO – Out of State	High	Low
Retiree only, under 65, no Medicare	\$1,431.72	\$1,121.20
1 Dependent, under 65, no Medicare	\$1,465.47	\$1,146.65
2 Dependents, under 65, no Medicare	\$3,050.80	\$2,372.42
Kaiser Permanente (HMO)	High	Low
Retiree only, no Medicare	\$875.09	\$665.93
1 Dependent, no Medicare	\$870.74	\$661.57
2 Dependents, no Medicare	\$1,593.46	\$1,210.66
Retiree only, over 65, no Medicare	\$1,240.17	\$1,144.20
1 Dependent, over 65, no Medicare	\$1,235.81	\$1,139.84
2 Dependents, over 65, no Medicare	\$2,471.62	\$2,279.68
Kaiser Permanente Medicare Advantage	High	Low
Retiree only, over 65, with Medicare A and B	\$229.06	\$139.47
1 Dependent, over 65, with Medicare A and B	\$224.70	\$135.11

Monthly Dental Plan Rates

	Cigna Dental DPPO	Cigna Dental DHMO
Retiree only	\$39.09	\$18.78
Retiree + 1	\$71.51	\$28.93
Retiree + 2 or more	\$122.53	\$41.15

We encourage you to keep this Guide the entire year.