

## 2019 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 (EBS) at 909-387-5787 or 1-888-743-1474. 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, add the “1 Dependent” rate or “2 Dependents” rate to the “Retiree only” rate.

**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). . . . \$255.19  
**Dependent:** Blue Shield Signature – 1 Dependent, under 65, no Medicare (High Option). . . \$1,200.57  
**Total Monthly Premium.** . . . . . \$1,455.76

Monthly Medical Plan Rates		
Effective January 1, 2019 Plan and Coverage Level	2019 Rates*	
<b>Blue Shield Signature (HMO)</b>	<b>High</b>	<b>Low</b>
Retiree only, under 65, no Medicare	\$1,049.02	\$862.46
1 Dependent, under 65, no Medicare	\$1,200.57	\$986.12
2 Dependents, under 65, no Medicare	\$2,036.12	\$1,672.44
Retiree only, over 65, no Medicare	\$1,049.02	n/a
1 Dependent, over 65, no Medicare	\$1,200.57	n/a
2 Dependents, over 65, no Medicare	\$2,036.12	n/a
<b>Blue Shield 65 Plus (HMO) Medicare Advantage</b>	<b>High</b>	<b>Low</b>
Retiree only, over 65, with Medicare A and B	\$247.92	\$102.88
1 Dependent, over 65, with Medicare A and B	\$243.56	\$98.53
2 Dependents, over 65, with Medicare A and B	\$487.11	\$197.05
<b>Blue Shield PPO Medicare COB – California and Out of State</b>	<b>High</b>	<b>Low</b>
Retiree only, over 65, with Medicare A and B	\$791.68	n/a
1 Dependent, over 65, with Medicare A and B	\$787.33	n/a
2 Dependents, over 65, with Medicare A and B	\$1,574.66	n/a

<b>Monthly Medical Plan Rates (continued)</b>		
<b>Effective January 1, 2019 Plan and Coverage Level</b>	<b>2019 Rates*</b>	
<b>Blue Shield PPO – California and Out of State</b>	<b>High</b>	<b>Low</b>
Retiree only, under 65, no Medicare	\$1,718.54	\$1,345.63
1 Dependent, under 65, no Medicare	\$1,759.95	\$1,377.06
2 Dependents, under 65, no Medicare	\$3,663.84	\$2,849.14
<b>Kaiser Permanente (HMO)</b>	<b>High</b>	<b>Low</b>
Retiree only, under 65, no Medicare	\$1,060.44	\$806.75
1 Dependent, under 65, no Medicare	\$1,056.08	\$802.39
2 Dependents, under 65, no Medicare	\$1,932.63	\$1,468.38
Retiree only, over 65, no Medicare	\$1,413.94	\$1,299.64
1 Dependent, over 65, no Medicare	\$1,409.58	\$1,295.28
2 Dependents, over 65, no Medicare	\$2,819.16	\$2,590.56
<b>Kaiser Permanente Medicare Advantage</b>	<b>High</b>	<b>Low</b>
Retiree only, over 65, with Medicare A and B	\$232.77	\$141.69
1 Dependent, over 65, with Medicare A and B	\$228.41	\$137.33
2 Dependents, over 65, with Medicare A and B	\$456.82	\$274.66

<b>Monthly Dental Plan Rates</b>			
	<b>DeltaCare USA HMO</b>	<b>Delta Dental PPO Low Option</b>	<b>Delta Dental PPO High Option</b>
Retiree only	\$19.71	\$44.10	\$61.93
Retiree + 1	\$30.47	\$81.07	\$114.98
Retiree + 2 or more	\$43.41	\$139.21	\$198.41

\*Premium rates are pending approval by the Board of Supervisors.

**Contact EBSD for information if your specific plan is not listed in the rates table.**

**Phone: 1-888-743-1474**

**Email: [ebsd@hr.sbcounty.gov](mailto:ebsd@hr.sbcounty.gov)**