

**Monthly Health Insurance Rates for County Retirees  
(effective January 1, 2022)**

**Health Insurance Rates for Retirees Under 65**

		<b>1/1/2022</b>
		<b>monthly premium</b>
<b>BLUE SHIELD HMO</b>		
Employee Only		1,242.92
Employee +1		2,485.86
Employee + Family		3,517.50
<b>BLUE SHIELD TRIO HMO</b>		
Employee Only		962.80
Employee +1		1,925.60
Employee + Family		2,724.72
<b>BLUE SHIELD HDHP</b>		
Employee Only		1,027.74
Employee +1		2,055.50
Employee + Family		2,908.54
<b>BLUE SHIELD PPO</b>		
Employee Only		1,585.50
Employee +1		3,293.04
Employee + Family		4,791.74
<b>BLUE SHIELD PPO (out-of-area) (closed to new enrollees)</b>		
Employee Only		1,242.92
Employee +1		2,485.86
Employee + Family		3,517.50
<b>KAISER HMO</b>		
Employee Only		704.16
Employee +1		1,408.32
Employee + Family		1,992.78
<b>KAISER HDHP</b>		
Employee Only		552.86
Employee +1		1,105.72
Employee + Family		1,564.58

**Health Insurance Rates for Retirees 65 and Over**

		<b>1/1/2022</b>
		<b>monthly premium</b>
<b>BLUE SHIELD MAPPO</b>		
Single - Retiree <b>with</b> Medicare		400.20
Two-Party - Both <b>with</b> Medicare		800.40
Two-Party - Ret <b>w/o</b> Medicare (PPO), Spouse <b>with</b> Medicare (PPO)		1,985.70
Two-Party - Ret <b>with</b> Medicare (PPO), Spouse w/o (PPO)		2,107.74
Family - Ret <b>with</b> Med (PPO) + Spouse and Child <b>without</b> (PPO)		3,606.44
Family - Ret <b>with</b> Med, Spouse <b>with</b> Medicare & Child(ren) <b>with</b> Medicare		1,200.60
<b>BLUE SHIELD ACCESS +HMO and PPO (Medicare)</b>		
Two-Party - Ret <b>with</b> Medicare (PPO), Spouse w/o (HMO)		1,643.14
Two-Party - Ret w/o Medicare (HMO), Spouse with Medicare (PPO)		1,643.12
Family - Ret <b>with</b> Med (PPO) + Spouse and Child <b>without</b> (HMO)		2,674.78
Family - Ret & Spouse <b>with</b> Med (PPO) & Child <b>without</b> Medicare (HMO)		2,043.34
<b>BLUE SHIELD TRIO HMO and PPO (Medicare)</b>		
Two-Party - Ret <b>with</b> Medicare (PPO), Spouse w/o (TRIO HMO)		1,363.00
Two-Party - Ret w/o Medicare (TRIO HMO), Spouse with Medicare (PPO)		1,363.00
Family - Ret <b>with</b> Med (PPO) + Spouse and Child <b>without</b> (TRIO HMO)		2,162.12
Family - Ret & Spouse <b>with</b> (PPO) & Child <b>without</b> Medicare (TRIO HMO)		1,763.20

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<b>BLUE SHIELD PPO (OUT-OF-AREA) * no longer available to new participants</b>	<b>monthly premium</b>
Two-Party - Ret <b>with</b> Medicare (PPO), Spouse w/o (OOA PPO)	1,643.14
Two-Party - Ret (OOA PPO) + Spouse <b>with</b> Medicare (PPO)	1,643.12
Family - Ret (OOA PPO) + Spouse <b>with</b> Medicare (PPO) + Child (OOA PPO)	2,886.06

<b>KAISER SENIOR ADVANTAGE HMO</b>	<b>monthly premium</b>
Single - Subscriber <b>with</b> Medicare	334.40
Two-Party - Subscriber <b>with</b> Medicare & Spouse <b>with</b> Medicare	668.80
Two-Party - Subscriber <b>with</b> Medicare & Dependent <b>without</b> Medicare	1,038.56
Two-Party - Subscriber <b>without</b> Medicare & Spouse <b>with</b> Medicare	1,038.56
Family - Subscriber <b>with</b> Medicare & Children <b>without</b> Medicare	1,623.02
Family - Subscriber <b>with</b> Medicare, Spouse <b>without</b> Medicare, & Child <b>without</b> Medicare	1,623.02
Family - Subscriber <b>without</b> Medicare, Spouse <b>with</b> Medicare, and Child <b>without</b> Medicare	1,623.02
Family - Subscriber <b>with</b> Medicare, Spouse <b>with</b> Medicare, and Children <b>without</b> Medicare	1,253.26
Family - Subscriber <b>with</b> Medicare, Spouse <b>without</b> Medicare, and Children <b>without</b> Medicare	1,623.02
Family - Subscriber <b>without</b> Medicare, Spouse <b>with</b> Medicare, and Children <b>without</b> Medicare	1,623.02
Family - Subscriber <b>without</b> Medicare, Spouse <b>with</b> Medicare, and Children <b>with</b> Medicare	1,372.96
Family - Subscriber <b>with</b> Medicare, Spouse <b>with</b> Medicare, and Children <b>with</b> Medicare	1,003.20

<b>SECURE HORIZONS with UNITED HEALTHCARE (closed to new enrollees)</b>	<b>monthly premium</b>
Single - Retiree <b>with</b> Medicare	363.75
Two-Party - Both <b>with</b> Medicare	727.50

**Dental Insurance Rates for Retirees**

**1/1/2022**

<b>Voluntary Cigna Dental DHMO</b>	<b>monthly premium</b>
Single	27.63
Two-Party	46.97
Family	71.84

<b>Voluntary Cigna Dental PPO</b>	<b>monthly premium</b>
Single	41.48
Two-Party	79.86
Family	143.26

<b>Cigna Dental DHMO</b>	<b>monthly premium</b>
Management	42.98
Represented	42.98

<b>Cigna Dental PPO</b>	<b>monthly premium</b>
Management	142.40
Represented	114.92

**Vision Insurance Rates for Retirees**

**1/1/2022**

<b>Voluntary VSP</b>	<b>monthly premium</b>
Single	8.83
Two-Party	17.65
Family	28.41

<b>VSP-Management</b>	<b>monthly premium</b>
Composite Rate	16.52