

Retiree Medical Premium Rates for Plan Year 2025

Proposed 2025 Retiree Medical Premium Rates - Blue Shield

| Plan | Coverage Type | 2024 Published Monthly Rate | 2025 Published Monthly Rate2 | Dollar Change | Percent Change |
|--|--|-----------------------------|------------------------------|---------------|----------------|
| Blue Shield 65 Plus HMO (Medicare Advantage) High Option | Retiree only | \$253.47 | \$265.68 | \$12.21 | 4.82% |
| | One dependent (Medicare) - INCREMENTAL Rate | \$249.11 | \$261.32 | \$12.21 | 4.90% |
| | Two or more dependents (Medicare) - INCREMENTAL Rate | \$498.22 | \$522.64 | \$24.42 | 4.90% |
| Blue Shield 65 Plus HMO (Medicare Advantage) Low Option | Retiree only | \$105.13 | \$110.07 | \$4.94 | 4.70% |
| | One dependent (Medicare) - INCREMENTAL Rate | \$100.77 | \$105.71 | \$4.94 | 4.90% |
| | Two or more dependents (Medicare) - INCREMENTAL Rate | \$201.54 | \$211.42 | \$9.88 | 4.90% |
| Blue Shield Shield Signature Non-Medicare (<65 and 65 & older) HMO - High Option | Retiree only | \$1,049.02 | \$1,049.02 | \$0.00 | 0.00% |
| | One dependent (non-Medicare) - INCREMENTAL Rate | \$1,200.57 | \$1,200.57 | \$0.00 | 0.00% |
| | Two or more dependents (non-Medicare) - INCREMENTAL Rate | \$2,036.12 | \$2,036.12 | \$0.00 | 0.00% |
| Blue Shield Signature Non-Medicare (<65) HMO - Low Option | Retiree only | \$862.46 | \$862.46 | \$0.00 | 0.00% |
| | One dependent (non-Medicare) - INCREMENTAL Rate | \$986.12 | \$986.12 | \$0.00 | 0.00% |
| | Two or more dependents (non-Medicare) - INCREMENTAL Rate | \$1,672.43 | \$1,672.43 | \$0.00 | 0.00% |
| Blue Shield Non-Medicare (<65) HMO - Trio Option | Retiree only | \$788.14 | \$788.14 | \$0.00 | 0.00% |
| | One dependent (non-Medicare) - INCREMENTAL Rate | \$900.70 | \$900.70 | \$0.00 | 0.00% |
| | Two or more dependents (non-Medicare) - INCREMENTAL Rate | \$1,527.57 | \$1,527.57 | \$0.00 | 0.00% |
| Blue Shield Non-Medicare (<65 and 65 & older) PPO - High Option (CA & OOS) | Retiree only | \$1,718.54 | \$1,718.54 | \$0.00 | 0.00% |
| | One dependent (non-Medicare) - INCREMENTAL Rate | \$1,759.95 | \$1,759.95 | \$0.00 | 0.00% |
| | Two or more dependents (non-Medicare) - INCREMENTAL Rate | \$3,663.84 | \$3,663.84 | \$0.00 | 0.00% |
| Blue Shield Non-Medicare (<65) PPO - Low Option | Retiree only | \$1,345.63 | \$1,345.63 | \$0.00 | 0.00% |
| | One dependent (non-Medicare) - INCREMENTAL Rate | \$1,377.06 | \$1,377.06 | \$0.00 | 0.00% |
| | Two or more dependents (non-Medicare) - INCREMENTAL Rate | \$2,849.14 | \$2,849.14 | \$0.00 | 0.00% |
| Blue Shield PPO COB CA | Retiree only | \$791.68 | \$791.68 | \$0.00 | 0.00% |
| | One dependent - INCREMENTAL Rate | \$787.34 | \$787.34 | \$0.00 | 0.00% |
| | Two or more dependents - INCREMENTAL Rate | \$1,574.66 | \$1,574.66 | \$0.00 | 0.00% |
| Blue Shield PPO Hybrid COB W/PDP FROZEN | Retiree only | \$791.68 | \$791.68 | \$0.00 | 0.00% |
| | One dependent - INCREMENTAL Rate | \$787.34 | \$787.34 | \$0.00 | 0.00% |
| | Two or more dependents - INCREMENTAL Rate | \$1,574.66 | \$1,574.66 | \$0.00 | 0.00% |
| Blue Shield PPO Hybrid COB W/PDP FROZEN (Part A only) | Retiree only | \$1,178.95 | \$1,178.95 | \$0.00 | 0.00% |
| | One dependent - INCREMENTAL Rate | \$1,174.60 | \$1,174.60 | \$0.00 | 0.00% |
| | Two or more dependents - INCREMENTAL Rate | \$2,349.19 | \$2,349.19 | \$0.00 | 0.00% |
| Blue Shield Shield Signature COB W/PDP FROZEN | Retiree only | \$768.22 | \$768.22 | \$0.00 | 0.00% |
| | One dependent - INCREMENTAL Rate | \$763.86 | \$763.86 | \$0.00 | 0.00% |
| | Two or more dependents - INCREMENTAL Rate | \$1,527.72 | \$1,527.72 | \$0.00 | 0.00% |

NOTE: Published rates include a \$4.36 administrative fee for retirees/subscribers

| Retiree Plans | 2026 Rate Cap | 2027 Rate Cap |
|---------------|---------------|---------------|
| Blue Shield | 6.90% | 8.90% |