San Bernardino County **Attachment A**

Retiree Medical Premium Rates for Plan Year 2026

Proposed 2026 Retiree Medical Premium Rates - Kaiser (rates apply to California and Out-of-State)

Plan	Coverage Type	2025 Published Monthly Rate	2026 Published Monthly Rate2	Dollar Change	Percent Change
Kaiser Permanente Medicare Advantage High Option	Retiree only	$220.22	$235.41	$15.19	6.90%
	One dependent (Medicare Eligible) - INCREMENTAL Rate	$215.86	$231.05	$15.19	7.10%
	Two dependents (Medicare Eligible) - INCREMENTAL Rate	$431.72	$462.10	$30.38	7.10%
	Retiree (>65, w/MC Part B Only)	$534.94	$572.28	$37.34	7.00%
	One dependent (>65, w/MC Part B Only) - INCREMENTAL Rate	$530.58	$567.92	$37.34	7.10%
Kaiser Permanente Medicare Advantage Low Option	Retiree only	$134.13	$143.26	$9.13	6.90%
	One dependent (Medicare Eligible) - INCREMENTAL Rate	$129.77	$138.90	$9.13	7.10%
	Two dependents (Medicare Eligible) - INCREMENTAL Rate	$259.54	$277.80	$18.26	7.10%
	Retiree (>65, w/MC Part B Only)	$470.67	$503.49	$32.82	7.00%
	One dependent (>65, w/MC Part B Only) - INCREMENTAL Rate	$466.31	$499.13	$32.82	7.10%
Kaiser Permanente Non-Medicare High Option	Retiree only	$1,400.75	$1,519.13	$118.38	8.50%
	One dependent (non-MC) - INCREMENTAL Rate	$1,396.39	$1,514.77	$118.38	8.50%
	Two or more dependents (non-MC) - INCREMENTAL Rate	$2,555.39	$2,772.03	$216.64	8.50%
	Retiree (>65 w/Medicare) Part A Only	$1,298.07	$1,519.13	$221.06	17.10%
	Retiree (>65 w/Medicare) Part B Only	$1,606.72	$1,519.13	-$87.59	-5.50%
	Retiree (>65, Eligible for MC but unassigned to KP or unknown)	$1,606.72	$1,519.13	-$87.59	-5.50%
	Retiree (>65, No MC Part A&B or assignment unknown)	$1,606.72	$1,519.13	-$87.59	-5.50%
	Each dependent (Age 65 and older, with MC Part A&B but unassigned to KP or unknown) - INCREMENTAL Rate	$1,606.72	$1,514.77	-$91.95	-5.80%
	Each dependent (Age 65 and older, no MC Part A&B) - INCREMENTAL Rate	$1,606.72	$1,514.77	-$91.95	-5.80%
Kaiser Permanente Non-Medicare Low Option	Retiree only	$1,065.32	$1,155.26	$89.94	8.50%
	One dependent (non-MC) - INCREMENTAL Rate	$1,060.96	$1,150.90	$89.94	8.50%
	Two or more dependents (non-MC) - INCREMENTAL Rate	$1,941.55	$2,106.15	$164.60	8.50%
	Retiree (>65 w/Medicare) Part A Only	$1,150.11	$1,155.26	$5.15	0.50%
	Retiree (>65 w/Medicare) Part B Only	$1,299.64	$1,155.26	-$144.38	-11.20%
	Retiree (>65, Eligible for MC but unassigned to KP or unknown)	$1,463.12	$1,155.26	-$307.86	-21.10%
	Retiree (>65, No MC Part A&B or assignment unknown)	$1,463.12	$1,155.26	-$307.86	-21.10%
	Each dependent (Age 65 and older, with MC Part A&B but unassigned to KP or unknown) - INCREMENTAL Rate	$1,458.76	$1,150.90	-$307.86	-21.20%
	Each dependent (Age 65 and older, no MC Part A&B) - INCREMENTAL Rate	$1,458.76	$1,150.90	-$307.86	-21.20%
Kaiser Permanente Non-Medicare HDHP Option	Retiree only	$853.12	$925.08	$71.96	8.50%
	One dependent (non-MC) - INCREMENTAL Rate	$848.76	$920.72	$71.96	8.50%
	Two or more dependents (non-MC) - INCREMENTAL Rate	$1,553.23	$1,684.92	$131.69	8.50%
	Retiree (>65 w/Medicare) Part A Only	$1,476.96	$925.08	-$551.88	-37.40%
	Retiree (>65 w/Medicare) Part B Only	$1,789.97	$925.08	-$864.89	-48.40%
	Retiree (>65, Eligible for MC but unassigned to KP or unknown)	$1,789.97	$925.08	-$864.89	-48.40%
	Retiree (>65, No MC Part A&B or assignment unknown)	$1,789.97	$925.08	-$864.89	-48.40%
	Each dependent (Age 65 and older, with MC Part A&B but unassigned to KP or unknown) - INCREMENTAL Rate	$1,785.61	$920.72	-$864.89	-48.50%

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Retiree Medical Premium Rates for Plan Year 2026

Proposed 2026 Retiree Medical Premium Rates - Kaiser (rates apply to California and Out-of-State)

Non-California Retirees					
Plan	**Coverage Type**	**2025 Published Monthly Rate**	**2026 Published Monthly Rate**	**Dollar Change**	**Percent Change**
Kaiser Permanente Colorado (Denver, Boulder Longmont, Colorado Springs)	Subscriber (non-MC)	$1,805.36	$1,904.36	$99.00	5.48%
	Subscriber + 1 dependent (non-MC)	$3,605.36	$3,803.36	$198.00	5.49%
	Subscriber + 2 dependent (non-MC)	$5,207.36	$5,493.36	$286.00	5.49%
	One Subscriber with Medicare	$236.79	$250.74	$13.95	5.89%
	One dependent eligible for Medicare (sub/ w MC) - INCREMENTAL Rate	$232.43	$246.38	$13.95	6.00%
	Two dependents, one eligible for Medicare (sub w/ MC) - INCREMENTAL Rate	$2,033.43	$2,146.38	$112.95	5.55%
	Family, Two dependents with Medicare (includes sub w/ MC)	$697.29	$739.14	$41.85	6.00%
	Family, One dependent with Medicare (includes sub w/ MC)	$2,265.86	$2,397.12	$131.26	5.79%
	Family, Two+ dependent non-Medicare (includes sub w/ MC)	$3,635.43	$3,836.44	$201.01	5.53%
Kaiser Permanente OREGON	Subscriber (non-MC)	$1,360.97	$1,443.73	$82.76	6.08%
	Subscriber + 1 dependent (non-MC)	$2,717.58	$2,883.10	$165.52	6.09%
	Subscriber + 2 dependent (non-MC)	$4,074.19	$4,322.47	$248.28	6.09%
	Retiree only (with MC)	$348.04	$365.77	$17.73	5.09%
	One Dependent (with MC) - INCREMENTAL Rate	$343.69	$361.41	$17.72	5.16%
	Retiree MC Subscriber + One dependent non-MC	$1,704.65	$1,805.14	$100.49	5.90%
Kaiser Permanente WASHINGTON	Subscriber (non-MC)	$1,382.65	$1,623.85	$241.20	17.44%
	Subscriber + 1 dependent (non-MC)	$1,954.72	$2,296.03	$341.31	17.46%
	Subscriber + 2 dependent (non-MC)	$2,785.34	$3,272.01	$486.67	17.47%
	Retiree only (with MC)	$440.01	$478.17	$38.16	8.67%
	One Dependent (with MC) - INCREMENTAL Rate	$435.65	$473.81	$38.16	8.76%

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

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Retiree Medical Premium Rates for Plan Year 2026

Proposed 2026 Retiree Medical Premium Rates - Blue Shield (rates apply to California and Out-of-State)

Plan	Coverage Type	2025 Published Monthly Rate	2026 Published Monthly Rate2	Dollar Change	Percent Change
Blue Shield 65 Plus HMO (Medicare Advantage) High Option	Retiree only	$265.68	$265.68	$0.00	0.00%
	One dependent (Medicare) - INCREMENTAL Rate	$261.32	$261.32	$0.00	0.00%
	Two or more dependents (Medicare) - INCREMENTAL Rate	$522.64	$522.64	$0.00	0.00%
Blue Shield 65 Plus HMO (Medicare Advantage) Low Option	Retiree only	$110.07	$110.07	$0.00	0.00%
	One dependent (Medicare) - INCREMENTAL Rate	$105.71	$105.71	$0.00	0.00%
	Two or more dependents (Medicare) - INCREMENTAL Rate	$211.42	$211.42	$0.00	0.00%
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	$763.87	$763.87	$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