

# County of San Bernardino

# Attachment A

## Retiree Medical and Dental Premium Rates for Plan Year 2021

## Proposed 2021 Retiree Medical Premium Rates - Blue Shield (rates apply to California and Out-of-State)

Plan	Coverage Type	2020 Published Monthly Rate	2021 Published Monthly Rate	Dollar Change	Percent Change
<b>Blue Shield 65 Plus HMO (Medicare Advantage) High Option</b>	Retiree only	\$247.92	\$241.83	-\$6.09	-2.50%
	One dependent (Medicare)	\$243.56	\$237.47	-\$6.09	-2.60%
	Two or more dependents (Medicare)	\$487.11	\$474.94	-\$12.17	-2.50%
<b>Blue Shield 65 Plus HMO (Medicare Advantage) Low Option</b>	Retiree only	\$102.88	\$100.42	-\$2.46	-2.40%
	One dependent (Medicare)	\$98.53	\$96.05	-\$2.48	-2.60%
	Two or more dependents (Medicare)	\$197.05	\$192.11	-\$4.94	-2.60%
<b>Blue Shield Shield Signature Non-Medicare (&lt;65 and 65 &amp; older) HMO - High Option</b>	Retiree only	\$1,049.02	\$1,049.02	\$0.00	0.00%
	One dependent (non-Medicare)	\$1,200.57	\$1,200.57	\$0.00	0.00%
	Two or more dependents (non-Medicare)	\$2,036.12	\$2,036.12	\$0.00	0.00%
<b>Blue Shield Signature Non-Medicare (&lt;65) HMO - Low Option</b>	Retiree only	\$862.46	\$862.46	\$0.00	0.00%
	One dependent (non-Medicare)	\$986.12	\$986.12	\$0.00	0.00%
	Two or more dependents (non-Medicare)	\$1,672.44	\$1,672.44	\$0.00	0.00%
<b>Blue Shield Non-Medicare (&lt;65) HMO - Trio Option</b>	Retiree only	\$788.14	\$788.14	\$0.00	0.00%
	One dependent (non-Medicare)	\$900.70	\$900.70	\$0.00	0.00%
	Two or more dependents (non-Medicare)	\$1,527.57	\$1,527.57	\$0.00	0.00%
<b>Blue Shield Non-Medicare (&lt;65 and 65 &amp; older) PPO - High Option (CA &amp; OOS)</b>	Retiree only	\$1,718.54	\$1,718.54	\$0.00	0.00%
	One dependent (non-Medicare)	\$1,759.95	\$1,759.95	\$0.00	0.00%
	Two or more dependents (non-Medicare)	\$3,663.84	\$3,663.84	\$0.00	0.00%
<b>Blue Shield Non-Medicare (&lt;65) PPO - Low Option</b>	Retiree only	\$1,345.63	\$1,345.63	\$0.00	0.00%
	One dependent (non-Medicare)	\$1,377.06	\$1,377.06	\$0.00	0.00%
	Two or more dependents (non-Medicare)	\$2,849.14	\$2,849.14	\$0.00	0.00%
<b>Blue Shield PPO COB CA</b>	Retiree only	\$791.68	\$791.68	\$0.00	0.00%
	One dependent	\$787.33	\$787.33	\$0.00	0.00%
	Two or more dependents	\$1,574.66	\$1,574.66	\$0.00	0.00%
<b>Blue Shield PPO Hybrid COB W/PDP FROZEN</b>	Retiree only	\$791.68	\$791.68	\$0.00	0.00%
	One dependent	\$787.33	\$787.33	\$0.00	0.00%
	Two or more dependents	\$1,574.66	\$1,574.66	\$0.00	0.00%
<b>Blue Shield PPO Hybrid COB W/PDP FROZEN (Part A only)</b>	Retiree only	\$1,178.95	\$1,178.95	\$0.00	0.00%
	One dependent	\$1,174.60	\$1,174.60	\$0.00	0.00%
	Two or more dependents	\$2,349.19	\$2,349.19	\$0.00	0.00%
<b>Blue Shield Shield Signature COB W/PDP FROZEN</b>	Retiree only	\$768.22	\$768.22	\$0.00	0.00%
	One dependent	\$763.87	\$763.87	\$0.00	0.00%
	Two or more dependents	\$1,527.72	\$1,527.72	\$0.00	0.00%

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

**County of San Bernardino**
**Attachment A**
**Retiree Medical and Dental Premium Rates for Plan Year 2021**
**Proposed 2021 Retiree Medical Premium Rates - Kaiser**

Plan	Coverage Type	2020 Published Monthly Rate	2021 Published Monthly Rate	Dollar Change	Percent Change
<b>Kaiser Permanente Medicare Advantage High Option</b>	Retiree only	\$239.16	\$223.05	-\$16.11	-6.80%
	One dependent (Medicare Eligible) - INCREMENTAL Rate	\$234.80	\$218.69	-\$16.11	-6.86%
	Two dependents (Medicare Eligible) - INCREMENTAL Rate	\$469.60	\$437.38	-\$32.22	-6.86%
	Retiree (>65, w/MC Part B Only)	\$581.52	\$541.91	-\$39.61	-6.90%
	One dependent (>65, w/MC Part B Only) - INCREMENTAL Rate	\$577.16	\$537.55	-\$39.61	-6.86%
<b>Kaiser Permanente Medicare Advantage Low Option</b>	Retiree only	\$145.53	\$135.84	-\$9.69	-6.70%
	One dependent (Medicare Eligible) - INCREMENTAL Rate	\$141.17	\$131.48	-\$9.69	-6.86%
	Two dependents (Medicare Eligible) - INCREMENTAL Rate	\$282.34	\$262.96	-\$19.38	-6.86%
	Retiree (>65, w/MC Part B Only)	\$511.59	\$476.78	-\$34.81	-6.90%
	One dependent (>65, w/MC Part B Only) - INCREMENTAL Rate	\$507.23	\$472.42	-\$34.81	-6.86%
<b>Kaiser Permanente Non-Medicare High Option</b>	Retiree only	\$1,125.70	\$1,125.70	\$0.00	0.00%
	One dependent (non-MC) - INCREMENTAL Rate	\$1,121.34	\$1,121.34	\$0.00	0.00%
	Two or more dependents (non-MC) - INCREMENTAL Rate	\$2,052.06	\$2,052.06	\$0.00	0.00%
	Retiree (>65 w/Medicare) Part A Only	\$1,100.47	\$1,100.47	\$0.00	0.00%
	Retiree (>65 w/Medicare) Part B Only	\$1,413.48	\$1,413.48	\$0.00	0.00%
	Retiree (>65, Eligible for MC but unassigned to KP or unknown)	\$1,413.48	\$1,413.48	\$0.00	0.00%
	Retiree (>65, No MC Part A&B or assignment unknown)	\$1,413.48	\$1,413.48	\$0.00	0.00%
	Each dependent (Age 65 and older, with MC Part A&B but unassigned to KP or unknown) - INCREMENTAL Rate	\$1,409.12	\$1,409.12	\$0.00	0.00%
	Each dependent (Age 65 and older, no MC Part A&B) - INCREMENTAL Rate	\$1,409.12	\$1,409.12	\$0.00	0.00%
<b>Kaiser Permanente Non-Medicare Low Option</b>	Retiree only	\$856.34	\$856.34	\$0.00	0.00%
	One dependent (non-MC) - INCREMENTAL Rate	\$851.98	\$851.98	\$0.00	0.00%
	Two or more dependents (non-MC) - INCREMENTAL Rate	\$1,559.11	\$1,559.11	\$0.00	0.00%
	Retiree (>65 w/Medicare) Part A Only	\$986.63	\$986.63	\$0.00	0.00%
	Retiree (>65 w/Medicare) Part B Only	\$1,299.64	\$1,299.64	\$0.00	0.00%
	Retiree (>65, Eligible for MC but unassigned to KP or unknown)	\$1,299.64	\$1,299.64	\$0.00	0.00%
	Retiree (>65, No MC Part A&B or assignment unknown)	\$1,299.64	\$1,299.64	\$0.00	0.00%
	Each dependent (Age 65 and older, with MC Part A&B but unassigned to KP or unknown) - INCREMENTAL Rate	\$1,295.28	\$1,295.28	\$0.00	0.00%
	Each dependent (Age 65 and older, no MC Part A&B) - INCREMENTAL Rate	\$1,295.28	\$1,295.28	\$0.00	0.00%
<b>Kaiser Permanente Non-Medicare HDHP Option</b>	Retiree only	\$685.94	\$685.94	\$0.00	0.00%
	One dependent (non-MC) - INCREMENTAL Rate	\$681.58	\$681.58	\$0.00	0.00%
	Two or more dependents (non-MC) - INCREMENTAL Rate	\$1,247.30	\$1,247.30	\$0.00	0.00%
	Retiree (>65 w/Medicare) Part A Only	\$1,238.10	\$1,238.10	\$0.00	0.00%
	Retiree (>65 w/Medicare) Part B Only	\$1,551.11	\$1,551.11	\$0.00	0.00%
	Retiree (>65, Eligible for MC but unassigned to KP or unknown)	\$1,551.11	\$1,551.11	\$0.00	0.00%
	Retiree (>65, No MC Part A&B or assignment unknown)	\$1,551.11	\$1,551.11	\$0.00	0.00%
	Each dependent (Age 65 and older, with MC Part A&B but unassigned to KP or unknown) - INCREMENTAL Rate	\$1,546.75	\$1,546.75	\$0.00	0.00%
	Each dependent (Age 65 and older, no MC Part A&B) - INCREMENTAL Rate	\$1,546.75	\$1,546.75	\$0.00	0.00%

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**Proposed 2021 Retiree Medical Premium Rates - Kaiser**

Non-California Retirees					
Plan	Coverage Type	2020 Published Monthly Rate	2021 Published Monthly Rate	Dollar Change	Percent Change
<b>Kaiser Permanente Colorado (Denver, Boulder Longmont, Colorado Springs)</b>	Subscriber (non-MC)	\$1,225.36	\$1,432.36	-\$50.00	-3.93%
	Subscriber + 1 dependent (non-MC)	\$2,447.36	\$2,858.36	\$411.00	16.79%
	Subscriber + 2 dependent (non-MC)	\$3,533.36	\$4,126.36	\$593.00	16.78%
	One Subscriber with Medicare	\$322.36	\$290.36	-\$32.00	-9.93%
	One dependent eligible for Medicare (sub/ w MC) - INCREMENTAL Rate	\$318.00	\$286.00	-\$32.00	-10.06%
	Two dependents, one eligible for Medicare (sub w/ MC) - INCREMENTAL Rate	\$1,543.36	\$1,718.36	\$175.00	11.34%
	Family, Two dependents with Medicare (includes sub w/ MC)	\$958.36	\$862.36	-\$96.00	-10.02%
	Family, One dependent with Medicare (includes sub w/ MC)	\$1,861.36	\$2,004.36	\$143.00	7.68%
	Family, Two+ dependent with Medicare (includes sub w/ MC)	\$2,630.19	\$2,986.96	\$356.77	13.56%
<b>Kaiser Permanente OREGON - WASHINGTON</b>	Subscriber (non-MC)	\$1,005.08	\$1,095.85	\$90.77	9.03%
	Subscriber + 1 dependent (non-MC)	\$2,005.80	\$2,187.34	\$181.54	9.05%
	Subscriber + 2 dependent (non-MC)	\$3,006.52	\$3,279.10	\$272.58	9.07%
	Retiree only (with MC)	\$320.50	\$322.79	\$2.29	0.71%
	One Dependent (with MC) - INCREMENTAL Rate	\$316.14	\$318.43	\$2.29	0.72%
	Retiree MC Subscriber + One dependent non-MC	\$1,321.22	\$1,414.28	\$93.06	7.04%

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