

County of San Bernardino

Attachment A

Retiree Medical and Dental Premium Rates for Plan Year ~~2022~~2021

Proposed ~~2022~~2021 Base Retiree Medical Premium Rates - Blue Shield (rates apply to California and Out-of-

Plan	Coverage Type	2021 Published Monthly Rate	2022 Published Monthly Rate	Dollar Change	Percent Change
Blue Shield 65 Plus HMO (Medicare Advantage) High Option	Retiree only	\$241.83	\$241.83	\$0.00	0.00%
	One dependent (Medicare)	\$237.47	\$237.47	\$0.00	0.00%
	Two or more dependents (Medicare)	\$474.94	\$474.94	\$0.00	0.00%
Blue Shield 65 Plus HMO (Medicare Advantage) Low Option	Retiree only	\$100.42	\$100.42	\$0.00	0.00%
	One dependent (Medicare)	\$96.05	\$96.05	\$0.00	0.00%
	Two or more dependents (Medicare)	\$192.11	\$192.11	\$0.00	0.00%
Blue 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)	\$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%
Blue Shield Signature Non-Medicare (<65) HMO - Low Option	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%
Blue Shield Non-Medicare (<65) HMO - Trio Option	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%
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)	\$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%
Blue Shield Non-Medicare (<65) PPO - Low Option	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%
Blue Shield PPO COB CA	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%
Blue Shield PPO Hybrid COB W/PDP FROZEN	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%
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	\$1,174.60	\$1,174.60	\$0.00	0.00%
	Two or more dependents	\$2,349.19	\$2,349.19	\$0.00	0.00%
Blue Shield Signature COB W/PDP FROZEN	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

Retiree Medical and Dental Premium Rates for Plan Year ~~2022~~2021Proposed ~~2022~~2021 Base Retiree Medical Premium Rates - Kaiser

Plan	Coverage Type	2021 Published Monthly Rate	2022 Published Monthly Rate	Dollar Change	Percent Change
Kaiser Permanente Medicare Advantage High Option	Retiree only	\$223.05	\$203.77	-\$19.28	-8.70%
	One dependent (Medicare Eligible) - INCREMENTAL Rate	\$218.69	\$199.41	-\$19.28	-8.82%
	Two dependents (Medicare Eligible) - INCREMENTAL Rate	\$437.38	\$398.82	-\$38.56	-8.82%
	Retiree (>65, w/MC Part B Only)	\$541.91	\$494.51	-\$47.40	-8.75%
	One dependent (>65, w/MC Part B Only) - INCREMENTAL Rate	\$537.55	\$490.15	-\$47.40	-8.82%
Kaiser Permanente Medicare Advantage Low Option	Retiree only	\$135.84	\$124.25	-\$11.59	-8.53%
	One dependent (Medicare Eligible) - INCREMENTAL Rate	\$131.48	\$119.89	-\$11.59	-8.82%
	Two dependents (Medicare Eligible) - INCREMENTAL Rate	\$262.96	\$239.78	-\$23.18	-8.82%
	Retiree (>65, w/MC Part B Only)	\$476.78	\$435.13	-\$41.65	-8.74%
	One dependent (>65, w/MC Part B Only) - INCREMENTAL Rate	\$472.42	\$430.77	-\$41.65	-8.82%
Kaiser Permanente Non-Medicare High Option	Retiree only	\$1,125.70	\$1,225.50	\$99.80	8.87%
	One dependent (non-MC) - INCREMENTAL Rate	\$1,121.34	\$1,221.14	\$99.80	8.90%
	Two or more dependents (non-MC) - INCREMENTAL Rate	\$2,052.06	\$2,234.68	\$182.62	8.90%
	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%
Kaiser Permanente Non-Medicare Low Option	Retiree only	\$856.34	\$932.17	\$75.83	8.86%
	One dependent (non-MC) - INCREMENTAL Rate	\$851.98	\$927.81	\$75.83	8.90%
	Two or more dependents (non-MC) - INCREMENTAL Rate	\$1,559.11	\$1,697.88	\$138.77	8.90%
	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%
Kaiser Permanente Non-Medicare HDHP Option	Retiree only	\$685.94	\$746.60	\$60.66	8.84%
	One dependent (non-MC) - INCREMENTAL Rate	\$681.58	\$742.24	\$60.66	8.90%
	Two or more dependents (non-MC) - INCREMENTAL Rate	\$1,247.30	\$1,358.30	\$111.00	8.90%
	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%

Retiree Medical and Dental Premium Rates for Plan Year ~~2022~~2021Proposed ~~2022~~2021 Base Retiree Medical Premium Rates - Kaiser

Non-California Retirees					
Plan	Coverage Type	2021 Published Monthly Rate	2022 Published Monthly Rate	Dollar Change	Percent Change
Kaiser Permanente Colorado (Denver, Boulder Longmont, Colorado Springs)	Subscriber (non-MC)	\$1,432.36	\$1,503.36	\$71.00	4.96%
	Subscriber + 1 dependent (non-MC)	\$2,858.36	\$3,001.36	\$143.00	5.00%
	Subscriber + 2 dependent (non-MC)	\$4,126.36	\$4,332.36	\$206.00	4.99%
	One Subscriber with Medicare	\$290.36	\$261.36	-\$29.00	-9.99%
	One dependent eligible for Medicare (sub/ w MC) - INCREMENTAL Rate	\$286.00	\$257.00	-\$29.00	-10.14%
	Two dependents, one eligible for Medicare (sub w/ MC) - INCREMENTAL Rate	\$1,718.36	\$1,756.00	\$37.64	2.19%
	Family, Two dependents with Medicare (includes sub w/ MC)	\$862.36	\$775.36	-\$87.00	-10.09%
	Family, One dependent with Medicare (includes sub w/ MC)	\$2,004.36	\$2,017.36	\$13.00	0.65%
	Family, Two+ dependent non-Medicare (includes sub w/ MC)	\$2,986.96	\$3,092.53	\$105.57	3.53%
Kaiser Permanente OREGON - WASHINGTON	Subscriber (non-MC)	\$1,095.85	\$1,095.85	\$0.00	0.00%
	Subscriber + 1 dependent (non-MC)	\$2,187.34	\$2,187.34	\$0.00	0.00%
	Subscriber + 2 dependent (non-MC)	\$3,279.10	\$3,278.83	-\$0.27	-0.01%
	Retiree only (with MC)	\$322.79	\$322.98	\$0.19	0.06%
	One Dependent (with MC) - INCREMENTAL Rate	\$318.43	\$318.62	\$0.19	0.06%
	Retiree MC Subscriber + One dependent non-MC	\$1,414.28	\$1,414.47	\$0.19	0.01%

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