Monthly Medical Plan Rates						
Effective January 1, 2022 Plan and Coverage Level	2022 Rates					
Blue Shield Signature (HMO)	High	Low		Trio		
Retiree only, under 65, no Medicare	\$1,049.02	\$862.46		\$788.14		
1 Dependent, under 65, no Medicare	\$1,200.57	\$986.12		\$900.70		
2 Dependents, under 65, no Medicare	\$2,036.12	\$1,672.44		\$1,527.57		
Retiree only, over 65, no Medicare	\$1,049.02	n/a		n/a		
1 Dependent, over 65, no Medicare	\$1,200.57	n/a		n/a		
2 Dependents, over 65, no Medicare	\$2,036.12	r	n/a	n/a		
Blue Shield 65 Plus (HMO) Medicare Advantage	High	High		Low		
Retiree only, over 65, with Medicare A and B	\$241.83		\$100.42			
1 Dependent, over 65, with Medicare A and B	\$237.47		\$96.05			
2 Dependents, over 65, with Medicare A and B	\$474.94		\$192.11			
Blue Shield PPO Medicare COB – California and Out of						
State	High		Low			
Retiree only, over 65, with Medicare A and B	\$791.68		n/a			
1 Dependent, over 65, with Medicare A and B	\$787.33		n/a			
2 Dependents, over 65, with Medicare A and B	\$1,574.66		n/a			
Retiree only, under 65, no Medicare	\$1,718.54		\$1,345.63			
1 Dependent, under 65, no Medicare	\$1,759.95		\$1,377.06			
2 Dependents, under 65, no Medicare	\$3,663.84		\$2,849.14			
Kaiser Permanente (HMO)	High	Low		HDHP		
Retiree only, under 65, no Medicare	\$1,225.50	\$932.17		\$746.60		
1 Dependent, under 65, no Medicare	\$1,221.14	\$927.81		\$742.24		
2 Dependents, under 65, no Medicare	\$2,234.68	\$1,697.88		\$1,358.30		
Retiree only, over 65, no Medicare	\$1,413.48	\$1,299.64		\$1,551.11		
1 Dependent, over 65, no Medicare	\$1,409.12	\$1,295.28		\$1,546.75		
2 Dependents, over 65, no Medicare	\$2,818.24	\$2,590.56		\$3,093.50		
Kaiser Permanente Medicare Advantage	High Low		Low			
Retiree only, over 65, with Medicare A and B	\$203.77 \$		124.25			
1 Dependent, over 65, with Medicare A and B	\$199.41 \$		119.89			
2 Dependents, over 65, with Medicare A and B	\$398.82		\$	\$239.78		

Monthly Dental Plan Rates						
	DeltaCare USA HMO Delta Dental PPO Low Option		DeltaCare USA HMO I		Delta Dental PPO High Option	
Retiree only	\$19.71	\$44.10	\$61.93			
Retiree + 1	\$30.47	\$81.07	\$114.98			
Retiree + 2 or more	\$43.41	\$139.21	\$198.41			

Please note: Premium rates are pending final approval by the Board of Supervisors on October 26, 2021.