

2027 Retiree Medical and Dental Premium Rates

The rates listed below are the most frequently used rates. Rates are based upon retiree/dependent age and Medicare eligibility. If your specific status is not listed or if you are not sure what your rate will be, please call the Employee Benefits and Services Division (EBSD) at **909-387-5787** or ebbsd@hr.sbcounty.gov. We will be happy to assist you!

How to calculate your total monthly medical premium if you have dependents:

If you have one or more dependents on your coverage, add the "1 Dependent" rate or "2 Dependents" rate to the "Retiree only" rate.

For example: You are a retiree over 65, with Medicare A and B. You live in a Medicare service area, and you have one dependent, under 65, without Medicare. If you select Blue Shield as your carrier, your total monthly premium will be:

Retiree: Blue Shield 65 Plus – Retiree only,
over 65, with Medicare A and B (High Option) \$283.71

Dependent: Blue Shield Signature – 1 Dependent,
under 65, no Medicare (High Option) \$1,283.17

Total Monthly Premium: \$1,566.88

Monthly Medical Plan Rates

Effective January 1, 2027 Plan and Coverage Level	2027 Rates		
Blue Shield Signature (HMO)	High	Low	TRIO
Retiree only, under 65, no Medicare	\$1,120.89	\$921.50	\$842.06
1 Dependent, under 65, no Medicare	\$1,283.17	\$1,053.96	\$962.67
2 Dependents, under 65, no Medicare	\$2,176.21	\$1,787.49	\$1,632.67
Retiree only, over 65, no Medicare	\$1,120.89	n/a	n/a
1 Dependent, over 65, no Medicare	\$1,283.17	n/a	n/a
2 Dependents, over 65, no Medicare	\$2,176.21	n/a	n/a

Blue Shield 65 Plus (HMO) Medicare Advantage	High	Low
Retiree only, over 65, with Medicare A and B	\$283.71	\$117.36
1 Dependent, over 65, with Medicare A and B	\$279.35	\$113.00
2 Dependents, over 65, with Medicare A and B	\$558.70	\$226.00
Blue Shield PPO Medicare COB – California and Out of State	High	Low
Retiree only, over 65, with Medicare A and B	\$845.85	n/a
1 Dependent, over 65, with Medicare A and B	\$841.51	n/a
2 Dependents, over 65, with Medicare A and B	\$1,682.99	n/a

Monthly Medical Plan Rates (continued)

Effective January 1, 2027 Plan and Coverage Level	2027 Rates		
Blue Shield PPO – California and Out of State	High	Low	
Retiree only, under 65, no Medicare	\$1,836.48	\$1,437.91	
1 Dependent, under 65, no Medicare	\$1,881.03	\$1,471.80	
2 Dependents, under 65, no Medicare	\$3,915.91	\$3,045.16	
Kaiser Permanente (HMO)	High	Low	HDHP
Retiree only, under 65, no Medicare	\$1,609.92	\$1,224.24	\$980.26
1 Dependent, under 65, no Medicare	\$1,605.56	\$1,219.88	\$975.90
2 Dependents, under 65, no Medicare	\$2,938.17	\$2,232.38	\$1,785.90
Retiree only, over 65, no Medicare	\$1,609.92	\$1,224.24	\$980.26
1 Dependent, over 65, no Medicare	\$1,605.56	\$1,219.88	\$975.90
2 Dependents, over 65, no Medicare	\$3,211.12	\$2,439.76	\$1,951.80
Kaiser Permanente Senior Advantage	High	Low	
Retiree only, over 65, with Medicare A and B	\$232.17	\$141.31	
1 Dependent, over 65, with Medicare A and B	\$227.81	\$136.95	
2 Dependents, over 65, with Medicare A and B	\$455.62	\$273.90	

Monthly Dental Plan Rates

	DeltaCare USA HMO	Delta Dental PPO Low Option	Delta Dental PPO High Option
Retiree only	\$20.03	\$45.33	\$63.69
Retiree + 1	\$31.01	\$83.41	\$118.34
Retiree + 2 or more	\$44.21	\$143.29	\$204.27

Contact Employee Benefits for information if your specific plan is not listed in the rates table.

Phone: 909-387-5787 | 888-743-1474

Email: ebbsd@hr.sbcounty.gov Attn: Retiree Desk