KERN COUNTY HEALTH & WELLNESS

# Retiree Estimate Cost Work Sheet

**ESTIMATING RETIREE HEALTH BENEFIT PREMIUM COSTS**

You may wish to estimate the cost of health benefits at the time you retire. The worksheet below is designed to assist you in estimating your monthly cost. Please note that this is only provided as a tool to estimate cost, and you should contact Kern County Health & Wellness for detailed information.

## Retiree Monthly Premiums - 2025 Plan Year

| Under age 65 Plans | PREMIUMS | | |
|---|---|---|---|
| | Single | Two-Party | Family |
| Kern Legacy **SHARE SELECT** | $ 884.00 | $ 1,725.00 | $ 2,670.00 |
| Kern Legacy **NETWORK PLUS** | $ 1,285.00 | $ 2,511.00 | $ 3,887.00 |
| Kern Legacy **MAX CHOICE** | $ 1,562.00 | $ 2,772.00 | $ 4,042.00 |
| Kern Legacy **CLASSIC CHOICE** | $ 2,822.00 | $ 5,238.00 | $ 7,650.00 |
| Kaiser Permanente (HMO) | $ 1,317.92 | $ 2,635.63 | $ 3,729.93 |
| Health Net (HMO) | $ 1,502.61 | $ 3,005.08 | $ 3,629.09 |

| Over age 65 Plans (or Medicare eligible) | Single Coverage Premium |
|---|---|
| Kaiser Permanente (HMO) | $ 231.48 |
| Anthem Blue Cross Senior Secure (HMO) | $ 696.97 |
| Blue Shield 65 Plus (HMO) | $ 224.47 |
| Health Net Seniority Plus (HMO) | $ 320.00 |
| Health Net (POS/COB) | $ 993.02 |
| Anthem Blue Cross Gold - with Rx (PPO) | $ 1,056.55 |
| Anthem Blue Cross Silver - no Rx (PPO) | $ 232.94 |

If a retiree qualifies and opts to continue with a County – sponsored medical plan (s), the County has two programs that may help defray the cost of medical premiums. Information regarding County contributions (stipend and supplement programs) can be located at the following link: https://www.kerncountyhealthbenefits.com/retirees/retirement-benefits-planning-tools/county-contributions-toward-retiree-medical-costs.

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Premium for plan selected $_____
A

If split enrollment [1], premium
for 2nd plan selected $_____
B

Total Monthly Premium $_____
A + B

Less County contribution(s):

Subtract Stipend [2] (if eligible) **(-)** $_____

Subtract Supplement [3] (if eligible) **(-)** $_____

**YOUR MONTHLY MEDICAL PREMIUM** $_____

1. Split enrollment is only allowed if one or more members **is** Medicare eligible **and** one or more members **is not** Medicare eligible.

2. Stipend:
   $39.75 for Retiree only coverage
   $53.69 for Retiree + 1 coverage
   $61.50 for Retiree + family coverage

3. Refer to the Retiree Health Premium Supplement information. Please check with Kern County Health & Wellness before relying on your determination of this benefit.

**Retiree dental and vision premiums:** The County does not contribute toward retiree dental or vision premiums. If you enroll in retiree dental or vision, you should add the premium to "Your Monthly Medical Plan Premium" amount calculated above to determine your total monthly cost.

**NOTE:** This worksheet is provided for you to estimate retiree health costs. Do not rely on this estimate. The Health & Wellness Team can review your estimate but cannot guarantee your Supplement amount until your years of service are certified by KCERA (Retirement Association) when you retire.