

Retiree Estimate Cost Worksheet

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 - 2026 Plan Year

Under age 65 Plans	PREMIUMS		
	Single	Two-Party	Family
Kern Legacy SHARE SELECT	\$ 911.00	\$ 1,777.00	\$ 2,750.00
Kern Legacy NETWORK PLUS	\$ 1285.00	\$ 2,511.00	\$ 3,887.00
Kern Legacy MAX CHOICE	\$ 1,547.00	\$ 2,855.00	\$ 4,163.00
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

Over age 65 Plans (or Medicare eligible)	Single Coverage Premium
Kaiser Permanente (HMO)	\$ 274.32
Blue Shield 65 Plus (HMO)	\$ 263.10
Health Net Seniority Plus (HMO)	\$ 345.28
Health Net (POS/COB)	\$ 1,037.76
Anthem Blue Cross Medicare Preferred PPO	\$ 682.38
Anthem Blue Cross Gold - with Rx (PPO)	\$ 1,166.11
Anthem Blue Cross Silver - no Rx (PPO)	\$ 273.10

If a retiree qualifies and opts to continue with a County-sponsored medical plan, 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.