

Retiree Health Benefits
MONTHLY PREMIUM COMPARISON CHART
Effective January 1, 2027

		2027	INCREASE/ (DECREASE)	PRIOR YEAR 2026
UNDER 65 Medical Plan Premiums				
Kern Legacy Share Select High-Deductible EPO Health Plan	Single	\$1,207.00	\$296.00	\$911.00
	Two-Party	\$2,334.00	\$557.00	\$1,777.00
	Family	\$3,591.00	\$841.00	\$2,750.00
Kern Legacy Network Plus Two-Tiered EPO Health Plan	Single	\$1,411.00	\$126.00	\$1,285.00
	Two-Party	\$2,739.00	\$228.00	\$2,511.00
	Family	\$4,224.00	\$337.00	\$3,887.00
Kern Legacy Max Choice Anthem Network EPO Health Plan	Single	\$1,557.00	\$10.00	\$1,547.00
	Two-Party	\$2,865.00	\$10.00	\$2,855.00
	Family	\$4,173.00	\$10.00	\$4,163.00
Kern Legacy Classic Choice Anthem Network POS Health Plan	Single	\$2,822.00	No Change	\$2,822.00
	Two-Party	\$5,238.00	No Change	\$5,238.00
	Family	\$7,650.00	No Change	\$7,650.00
Kaiser Permanente HMO Health Plan	Single	\$1,351.34	\$33.42	\$1,317.92
	Two-Party	\$2,702.48	\$66.85	\$2,635.63
	Family	\$3,824.53	\$94.60	\$3,729.93
OVER 65 Medical Plan Premiums				
Kaiser Permanente Senior Advantage (HMO)	Single	\$274.32	No Change	\$274.32
	Two-Party	\$548.43	No Change	\$548.43
Blue Shield 65 Plus (HMO)	Single	\$275.84	\$12.74	\$263.10
	Two-Party	\$551.68	\$25.48	\$526.20
Health Net Seniority Plus (HMO)	Single	\$370.95	\$25.67	\$345.28
	Two-Party	\$741.90	\$51.34	\$690.56
Health Net COB POS (COB/Point of Service)	Single	\$1,037.76	No Change	\$1,037.76
	Two-Party	\$2,075.52	No Change	\$2,075.52
Anthem Blue Cross Medicare Preferred (PPO)	Single	\$719.78	\$37.40	\$682.38
	Two-Party	\$1,439.56	\$74.80	\$1,364.76
Anthem Blue Cross Gold (Supplemental w/Rx)	Single	\$1,252.99	\$86.88	\$1,166.11
	Two-Party	\$2,506.15	\$173.77	\$2,332.38
Anthem Blue Cross Silver (Supplemental w/No Rx)	Single	\$330.70	\$57.60	\$273.10
	Two-Party	\$663.63	\$115.60	\$548.03
Dental Plan Premiums				
Liberty Dental HMO CA40-R Plus DHMO (California Coverage)	Single	\$24.00	No Change	\$24.00
	Two-Party	\$40.00	No Change	\$40.00
	Family	\$58.00	No Change	\$58.00
Vision Plan Premiums				
Vision Service Plan	Single	\$12.02	\$0.74	\$11.28
	Two-Party	\$24.06	\$1.49	\$22.57
	Family	\$30.22	\$1.76	\$28.46

** Rates are all subject to final approval by CMS and the California Department of Managed Health Care.