KERN COUNTY / HEALTH & WELLNESS

County Contributions

RETIREE HEALTH PREMIUM SUPPLEMENT PROGRAM

PLAN YEAR 2027

Bargaining Units

0, 1-6, J, S, M, D, X - hired prior to March 21, 2016
P - hired prior to April 25, 2017

The Retiree Health Premium Supplement Program (RHPSP) applies to represented employees who did not opt out of the program, were hired prior to the date the program was discontinued for their bargaining unit, and meet program eligibility requirements at the time of retirement from the County.

Eligibility Rules-General

To be eligible to receive the RHPSP ("Supplement"), you must:

- Choose continuous retiree medical coverage with the County upon retirement, in most instances.
- Have worked for the County (not a special district) for a minimum of 20 **continuous "years of service"**.
  - **Continuous** service means consecutive years worked for the County during which the employee was earning retirement credit. Years worked prior to a break in service will NOT be counted for this program unless the break in service either **is less than one year in length** or **occurred after July 1, 1994.** In other words, a break in service over one year in length prior to July 1, 1994, will cause all time worked prior to the break to be ineligible time.
  - **"Years of service"** is calculated in accordance with the policies of the Kern County Employees' Retirement Association, except that the only years counted for this program are years of actual County benefited service (i.e., certain types of retirement service credit, such as prior public service, military time, Golden Handshake credit, County extra-help time, are NOT counted). Service begins at the date of entry into the retirement system, so "years of service" for this program will not exceed years of service for retirement credit.
- Take active retirement from service (since separating from service and deferring your retirement to a later date will make you ineligible for the program).
- Be at least 50 years of age, but no greater than 64 years of age at retirement, **and**
- Have contributed to the program by payroll deduction during the qualified years of employment.

If you began work for the County at age 45 or older, you will never be eligible for the Supplement because you will not accumulate 20 qualified years of service before reaching age 65.

If you terminate employment, retire before age 50, retire after age 64, or otherwise do not qualify for Supplement benefits, you will not be reimbursed for any amount you may have paid into this program through payroll deduction.

The Supplement benefit ends on the 1st of the month during which a retiree turns age 65.

Rules-Retirement for Work-Related Disability

If you are granted a service-connected disability retirement by the Kern County Employees' Retirement Association (KCERA), you will qualify for the full benefit under this program if you:

- Have five or more years of qualified County service.
- Have applied for the disability retirement prior to separating from County service.
- Have contributed to the program by payroll deduction during the qualified years of employment, and
- Enroll in retiree medical coverage with the County upon retirement.

Premium Amount

Listed below are the monthly premium contributions for medical plans available to retirees under age 65. These rates are in effect beginning January 1, 2027, but it is assumed that these premiums will increase annually.

2027 Monthly Premium			
Kern Legacy Share Select	$ 1,207.00	$ 2,334.00	$ 3,591.00
Kern Legacy Network Plus	$ 1,411.00	$ 2,739.00	$ 4,224.00
Kern Legacy Max Choice	$ 1,557.00	$ 2,865.00	$ 4,173.00
Kern Legacy Classic Choice	$ 2,822.00	$ 5,238.00	$ 7,650.00
Kaiser Permanente HMO	$ 1,351.34	$ 2,702.48	$ 3,824.53

Benefit Amount

The Supplement benefit amount is calculated at the time of retirement and does not change after that. The benefit is fixed for that retiree, even though premiums may increase. That amount will be available to the retiree monthly until age 65 or until medical plan coverage with the County ends.

If the monthly Supplement benefit plus the monthly Stipend benefit is greater than 100% of the monthly medical premium, in no event will the “excess” be refunded to the member.

The **base amount** of the Supplement is the full value at 25 years of service. The base amount for the bargaining units listed in the chart below is fixed and does not adjust annually.

The following chart shows the current amount of the Supplement based on the number of full years of service at retirement:

2027 RHPSP Amounts FOR EMPLOYEES RETIRING JANUARY 1, 2027 – DECEMBER 31, 2027 From Bargaining Units: 0, 1-6, J, S, M, D , X, P	
Full Years of Service	**Supplement Amount**
20	$ 441.04
21	$ 529.24
22	$ 617.45
23	$ 705.66
24	$ 793.86
25+	$ 882.07