

2026-2027
SIG Retiree Monthly Rates
For Retirees (Under or Over 65)

RETIREES <u>UNDER</u> AGE 65					
Western Health Advantage					
	SIG	HDHP \$1800/\$3600	HDHP \$2800/\$5600	Traditional HMO \$25/\$10	DHMO \$1,000
Subscriber Under 65 - no Medicare	Extension	WHMID	WHHDP	WHHMO	WHDHMO
Subscriber Only	RE	\$922	\$800	\$1,263	\$964
Subscriber + Spouse (under 65)	RS	\$1,843	\$1,599	\$2,525	\$1,928
Subscriber + Domestic Partner (under 65)	RDP	\$1,843	\$1,599	\$2,525	\$1,928
Subscriber + Children	RCH	\$1,401	\$1,215	\$1,919	\$1,466
Subscriber + Spouse (under 65) + Children	RFAM	\$2,165	\$1,879	\$2,967	\$2,266
Sutter Health Plus					
	SIG	HDHP-HMO \$1750/\$3500	HDHP-HMO \$2500/\$5000	Traditional HMO \$25/\$10	DHMO \$1,000
Subscriber Under 65 - no Medicare	Extension	SHMID	SHHDP	SHHMO	SHDHMO
Subscriber Only	RE	\$1,179	\$1,045	\$1,580	\$1,244
Subscriber + Spouse (under 65)	RS	\$2,357	\$2,089	\$3,159	\$2,487
Subscriber + Domestic Partner (under 65)	RDP	\$2,357	\$2,089	\$3,159	\$2,487
Subscriber + Children	RCH	\$1,791	\$1,588	\$2,401	\$1,890
Subscriber + Spouse (under 65) +Children	RFAM	\$2,769	\$2,454	\$3,712	\$2,922
Kaiser					
	SIG	HDHP-HMO \$2000/4000	HDHP-HMO \$3000/6000	Traditional HMO w/opt & chiro \$25/\$10	DHMO w/ opt & chiro \$1,000
Subscriber Under 65 - no Medicare	Extension	KPMID	KPHDP	KPHMO-O	KPDHMO-O
Subscriber Only	RE	\$1,153	\$988	\$1,604	\$1,465
Subscriber + Spouse (under 65)	RS	\$2,305	\$1,975	\$3,207	\$2,930
Subscriber + Domestic Partner (under 65)	RDP	\$2,305	\$1,975	\$3,207	\$2,930
Subscriber + Children	RCH	\$1,752	\$1,501	\$2,437	\$2,227
Subscriber + Spouse (under 65) + Children	RFAM	\$2,708	\$2,321	\$3,768	\$3,443
Nevada County / Out of Area					
Blue Shield - (Out of Area Only)					
	SIG	Core Essential - EPO		TRIO HMO (Calif Only)	
	Extension	HDHP PPO \$2700/5200	HDHP PPO \$4400/\$8800		
Subscriber Under 65 - no Medicare		BSMID	BSHDP	BSHMO	
Subscriber Only	RE	\$1,635	\$1,477	\$2,067	
Subscriber + Spouse (under 65)	RS	\$3,275	\$2,954	\$4,133	
Subscriber + Domestic Partner (under 65)	RDP	\$3,275	\$2,954	\$4,133	
Subscriber + Children	RCH	\$2,505	\$2,260	\$3,162	
Subscriber + Spouse (under 65) + Children	RFAM	\$3,849	\$3,471	\$4,856	
* HSA Compatible High Deductible Plan					

District Cap per year:

Retirement date prior to 7/1/22: All Groups-\$7,187

Retirement date 7/1/22 or after: RTA-\$8,876; CSEA-\$7,863; MGMT/CONF-\$10,204

Retirement date 7/1/23 or after: RTA-\$8,876; CSEA-\$8,163; MGMT/CONF-\$10,204

Retirement date 7/1/24 or after: RTA-\$8,876; CSEA-\$8,163; MGMT-\$10,304; CONF-\$10,204

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RETIREES OVER AGE 65

These premiums are paid in full by the employee. You may continue to be a member of the group as long as you wish to pay the premium.

Kaiser Senior Advantage

	SIG Extension	HDHP HMO KPSA \$2000/4000	HDHP HMO KPSA \$3000/6000	Traditional HMO w/opt & chiro KPSA \$25/\$10
		KPMID	KPHDP	KPHMO-O
Subscriber Over 65 with Medicare A&B				
Subscriber Only	MRE	n/a	n/a	\$326
Subscriber + Spouse (over 65, with Med)	MRMS	n/a	n/a	\$651
Subscriber + Spouse (one O65 & one U65)	MRERS/REMS	\$1,474	\$1,309	\$1,929
Subscriber + Child	MRCH	\$921	\$835	\$1,159
Subscriber + Spouse (one O65 & one U65) + Children	MRFAM/REMSFAM	\$1,877	\$1,655	\$2,490
High deductible not available to members and/or spouses over age 65				

Retirees Over 65 - Alignment Health

	SIG Extension	Medicare Adv PPO & Rx
Subscriber Over 65 w/ Medicare A&B		AHMAP
Subscriber Only	MRE	\$365
Subscriber + Spouse (over 65, with Med)	MRMS	\$730

OTHER BENEFITS

Available to ALL Retirees at your own expense

	SIG Extension	
Delta Dental - \$1,500 Max Composite Family	DEL2A	\$101.00
Personify Indemnity Dental - \$2,500 Max	PERID	\$150.00
Vision Service Plan - Employee ONLY	VSB00	\$9.10