

# YOUR 2019 CONTRIBUTIONS

If you are in Retiree Group D, the following charts show your monthly premium contribution for medical coverage.

**RETIREE  
GROUP D**

## All Family Members Younger Than 65

	AETNA CHOICE POS II HIGH-DEDUCTIBLE HEALTH PLAN			STANFORD HEALTH CARE ALLIANCE			KAISER PERMANENTE HMO		
	Employer Cost	Your Cost	Total Cost	Employer Cost	Your Cost	Total Cost	Employer Cost	Your Cost	Total Cost
<b>Retiree only</b>	\$0	\$1,622	\$1,622	\$0	\$2,140	\$2,140	\$0	\$1,134	\$1,134
<b>Retiree + Spouse</b>	\$0	\$3,553	\$3,553	\$0	\$4,685	\$4,685	\$0	\$2,552	\$2,552
<b>Retiree + Children</b>	\$0	\$2,343	\$2,343	\$0	\$3,090	\$3,090	\$0	\$1,567	\$1,567
<b>Retiree, Spouse + Children</b>	\$0	\$4,274	\$4,274	\$0	\$5,635	\$5,635	\$0	\$2,985	\$2,985

## All Family Members 65 and older

(Refer to the AARP information for details on plan rates.)<sup>1</sup>

	STANFORD HEALTH CARE ADVANTAGE – PLATINUM			STANFORD HEALTH CARE ADVANTAGE – GOLD			KAISER PERMANENTE SENIOR ADVANTAGE		
	Employer Cost	Your Cost	Total Cost	Employer Cost	Your Cost	Total Cost	Employer Cost	Your Cost	Total Cost
<b>Retiree only</b>	\$0	\$99	\$99	\$0	\$69	\$69	\$0	\$292	\$292
<b>Retiree + Spouse</b>	\$0	\$198	\$198	\$0	\$138	\$138	\$0	\$584	\$584
<b>Retiree + Children</b>	N/A	N/A	N/A	N/A	N/A	N/A	\$0	\$724	\$724
<b>Retiree, Spouse + Children</b>	N/A	N/A	N/A	N/A	N/A	N/A	\$0	\$1,016	\$1,016

<sup>1</sup> AARP will send you rates for their plans

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## Split Family

(some are younger than 65, others are 65 or older)

The AARP/Aetna Choice POS II High-Deductible Health Plan and the AARP/Stanford Health Care Advantage (SHCA) contribution tables below reflect the rates for members who are Under-65. AARP rates are determined by AARP and are not included.

	AARP/AETNA CHOICE POS II HIGH-DEDUCTIBLE HEALTH PLAN (HDHP)		
	Employer Cost	Your Cost	Total Cost
Retiree 65+ (AARP); Spouse under 65 (HDHP)	\$0	\$1,931	\$1,931
Retiree under 65 (HDHP); Spouse 65+ (AARP)	\$0	\$1,622	\$1,622
Retiree 65+ (AARP); Children (HDHP)	\$0	\$721	\$721
Retiree 65+ (AARP); Spouse under 65 (HDHP); Children (HDHP)	\$0	\$2,652	\$2,652
Retiree under 65 (HDHP); Spouse 65+ (AARP); Children (HDHP)	\$0	\$2,343	\$2,343

	AARP/STANFORD HEALTH CARE ADVANTAGE (SHCA)		
	Employer Cost	Your Cost	Total Cost
Retiree 65+ (AARP); Spouse under 65 (SHCA)	\$0	\$2,545	\$2,545
Retiree under 65 (SHCA); Spouse 65+ (AARP)	\$0	\$2,140	\$2,140
Retiree 65+ (AARP); Children (SHCA)	\$0	\$950	\$950
Retiree 65+ (AARP); Spouse under 65 (SHCA); Children (SHCA)	\$0	\$3,495	\$3,495
Retiree under 65 (SHCA); Spouse 65+ (AARP); Children (SHCA)	\$0	\$3,090	\$3,090

## Kaiser Permanente Split Family (includes rates for both the Under-65 and 65-and-Over Members)

	KAISER SENIOR ADVANTAGE PLAN/KAISER PERMANENTE HMO		
	Employer Cost	Your Cost	Total Cost
Retiree over 65 (SA) + spouse under 65 (HMO)	\$0	\$1,710	\$1,710
Retiree under 65 (HMO) + spouse over 65 (SA)	\$0	\$1,426	\$1,426
Retiree over 65 (SA) + children (HMO)	\$0	\$725	\$725
Retiree over 65 (SA) + spouse under 65 (HMO) + children (HMO)	\$0	\$2,143	\$2,143
Retiree under 65 (HMO) + spouse over 65 (SA) + children (HMO)	\$0	\$1,859	\$1,859

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## Stanford Health Care Alliance/Advantage Split Family (includes rates for both the Under-65 and 65-and-Over Members)

	STANFORD HEALTH CARE ALLIANCE (SHCA)/STANFORD HEALTH CARE ADVANTAGE – PLATINUM		
	Employer Cost	Your Cost	Total Cost
Retiree over 65 (Platinum) + spouse under 65 (SHCA)	\$0	\$2,644	\$2,644
Retiree under 65 (SHCA) + spouse over 65 (Platinum)	\$0	\$2,239	\$2,239
Retiree over 65 (Platinum) + children (SHCA)	\$0	\$1,049	\$1,049
Retiree over 65 (Platinum) + spouse under 65 (SHCA) + children (SHCA)	\$0	\$3,594	\$3,594
Retiree under 65 (SHCA) + spouse over 65 (Platinum) + children (SHCA)	\$0	\$3,189	\$3,189

	STANFORD HEALTH CARE ALLIANCE (SHCA)/STANFORD HEALTH CARE ADVANTAGE – GOLD		
	Employer Cost	Your Cost	Total Cost
Retiree over 65 (Gold) + spouse under 65 (SHCA)	\$0	\$2,614	\$2,614
Retiree under 65 (SHCA) + spouse over 65 (Gold)	\$0	\$2,209	\$2,209
Retiree over 65 (Gold) + children (SHCA)	\$0	\$1,019	\$1,019
Retiree over 65 (Gold) + spouse under 65 (SHCA) + children (SHCA)	\$0	\$3,564	\$3,564
Retiree under 65 (SHCA) + spouse over 65 (Gold) + children (SHCA)	\$0	\$3,159	\$3,159

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## Aetna Choice POS II High-Deductible Health Plan (HDHP)/Stanford Health Care Advantage Split Family (includes rates for both the Under-65 and 65-and-Over Members)

	AETNA CHOICE POS II HIGH-DEDUCTIBLE HEALTH PLAN (HDHP)/STANFORD HEALTH CARE ADVANTAGE – PLATINUM		
	Employer Cost	Your Cost	Total Cost
Retiree over 65 (Platinum) + spouse under 65 (HDHP)	\$0	\$2,030	\$2,030
Retiree under 65 (HDHP) + spouse over 65 (Platinum)	\$0	\$1,721	\$1,721
Retiree over 65 (Platinum) + children (HDHP)	\$0	\$820	\$820
Retiree over 65 (Platinum) + spouse under 65 (HDHP) + children (HDHP)	\$0	\$2,751	\$2,751
Retiree under 65 (HDHP) + spouse over 65 (Platinum) + children (HDHP)	\$0	\$2,442	\$2,442

	AETNA CHOICE POS II HIGH-DEDUCTIBLE HEALTH PLAN (HDHP)/STANFORD HEALTH CARE ADVANTAGE – GOLD		
	Employer Cost	Your Cost	Total Cost
Retiree over 65 (Gold) + spouse under 65 (HDHP)	\$0	\$2,000	\$2,000
Retiree under 65 (HDHP) + spouse over 65 (Gold)	\$0	\$1,691	\$1,691
Retiree over 65 (Gold) + children (HDHP)	\$0	\$790	\$790
Retiree over 65 (Gold) + spouse under 65 (HDHP) + children (HDHP)	\$0	\$2,721	\$2,721
Retiree under 65 (HDHP) + spouse over 65 (Gold) + children (HDHP)	\$0	\$2,412	\$2,412