

YOUR 2019 CONTRIBUTIONS

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

RETIREE GROUP B

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
Retiree only	\$317	\$584	\$901	\$317	\$872	\$1,189	\$317	\$301	\$618
Retiree + Spouse	\$610	\$1,364	\$1,974	\$610	\$1,993	\$2,603	\$610	\$780	\$1,390
Retiree + Children	\$570	\$1,052	\$1,622	\$570	\$1,569	\$2,139	\$570	\$480	\$1,050
Retiree, Spouse + Children	\$863	\$1,832	\$2,695	\$863	\$2,690	\$3,553	\$863	\$959	\$1,822

All Family Members 65 and older

(Refer to the AARP information for details on plan rates.)¹

	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
Retiree only	\$79	\$20	\$99	\$55	\$14	\$69	\$234	\$58	\$292
Retiree + Spouse	\$158	\$40	\$198	\$110	\$28	\$138	\$444	\$140	\$584
Retiree + Children	N/A	N/A	N/A	N/A	N/A	N/A	\$487	\$237	\$724
Retiree, Spouse + Children	N/A	N/A	N/A	N/A	N/A	N/A	\$697	\$319	\$1,016

¹ AARP will send you rates for their plans. Please note that the hospital will pay 80% + \$35 of AARP monthly premiums for plans C, F, or K.

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**RETIREE
GROUP B**

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 Alliance (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)	\$293	\$780	\$1,073
Retiree under 65 (HDHP); Spouse 65+ (AARP)	\$317	\$584	\$901
Retiree 65+ (AARP); Children (HDHP)	\$253	\$468	\$721
Retiree 65+ (AARP); Spouse under 65 (HDHP); Children (HDHP)	\$546	\$1,248	\$1,794
Retiree under 65 (HDHP); Spouse 65+ (AARP); Children (HDHP)	\$570	\$1,052	\$1,622

	AARP/STANFORD HEALTH CARE ALLIANCE (SHCA)		
	Employer Cost	Your Cost	Total Cost
Retiree 65+ (AARP); Spouse under 65 (SHCA)	\$293	\$1,121	\$1,414
Retiree under 65 (SHCA); Spouse 65+ (AARP)	\$317	\$872	\$1,189
Retiree 65+ (AARP); Children (SHCA)	\$253	\$697	\$950
Retiree 65+ (AARP); Spouse under 65 (SHCA); Children (SHCA)	\$546	\$1,818	\$2,364
Retiree under 65 (SHCA); Spouse 65+ (AARP); Children (SHCA)	\$570	\$1,569	\$2,139

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 65+ (Kaiser Senior Advantage); Spouse under 65 (HMO)	\$527	\$537	\$1,064
Retiree under 65 (HMO); Spouse 65+ (Kaiser Senior Advantage)	\$527	\$383	\$910
Retiree 65+ (Kaiser Senior Advantage); Children (HMO)	\$487	\$237	\$724
Retiree 65+ (Kaiser Senior Advantage); Spouse under 65 (HMO); Children (HMO)	\$780	\$716	\$1,496
Retiree under 65 (HMO); Spouse 65+ (Kaiser Senior Advantage); Children (HMO)	\$780	\$562	\$1,342

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GROUP B**

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)	\$372	\$1,141	\$1,513
Retiree under 65 (SHCA) + spouse over 65 (Platinum)	\$396	\$892	\$1,288
Retiree over 65 (Platinum) + children (SHCA)	\$332	\$717	\$1,049
Retiree over 65 (Platinum) + spouse under 65 (SHCA) + children (SHCA)	\$625	\$1,838	\$2,463
Retiree under 65 (SHCA) + spouse over 65 (Platinum) + children (SHCA)	\$649	\$1,589	\$2,238

	STANFORD HEALTH CARE ALLIANCE (SHCA)/STANFORD HEALTH CARE ADVANTAGE – GOLD		
	Employer Cost	Your Cost	Total Cost
Retiree over 65 (Gold) + spouse under 65 (SHCA)	\$348	\$1,135	\$1,483
Retiree under 65 (SHCA) + spouse over 65 (Gold)	\$372	\$886	\$1,258
Retiree over 65 (Gold) + children (SHCA)	\$308	\$711	\$1,019
Retiree over 65 (Gold) + spouse under 65 (SHCA) + children (SHCA)	\$601	\$1,832	\$2,433
Retiree under 65 (SHCA) + spouse over 65 (Gold) + children (SHCA)	\$625	\$1,583	\$2,208

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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)	\$372	\$800	\$1,172
Retiree under 65 (HDHP) + spouse over 65 (Platinum)	\$396	\$604	\$1,000
Retiree over 65 (Platinum) + children (HDHP)	\$332	\$488	\$820
Retiree over 65 (Platinum) + spouse under 65 (HDHP) + children (HDHP)	\$625	\$1,268	\$1,893
Retiree under 65 (HDHP) + spouse over 65 (Platinum) + children (HDHP)	\$649	\$1,072	\$1,721

	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)	\$348	\$794	\$1,142
Retiree under 65 (HDHP) + spouse over 65 (Gold)	\$372	\$598	\$970
Retiree over 65 (Gold) + children (HDHP)	\$308	\$482	\$790
Retiree over 65 (Gold) + spouse under 65 (HDHP) + children (HDHP)	\$601	\$1,262	\$1,863
Retiree under 65 (HDHP) + spouse over 65 (Gold) + children (HDHP)	\$625	\$1,066	\$1,691