

YOUR 2019 CONTRIBUTIONS

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

RETIREE GROUP C

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	\$219	\$682	\$901	\$219	\$970	\$1,189	\$219	\$399	\$618
Retiree + Spouse	\$481	\$1,493	\$1,974	\$481	\$2,122	\$2,603	\$481	\$909	\$1,390
Retiree + Children	\$394	\$1,228	\$1,622	\$394	\$1,745	\$2,139	\$394	\$656	\$1,050
Retiree, Spouse + Children	\$656	\$2,039	\$2,695	\$656	\$2,897	\$3,553	\$656	\$1,166	\$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	\$76	\$23	\$99	\$55	\$14	\$69	\$76	\$216	\$292
Retiree + Spouse	\$152	\$46	\$198	\$110	\$28	\$138	\$152	\$432	\$584
Retiree + Children	N/A	N/A	N/A	N/A	N/A	N/A	\$251	\$473	\$724
Retiree, Spouse + Children	N/A	N/A	N/A	N/A	N/A	N/A	\$327	\$689	\$1,016

¹ AARP will send you rates for their plans. Please note that the hospital will pay up to \$76/month for a retiree and \$152 for retiree and eligible spouse for plans C, F, or K.

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

**RETIREE
GROUP C**

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)	\$262	\$811	\$1,073
Retiree under 65 (HDHP); Spouse 65+ (AARP)	\$219	\$682	\$901
Retiree 65+ (AARP); Children (HDHP)	\$175	\$546	\$721
Retiree 65+ (AARP); Spouse under 65 (HDHP); Children (HDHP)	\$437	\$1,357	\$1,794
Retiree under 65 (HDHP); Spouse 65+ (AARP); Children (HDHP)	\$394	\$1,228	\$1,622

	AARP/STANFORD HEALTH CARE ALLIANCE (SHCA)		
	Employer Cost	Your Cost	Total Cost
Retiree 65+ (AARP); Spouse under 65 (SHCA)	\$262	\$1,152	\$1,414
Retiree under 65 (SHCA); Spouse 65+ (AARP)	\$219	\$970	\$1,189
Retiree 65+ (AARP); Children (SHCA)	\$175	\$775	\$950
Retiree 65+ (AARP); Spouse under 65 (SHCA); Children (SHCA)	\$437	\$1,927	\$2,364
Retiree under 65 (SHCA); Spouse 65+ (AARP); Children (SHCA)	\$394	\$1,745	\$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)	\$338	\$726	\$1,064
Retiree under 65 (HMO); Spouse 65+ (Kaiser Senior Advantage)	\$295	\$615	\$910
Retiree 65+ (Kaiser Senior Advantage); Children (HMO)	\$251	\$473	\$724
Retiree 65+ (Kaiser Senior Advantage); Spouse under 65 (HMO); Children (HMO)	\$513	\$983	\$1,496
Retiree under 65 (HMO); Spouse 65+ (Kaiser Senior Advantage); Children (HMO)	\$470	\$872	\$1,342

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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)	\$338	\$1,175	\$1,513
Retiree under 65 (SHCA) + spouse over 65 (Platinum)	\$295	\$993	\$1,288
Retiree over 65 (Platinum) + children (SHCA)	\$251	\$798	\$1,049
Retiree over 65 (Platinum) + spouse under 65 (SHCA) + children (SHCA)	\$513	\$1,950	\$2,463
Retiree under 65 (SHCA) + spouse over 65 (Platinum) + children (SHCA)	\$470	\$1,768	\$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)	\$317	\$1,166	\$1,483
Retiree under 65 (SHCA) + spouse over 65 (Gold)	\$274	\$984	\$1,258
Retiree over 65 (Gold) + children (SHCA)	\$230	\$789	\$1,019
Retiree over 65 (Gold) + spouse under 65 (SHCA) + children (SHCA)	\$492	\$1,941	\$2,433
Retiree under 65 (SHCA) + spouse over 65 (Gold) + children (SHCA)	\$449	\$1,759	\$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)	\$338	\$834	\$1,172
Retiree under 65 (HDHP) + spouse over 65 (Platinum)	\$295	\$705	\$1,000
Retiree over 65 (Platinum) + children (HDHP)	\$251	\$569	\$820
Retiree over 65 (Platinum) + spouse under 65 (HDHP) + children (HDHP)	\$513	\$1,380	\$1,893
Retiree under 65 (HDHP) + spouse over 65 (Platinum) + children (HDHP)	\$470	\$1,251	\$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)	\$317	\$825	\$1,142
Retiree under 65 (HDHP) + spouse over 65 (Gold)	\$274	\$696	\$970
Retiree over 65 (Gold) + children (HDHP)	\$230	\$560	\$790
Retiree over 65 (Gold) + spouse under 65 (HDHP) + children (HDHP)	\$492	\$1,371	\$1,863
Retiree under 65 (HDHP) + spouse over 65 (Gold) + children (HDHP)	\$449	\$1,242	\$1,691