

## 2019 Medical Premiums: Retiree or Survivor of Retiree With Medicare Part A and Part B Residing in California

### RETIREES HIRED BEFORE JANUARY 9, 2009

2019 Monthly Medical Premiums	Kaiser Permanente HMO		UHC Medicare Advantage PPO		UHC Medicare Advantage PPO with Non-Medicare Dependents in Blue Shield of CA Trio HMO		UHC Medicare Advantage PPO with Non-Medicare Dependents in Blue Shield of CA Access+ HMO	
	City Contribution	Retiree/Survivor Cost	City Contribution	Retiree/Survivor Cost	City Contribution	Retiree/Survivor Cost	City Contribution	Retiree/Survivor Cost
Retiree/Survivor Only	\$333.99	\$0	\$379.78	\$0	\$379.78	\$0	\$379.78	\$0
Retiree/Survivor +1 Dependent with no Medicare	\$637.66	\$303.66	\$884.58	\$504.80	\$766.18	\$386.40	\$831.16	\$451.39
Retiree/Survivor +2 or More Dependents with no Medicare	\$637.66	\$807.74	\$884.58	\$1,267.60	\$766.18	\$1,003.29	\$831.16	\$1,172.01
Retiree/Survivor +1 Dependent with Medicare Part A and Part B	\$498.92	\$164.93	\$567.61	\$187.82	\$567.61	\$187.82	\$567.61	\$187.82
Retiree/Survivor +1 Dependent with Medicare Part A and B +1 or more Dependents	\$498.92	\$669.01	\$567.61	\$950.62	\$567.61	\$804.71	\$567.61	\$908.44

### RETIREES HIRED AFTER JANUARY 9, 2009<sup>1</sup> WITH 10 AND LESS THAN 15 YEARS OF SERVICE

2019 Monthly Medical Premiums	Kaiser Permanente HMO		UHC Medicare Advantage PPO		UHC Medicare Advantage PPO with Non-Medicare Dependents in Blue Shield of CA Trio HMO		UHC Medicare Advantage PPO with Non-Medicare Dependents in Blue Shield of CA Access+ HMO	
	City Contribution	Retiree/Survivor Cost	City Contribution	Retiree/Survivor Cost	City Contribution	Retiree/Survivor Cost	City Contribution	Retiree/Survivor Cost
Retiree/Survivor Only	\$167.00	\$166.99	\$189.89	\$189.88	\$189.89	\$189.89	\$189.89	\$189.89
Retiree/Survivor +1 Dependent with no Medicare	\$318.83	\$622.49	\$442.29	\$947.09	\$383.09	\$769.49	\$415.58	\$866.97
Retiree/Survivor +2 or More Dependents with no Medicare	\$318.83	\$1,126.57	\$442.29	\$1,709.89	\$383.09	\$1,386.38	\$415.58	\$1,587.59
Retiree/Survivor +1 Dependent with Medicare Part A and Part B	\$249.46	\$414.39	\$283.81	\$471.62	\$283.81	\$471.62	\$283.81	\$471.62
Retiree/Survivor +1 Dependent with Medicare Part A and B +1 or more Dependents	\$249.46	\$918.47	\$283.81	\$1,234.42	\$283.81	\$1,088.51	\$283.81	\$1,192.24

<sup>1</sup>Retirees or survivors of retirees with at least 5 years of service but less than 10 years of service have no city contribution and must pay the full premium rate.

## 2019 Medical Premiums: Retiree or Survivor of Retiree With Medicare Part A and Part B Residing Outside of California

### RETIRES OR SURVIVORS OF RETIREES HIRED BEFORE JANUARY 9, 2009

2019 Monthly Medical Premiums	Kaiser Permanente Senior Advantage HMO						UHC Medicare Advantage PPO	
	Northwest		Washington		Hawaii		City Contribution	Retiree/ Survivor Cost
	City Contribution	Retiree/ Survivor Cost	City Contribution	Retiree/ Survivor Cost	City Contribution	Retiree/ Survivor Cost		
Retiree/Survivor Only	\$403.55	\$0	\$324.02	\$0	\$376.11	\$0	\$379.78	\$0
Retiree/Survivor +1 Dependent with no Medicare	\$1,069.45	\$665.89	\$987.26	\$663.23	\$858.95	\$482.83	\$884.58	\$504.80
Retiree/Survivor +2 or More Dependents with no Medicare	\$1,069.45	\$1,771.27	\$987.26	\$1,764.19	\$858.95	\$1,284.33	\$884.58	\$1,267.60
Retiree/Survivor +1 Dependent with Medicare Part A and Part B	\$603.26	\$199.71	\$483.97	\$159.94	\$562.10	\$185.99	\$567.61	\$187.82
Retiree/Survivor +1 Dependent with Medicare Part A and B +1 or more Dependents	\$603.26	\$1,305.09	\$483.97	\$1,260.90	\$562.10	\$987.49	\$567.61	\$950.62

### RETIRES OR SURVIVORS OF RETIREES HIRED AFTER JANUARY 9, 2009<sup>1</sup> WITH 10 AND LESS THAN 15 YEARS OF SERVICE

2019 Monthly Medical Premiums	Kaiser Permanente Senior Advantage						UHC Medicare Advantage PPO	
	Northwest		Washington		Hawaii		City Contribution	Retiree/ Survivor Cost
	City Contribution	Retiree/ Survivor Cost	City Contribution	Retiree/ Survivor Cost	City Contribution	Retiree/ Survivor Cost		
Retiree/Survivor Only	\$201.78	\$201.77	\$162.01	\$162.01	\$188.06	\$188.05	\$189.89	\$189.89
Retiree/Survivor +1 Dependent with no Medicare	\$534.73	\$1,200.61	\$493.63	\$1,156.86	\$429.48	\$912.30	\$442.29	\$947.09
Retiree/Survivor +2 or More Dependents with no Medicare	\$534.73	\$2,305.99	\$493.63	\$2,257.82	\$429.48	\$1,713.80	\$442.29	\$1,709.89
Retiree/Survivor +1 Dependent with Medicare Part A and Part B	\$301.63	\$501.34	\$241.99	\$401.92	\$281.05	\$467.04	\$283.81	\$471.62
Retiree/Survivor +1 Dependent with Medicare Part A and B +1 or more Dependents	\$301.63	\$1,606.72	\$241.99	\$1,502.88	\$281.05	\$1,268.54	\$283.81	\$1,234.42

<sup>1</sup>Retirees or survivors of retirees with at least 5 years of service but less than 10 years of service have no city contribution and must pay the full premium rate.

## 2019 Dental Premiums: All Retirees / Survivors

2019 Monthly Dental Premiums	Delta Dental PPO		DeltaCare USA DHMO-style		UnitedHealthcare Dental DHMO	
	City Contribution	Retiree/ Survivor Cost	City Contribution	Retiree/ Survivor Cost	City Contribution	Retiree/ Survivor Cost
Retiree/Survivor Only	\$0	\$45.77	\$0	\$32.85	\$0	\$16.47
Retiree/Survivor +1 Dependent	\$0	\$91.04	\$0	\$54.21	\$0	\$27.20
Retiree/Survivor +2 or More Dependents	\$0	\$135.88	\$0	\$80.19	\$0	\$40.22