

2019 Medical Premiums: Retiree or Survivor of Retiree Without Medicare Residing in California

RETIRES OR SURVIVORS OF RETIREES HIRED BEFORE JANUARY 9, 2009

| 2019 Monthly Medical Premiums | Blue Shield of California | | | | Kaiser Permanente HMO | UHC City Plan PPO | | UHC City Plan (Choice Not Available) | | |
|--|---------------------------|-----------------------|-------------------|-----------------------|-----------------------|-------------------|-----------------------|--------------------------------------|-----------------------|------------|
| | Trio HMO | | 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 | \$1,684.49 | \$37.78 | \$1,911.82 | \$100.26 | \$1,225.27 | \$0 | \$1,085.27 | \$202.61 | \$1,187.62 | \$100.26 |
| Retiree/Survivor +1 Dependent with no Medicare | \$2,070.89 | \$424.18 | \$2,363.20 | \$551.65 | \$1,528.94 | \$303.66 | \$1,590.07 | \$707.41 | \$1,692.42 | \$605.06 |
| Retiree/Survivor +2 or More Dependents with no Medicare | \$2,070.89 | \$1,041.07 | \$2,363.20 | \$1,272.27 | \$1,528.94 | \$807.74 | \$1,590.07 | \$1,470.21 | \$1,692.42 | \$1,367.86 |
| Retiree/Survivor +1 Dependent with Medicare Part A and Part B | \$1,872.32 | \$225.60 | \$2,099.65 | \$288.08 | \$1,390.20 | \$164.93 | \$1,273.10 | \$390.43 | \$1,375.45 | \$288.08 |
| Retiree/Survivor +1 Dependent with Medicare Part A and B +1 or more Dependents | \$1,872.32 | \$842.49 | \$2,099.65 | \$1,008.70 | \$1,390.20 | \$669.01 | \$1,273.10 | \$1,153.23 | \$1,375.45 | \$1,050.88 |

RETIRES OR SURVIVORS OF RETIREES HIRED AFTER JANUARY 9, 2009¹ WITH 10 AND LESS THAN 15 YEARS OF SERVICE

| 2019 Monthly Medical Premiums | Blue Shield of California | | | | Kaiser Permanente HMO | UHC City Plan PPO | | UHC City Plan (Choice Not Available) | | |
|--|---------------------------|-----------------------|-------------------|-----------------------|-----------------------|-------------------|-----------------------|--------------------------------------|-----------------------|------------|
| | Trio HMO | | 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 | \$842.25 | \$880.02 | \$955.91 | \$1,056.17 | \$612.64 | \$612.63 | \$542.64 | \$745.24 | \$593.81 | \$694.07 |
| Retiree/Survivor +1 Dependent with no Medicare | \$1,035.45 | \$1,459.62 | \$1,181.60 | \$1,733.25 | \$764.47 | \$1,068.13 | \$795.04 | \$1,502.44 | \$846.21 | \$1,451.27 |
| Retiree/Survivor +2 or More Dependents with no Medicare | \$1,035.45 | \$2,076.51 | \$1,181.60 | \$2,453.87 | \$764.47 | \$1,572.21 | \$795.04 | \$2,265.24 | \$846.21 | \$2,214.07 |
| Retiree/Survivor +1 Dependent with Medicare Part A and Part B | \$936.16 | \$1,161.76 | \$1,049.83 | \$1,337.90 | \$695.10 | \$860.03 | \$636.55 | \$1,026.98 | \$687.73 | \$975.80 |
| Retiree/Survivor +1 Dependent with Medicare Part A and B +1 or more Dependents | \$936.16 | \$1,778.65 | \$1,049.83 | \$2,058.52 | \$695.10 | \$1,364.11 | \$636.55 | \$1,789.78 | \$687.73 | \$1,738.60 |

¹Retirees 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.

Required Retiree/Survivor premium contributions, if any, will be deducted from the member's monthly pension check. If the pension check does not fully cover premium payments, the member must contact SFHSS to make payment arrangements.

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, 2009¹ 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 |

¹Retirees 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 Without Medicare Residing Outside of California

RETIREES OR SURVIVORS OF RETIREES HIRED BEFORE JANUARY 9, 2009

| 2019 Monthly Medical Premiums | Kaiser Permanente HMO | | | | | | City Plan PPO Choice Not Available | |
|--|-----------------------|---------------------------|-------------------|---------------------------|-------------------|---------------------------|---------------------------------------|---------------------------|
| | 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 | \$1,335.93 | \$0 | \$1,330.59 | \$0 | \$969.81 | \$0 | \$1,187.62 | \$100.26 |
| Retiree/Survivor +1 Dependent with no Medicare | \$2,001.83 | \$665.89 | \$1,993.83 | \$663.23 | \$1,452.65 | \$482.83 | \$1,692.42 | \$605.06 |
| Retiree/Survivor +2 or More Dependents with no Medicare | \$2,001.83 | \$1,771.27 | \$1,993.83 | \$1,764.19 | \$1,452.65 | \$1,284.33 | \$1,692.42 | \$1,367.86 |
| Retiree/Survivor +1 Dependent with Medicare Part A and Part B | \$1,535.64 | \$199.71 | \$1,490.54 | \$159.94 | \$1,155.80 | \$185.99 | \$1,375.45 | \$288.08 |
| Retiree/Survivor +1 Dependent with Medicare Part A and B +1 or more Dependents | \$1,535.64 | \$1,305.09 | \$1,490.54 | \$1,260.90 | \$1,155.80 | \$987.49 | \$1,375.45 | \$1,050.88 |

RETIREES OR SURVIVORS OF RETIREES HIRED AFTER JANUARY 9, 2009¹ WITH 10 AND LESS THAN 15 YEARS OF SERVICE

| 2019 Monthly Medical Premiums | Kaiser Permanente HMO | | | | | | City Plan PPO Choice Not Available | |
|--|-----------------------|---------------------------|-------------------|---------------------------|-------------------|---------------------------|---------------------------------------|---------------------------|
| | 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 | \$667.97 | \$667.96 | \$665.30 | \$665.29 | \$484.91 | \$484.90 | \$593.81 | \$694.07 |
| Retiree/Survivor +1 Dependent with no Medicare | \$1,000.92 | \$1,666.80 | \$996.92 | \$1,660.14 | \$726.33 | \$1,209.15 | \$846.21 | \$1,451.27 |
| Retiree/Survivor +2 or More Dependents with no Medicare | \$1,000.92 | \$2,772.18 | \$996.92 | \$2,761.10 | \$726.33 | \$2,010.65 | \$846.21 | \$2,214.07 |
| Retiree/Survivor +1 Dependent with Medicare Part A and Part B | \$767.82 | \$967.53 | \$745.27 | \$905.21 | \$577.90 | \$763.89 | \$687.73 | \$975.80 |
| Retiree/Survivor +1 Dependent with Medicare Part A and B +1 or more Dependents | \$767.82 | \$2,072.91 | \$745.27 | \$2,006.17 | \$577.90 | \$1,565.39 | \$687.73 | \$1,738.60 |

¹Retirees 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, 2009¹ 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 |

¹Retirees 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.