



## 2019 MONTHLY HEALTHCARE PREMIUMS for Retirees and Beneficiaries

KAISER HMO	Low (\$5 copay)		Silver (\$25 copay)	
	2018	2019	2018	2019
<b>Non-Medicare Retirees</b>				
One Person	\$741.77	<b>\$789.21</b>	\$670.03	<b>\$712.87</b>
Two Persons	\$1,483.54	<b>\$1,578.41</b>	\$1,340.05	<b>\$1,425.75</b>
Family (All Under 65)	\$1,973.11	<b>\$2,099.29</b>	\$1,782.26	<b>\$1,896.25</b>
<b>Medicare Retirees</b>				
One Person Over 65 with Sr. Advantage	\$410.13	<b>\$397.86</b>	\$297.94	<b>\$289.03</b>
Sr. Advantage Enrollment with Part B Only	\$720.13	<b>\$707.86</b>	\$607.94	<b>\$599.03</b>
Part B not assigned to Kaiser	\$1,951.53	<b>\$2,034.81</b>	\$1,854.54	<b>\$1,931.39</b>
Parts A&B not assigned to Kaiser, no enrollment on file	\$1,540.88	<b>\$1,624.16</b>	\$1,443.89	<b>\$1,520.74</b>

ANTHEM BLUE CROSS PPO		
Non-Medicare Retirees	2018	2019
One Person	\$1,209.59	<b>\$746.22</b>
Two Persons	\$2,271.23	<b>\$1,490.21</b>
Family (All Under 65)	\$3,143.03	<b>\$2,084.97</b>

WESTERN HEALTH ADVANTAGE HMO		
Non-Medicare Retirees	2018	2019
One Person	n/a	<b>\$780.85</b>
Two Persons	n/a	<b>\$1,561.69</b>
Family (All Under 65)	n/a	<b>\$2,077.05</b>

UNITEDHEALTHCARE GROUP MEDICARE ADVANTAGE PPO		
Medicare Retirees	2018	2019
One Person	n/a	<b>\$414.78</b>
Two Persons	n/a	<b>\$829.56</b>

DELTA DENTAL		
All Retirees	2018	2019
One Person	\$51.16	<b>\$51.16</b>
Two Persons	\$96.47	<b>\$96.47</b>
Family	\$151.55	<b>\$151.55</b>

*The rates above do not apply to retirees from City of San Rafael or Novato Fire Protection District. Retirees from these agencies should contact their employer for information on health insurance.*

VSP VISION CARE			
All Retirees, All Employers	2018	2019	The VSP Vision Care plan is <u>not</u> covered by your benefit plan subsidy. The retiree is responsible for <u>all</u> VSP Vision Care premiums.
One Person	\$10.51	<b>\$10.51</b>	
Two Persons	\$20.53	<b>\$20.53</b>	
Family	\$24.05	<b>\$24.05</b>	