

2019 Retiree Health Plan RateTable

| RETIRES ENROLLED IN MEDICARE | | | | | | | | | |
|-------------------------------------|-----------------------|------------------------|---------------------------------------|----------------------------|---------------------------------|---------------|-------------------------------|--------------------------------------|--|
| RETIREE ENROLLMENT STATUS | PPO PLANS | | HEALTH MAINTENANCE PLANS (HMO) | | MEDICARE ADVANTAGE PLANS | | | | |
| | Wellwise Retiree Plan | Sharewell Retiree Plan | Blue Cross Traditional HMO Plan | Blue Cross Select HMO Plan | Kaiser Sr Advantage Plan | Scan HMO Plan | Blue Cross Sr Secure HMO Plan | Blue Cross Preferred Custom PPO Plan | Blue Cross Preferred Standard PPO Plan |
| RETIREE ONLY | | | | | | | | | |
| Retiree Only - Part B Only | \$898.98 | \$610.65 | \$1,872.27 | \$1,033.52 | \$591.89 | NA | NA | NA | NA |
| Retiree Only - Part A & B | \$546.05 | \$392.57 | NA | NA | \$271.51 | \$286.86 | \$377.09 | \$584.95 | \$390.20 |
| RETIREE W/1 DEPENDENT | | | | | | | | | |
| Two W/ Medicare Part B Only | \$1,600.18 | \$925.13 | \$3,744.50 | \$2,067.09 | \$1,183.78 | NA | NA | NA | NA |
| Two W/ Medicare Part A & B | \$999.27 | \$558.23 | NA | NA | \$543.02 | \$573.72 | \$754.18 | \$1,169.90 | \$780.40 |

NOTE:
 -- Eligible Retirees and/or enrolled dependent age 65 or older must enroll in Medicare Part B. Eligible Retiree entitled to Medicare Part A without a premium must enroll in Medicare Part A. Evidence of Medicare coverage is required. For eligible retirees, the Retiree Medical Grant for 2019 is \$23.44 per month for each year of County Service to a maximum of 25 years. Grant is subject to change based upon retirement date and grant eligibility.