CITY OF SEATTLE/SHA 2020 Retiree Monthly Rates

| | Under Age 65 | Disability Medicare Eligible Under Age 65 | Medicare Eligible 65 and Over |
|--|---------------|---|----------------------------------|
| City of Seattle Traditional | | | |
| Retiree | \$1,180.00 | \$476.82 | Not Available |
| Spouse / Domestic Partner | \$1,063.10 | \$431.63 | Not Available |
| 1st Child under age 26 | \$342.80 | Not Available | Not Available |
| All Additional Children (not each child) under age 26 | \$265.57 | Not Available | Not Available |
| Each disabled child past the limiting age | \$507.52 | Not Available | Not Available |
| City of Seattle Preventive | | | |
| Retiree | \$1,273.65 | \$513.72 | Not Available |
| Spouse / Domestic Partner | \$1,144.37 | \$463.71 | Not Available |
| 1st Child under age 26 | \$348.27 | Not Available | Not Available |
| All Additional Children (not each child) under age 26 | \$263.00 | Not Available | Not Available |
| Each disabled child past the limiting age | \$529.86 | Not Available | Not Available |
| Kaiser Permanente Standard | | | |
| Retiree | \$603.19 | Coverage available under KP MAPD 3 & 4 | |
| Spouse / Domestic Partner | \$603.19 | Coverage available under KP MAPD 3 & 4 | |
| 1st Child under age 26 | \$351.30 | Not Available | Not Available |
| Each Additional Child under age 26 | \$324.58 | Not Available | Not Available |
| Each disabled child past the limiting age | \$351.30 | Not Available | Not Available |
| Kaiser Permanente Deductible | | | |
| Retiree | \$554.91 | Coverage available under KP MAPD 3 & 4 | |
| Spouse / Domestic Partner | \$554.91 | Coverage available under KP MAPD 3 & 4 | |
| 1st Child under age 26 | \$323.20 | Not Available | Not Available |
| Each Additional Child under age 26 | \$298.58 | Not Available | Not Available |
| Each disabled child past the limiting age | \$323.20 | Not Available | Not Available |
| United Healthcare Medicare Complete HM | <u> </u> | | |
| HMO (each enrollee) | Not Available | Not Available | \$414.95 |
| Aetna Medicare Plan (PPO) | | | |
| Washington State Resident | Not Available | Not Available | \$331.58 |
| Non-Washington State Resident | Not Available | Not Available | \$351.08 |
| Kaiser Permanente Medicare HMO | | | |
| Medicare Advantage Plan 3 (KP MAPD 3) each enrollee | Not Available | \$441.38 | \$441.38 |
| Medicare Advantage Plan 4 (KP MAPD 4) each enrollee Updated 10/16/2019 | Not Available | \$412.87 | \$412.87 |

Updated 10/16/2019