

SAN FRANCISCO ELECTRICAL WORKERS HEALTH & WELFARE PLAN

**720 MARKET ST., STE 700
SAN FRANCISCO, CA 94102
Ph. (415) 263-3670 FAX (415) 263-3672**

**Retiree Co-Payment Schedule
(January 1, 2009- December 31, 2009)**

Early Retirees (Age 55-62)	
Plan	Monthly Payment
Kaiser	1,251.00
Blue Shield (HMO)	1,220.00
Self Funded Plan (PPO)	1,744.00

Early Retirees (Age 62-64) who will reach Full Retiree Membership status at age 65*	
Plan	Monthly Payment
Kaiser-Single	500.00
Kaiser-Family	750.00
Blue Shield (HMO)-Single	488.00
Blue Shield (HMO)-Family	732.00
Self Funded Plan (PPO)-Single	698.00
Self Funded Plan (PPO)-Family	1,046.00

*Full Retiree Status at age 65: Under age 59 at the time hourbank runs out following retirement.

Early Retirees (Age 62-64) who will reach Full Retiree Membership status at age 62**	
Plan	Monthly Payment
Kaiser	350.00
Blue Shield (HMO)	350.00
Self Funded Plan (PPO)	350.00

**Full Retiree Status at age 62: Age 59 or older at the time hourbank runs out following retirement.

Other Retiree Categories (All Plans)					
Age	Monthly Payment				
Surviving Spouses and Under Age 65 Disabled Retirees	300.00				
Over Age 65 retirees who attained, or will attain, age 75 on or after 1/1/2007	<table> <tr> <td align="center">Single</td> <td align="right">125.00</td> </tr> <tr> <td align="center">Family***</td> <td align="right">250.00</td> </tr> </table>	Single	125.00	Family***	250.00
Single	125.00				
Family***	250.00				
Retirees who attained Age 75 before 1/1/2007	0.00				

***Family Rate for over age 65 retirees added effective August 1, 2009.