## HEALTH PLAN CONTRIBUTION RATES RETIREES

Effective January 1, 2025- December 31, 2025

Monthly Rates and Contributions

EARLY RETIREES (PRE 65 NO MEDICARE)			
	SINGLE	2 PARTY	FAMILY
Blue Shield PPO \$200	\$1,561.00		
VSP Choice	\$4.05		
EDC Admin Fee	\$15.19		\$45.58
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Total	\$1,580.24	\$2,850.47	\$3,967.59
	SINGLE	2 PARTY	<u>FAMILY</u>
Blue Shield PPO \$1650 ABHP	\$1,198.00	\$2,159.00	\$3,000.00
VSP Choice	\$4.05	\$8.08	\$13.01
EDC Admin Fee	\$15.19	\$30.39	\$45.58
Total	\$1,217.24	\$2,197.47	\$3,058.59
	SINGLE	2 PARTY	
Blue Shield PPO \$2000 ABHP	\$1,077.00		
VSP Choice	\$4.05	\$8.08	\$13.01
EDC Admin Fee	\$15.19	\$30.39	\$45.58
Total	\$1,096.24	\$1,982.47	\$2,757.59
	SINGLE	2 PARTY	<u>FAMILY</u>
Kaiser HMO	\$1,047.00	\$2,073.00	\$2,920.00
VSP Choice	\$4.05	\$8.08	\$13.01
EDC Admin Fee	\$15.19	\$30.39	\$45.58
Total	\$1,066.24	\$2,111.47	\$2,978.59
	SINGLE	2 PARTY	FAMILY
Kaiser HMO \$1650 ABHP	\$863.00		
VSP Choice	\$4.05	\$8.08	\$13.01
EDC Admin Fee	\$4.03 \$15.19	\$30.39	\$45.58
LDC Addition Fee	713.19	230.39	J4J.30
Total	\$882.24	\$1,736.47	\$2,448.59

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MEDICARE RETIREES	S (ENROLL	ED IN PART	S A&B)		
UHC Advantage PPO	1 IN A&B	(per enrolled \$594.83	member)		
1					
EDC Admin Fee		\$15.19			
BCC Fee (for non-PRISM pla	in)	\$7.00			
Total		\$617.02			
	SINGLE	2 PA	RTY	FAΛ	11LY
	1 IN A&B	1 IN 1 OUT	2 IN A&B	1 IN 2 OUT	2 IN 1 OUT
Kaiser Senior Advantage	\$473.00	\$1,520.00	\$929.00	\$2,346.00	\$1,776.00
EDC Admin Fee	\$15.19	\$30.39	\$30.39	\$45.58	\$45.58
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Total	\$488.19	\$1,550.39	\$959.39	\$2,391.58	\$1,821.58

RETIREE HEALTH CONTRIBUTION (RHC)				
YEARS OF SERVICE	<u>LEVEL</u>	PRE 65	<u>65+</u>	
12 THRU 14	LEVEL 1	\$428.36	\$174.20	
15 THRU 19	LEVEL 2	\$649.30	\$263.93	
20 + LOCAL 1 20+ YEARS ONLY*	LEVEL 3 4 YEAR OPTION	\$869.71 \$1,298.07	\$353.67 \$527.86	
*The 4-Year option is only available to Local 1 members with 20+ years of service and must have been elected at the time of retirement.				

OPTIONAL DENTAL COVERAGE*				
	SINGLE	2 PARTY	<u>FAMILY</u>	
Delta Dental PPO+Premier	\$48.10	\$86.57	\$120.24	
*If you previously dropped dental coverage, you cannot reenroll.				

OPTIONAL MEDICARE VISION COVERAGE*			
	SINGLE	2 PARTY	<u>FAMILY</u>
VSP Choice	\$4.05	\$8.08	\$13.01
*Medicare Retirees have the option of purchasing VSP at the time of initial			
enrollment only. If dropped, it cannot be reinstated.			

KAISER NOTE : Special rates		
	KAISER HMO	KAISER HMO \$1650 ABHP
Unassigned Medicare 65+ Missing A&B, or Have B Only	\$2,725.00	\$2,980.00
VSP Choice	\$4.05	\$4.05
EDC Admin Fee	\$15.19	\$15.19
Total	\$2,744.24	\$2,999.24
Unassigned Medicare 65+ Missing B Only	\$2,157.00	\$2,411.00
VSP Choice	\$4.05	\$4.05
EDC Admin Fee	\$15.19	\$15.19
Total	\$2,176.24	\$2,430.24

## HEALTH PLAN CONTRIBUTION RATES COBRA

Effective January 1, 2025

Effective January 1, 2025					
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>		
Blue Shield PPO ABHP High (\$2000)	\$1,077.00	\$1,944.00	\$2,699.00		
Delta Dental PPO+Premier	\$48.10	\$86.57	\$120.24		
VSP Choice	\$4.05	\$8.08	\$13.01		
EDC Admin Fee	\$15.19	\$30.39	\$45.58		
2% COBRA Admin Fee	\$22.89	\$41.38	\$57.56		
	7	7	701100		
Total	\$1,167.23	\$2,110.42	\$2,935.39		
	<b>EE ONLY</b>	<u>EE+1</u>	<b>FAMILY</b>		
Blue Shield PPO ABHP Low (\$1650)	\$1,198.00	\$2,159.00	\$3,000.00		
Delta Dental PPO+Premier	\$48.10	\$86.57	\$120.24		
VSP Choice	\$4.05	\$8.08	\$13.01		
EDC Admin Fee	\$15.19	\$30.39	\$45.58		
2% COBRA Admin Fee	\$25.31	\$45.68	\$63.58		
	•	•	·		
Total	\$1,290.65	\$2,329.72	\$3,242.41		
	EE ONLY	<u>EE+1</u>	<u>FAMILY</u>		
Blue Shield PPO Standard (\$200)	\$1,561.00	\$2,812.00	\$3,909.00		
Delta Dental PPO+Premier	\$48.10	\$86.57	\$120.24		
VSP Choice	\$4.05	\$8.08	\$13.01		
EDC Admin Fee	\$15.19	\$30.39	\$45.58		
2% COBRA Admin Fee	\$32.57	\$58.74	\$81.76		
	•	•	•		
Total	\$1,660.91	\$2,995.78	\$4,169.59		
Total	\$1,660.91	\$2,995.78	\$4,169.59		
Total	\$1,660.91 EE ONLY	\$2,995.78 EE+1	\$4,169.59 FAMILY		
Total  Kaiser HMO					
	EE ONLY	<u>EE+1</u>	FAMILY		
Kaiser HMO	EE ONLY \$1,047.00	<u>EE+1</u> \$2,073.00	<u>FAMILY</u> \$2,920.00		
<b>Kaiser HMO</b> Delta Dental PPO+Premier	EE ONLY \$1,047.00 \$48.10	EE+1 \$2,073.00 \$86.57	FAMILY \$2,920.00 \$120.24		
Kaiser HMO Delta Dental PPO+Premier VSP Choice	EE ONLY \$1,047.00 \$48.10 \$4.05	EE+1 \$2,073.00 \$86.57 \$8.08	FAMILY \$2,920.00 \$120.24 \$13.01		
Kaiser HMO Delta Dental PPO+Premier VSP Choice EDC Admin Fee	EE ONLY \$1,047.00 \$48.10 \$4.05 \$15.19	EE+1 \$2,073.00 \$86.57 \$8.08 \$30.39	FAMILY \$2,920.00 \$120.24 \$13.01 \$45.58		
Kaiser HMO Delta Dental PPO+Premier VSP Choice EDC Admin Fee	EE ONLY \$1,047.00 \$48.10 \$4.05 \$15.19	EE+1 \$2,073.00 \$86.57 \$8.08 \$30.39	FAMILY \$2,920.00 \$120.24 \$13.01 \$45.58		
Kaiser HMO Delta Dental PPO+Premier VSP Choice EDC Admin Fee 2% COBRA Admin Fee	EE ONLY \$1,047.00 \$48.10 \$4.05 \$15.19 \$22.29	EE+1 \$2,073.00 \$86.57 \$8.08 \$30.39 \$43.96	FAMILY \$2,920.00 \$120.24 \$13.01 \$45.58 \$61.98		
Kaiser HMO Delta Dental PPO+Premier VSP Choice EDC Admin Fee 2% COBRA Admin Fee	EE ONLY \$1,047.00 \$48.10 \$4.05 \$15.19 \$22.29	EE+1 \$2,073.00 \$86.57 \$8.08 \$30.39 \$43.96	FAMILY \$2,920.00 \$120.24 \$13.01 \$45.58 \$61.98		
Kaiser HMO Delta Dental PPO+Premier VSP Choice EDC Admin Fee 2% COBRA Admin Fee	EE ONLY \$1,047.00 \$48.10 \$4.05 \$15.19 \$22.29 \$1,136.63	EE+1 \$2,073.00 \$86.57 \$8.08 \$30.39 \$43.96 \$2,242.00	FAMILY \$2,920.00 \$120.24 \$13.01 \$45.58 \$61.98		
Kaiser HMO Delta Dental PPO+Premier VSP Choice EDC Admin Fee 2% COBRA Admin Fee	EE ONLY \$1,047.00 \$48.10 \$4.05 \$15.19 \$22.29 \$1,136.63 EE ONLY	EE+1 \$2,073.00 \$86.57 \$8.08 \$30.39 \$43.96 \$2,242.00	FAMILY \$2,920.00 \$120.24 \$13.01 \$45.58 \$61.98 \$3,160.81 FAMILY		
Kaiser HMO Delta Dental PPO+Premier VSP Choice EDC Admin Fee 2% COBRA Admin Fee  Total  Kaiser HMO ABHP (\$1650)	EE ONLY \$1,047.00 \$48.10 \$4.05 \$15.19 \$22.29 \$1,136.63 EE ONLY \$863.00	EE+1 \$2,073.00 \$86.57 \$8.08 \$30.39 \$43.96 \$2,242.00 EE+1 \$1,698.00	FAMILY \$2,920.00 \$120.24 \$13.01 \$45.58 \$61.98 \$3,160.81 FAMILY \$2,390.00		
Kaiser HMO Delta Dental PPO+Premier VSP Choice EDC Admin Fee 2% COBRA Admin Fee  Total  Kaiser HMO ABHP (\$1650) Delta Dental PPO+Premier	EE ONLY \$1,047.00 \$48.10 \$4.05 \$15.19 \$22.29 \$1,136.63 EE ONLY \$863.00 \$48.10	EE+1 \$2,073.00 \$86.57 \$8.08 \$30.39 \$43.96 \$2,242.00 EE+1 \$1,698.00 \$86.57	FAMILY \$2,920.00 \$120.24 \$13.01 \$45.58 \$61.98 \$3,160.81 FAMILY \$2,390.00 \$120.24		
Kaiser HMO Delta Dental PPO+Premier VSP Choice EDC Admin Fee 2% COBRA Admin Fee  Total  Kaiser HMO ABHP (\$1650) Delta Dental PPO+Premier VSP Choice	EE ONLY \$1,047.00 \$48.10 \$4.05 \$15.19 \$22.29 \$1,136.63 EE ONLY \$863.00 \$48.10 \$4.05	EE+1 \$2,073.00 \$86.57 \$8.08 \$30.39 \$43.96 \$2,242.00 EE+1 \$1,698.00 \$86.57 \$8.08	FAMILY \$2,920.00 \$120.24 \$13.01 \$45.58 \$61.98 \$3,160.81 FAMILY \$2,390.00 \$120.24 \$13.01		
Kaiser HMO Delta Dental PPO+Premier VSP Choice EDC Admin Fee 2% COBRA Admin Fee  Total  Kaiser HMO ABHP (\$1650) Delta Dental PPO+Premier VSP Choice EDC Admin Fee	EE ONLY \$1,047.00 \$48.10 \$4.05 \$15.19 \$22.29 \$1,136.63 EE ONLY \$863.00 \$48.10 \$4.05 \$15.19	EE+1 \$2,073.00 \$86.57 \$8.08 \$30.39 \$43.96 \$2,242.00 EE+1 \$1,698.00 \$86.57 \$8.08 \$30.39	FAMILY \$2,920.00 \$120.24 \$13.01 \$45.58 \$61.98 \$3,160.81 FAMILY \$2,390.00 \$120.24 \$13.01 \$45.58		
Kaiser HMO Delta Dental PPO+Premier VSP Choice EDC Admin Fee 2% COBRA Admin Fee  Total  Kaiser HMO ABHP (\$1650) Delta Dental PPO+Premier VSP Choice EDC Admin Fee	EE ONLY \$1,047.00 \$48.10 \$4.05 \$15.19 \$22.29 \$1,136.63 EE ONLY \$863.00 \$48.10 \$4.05 \$15.19	EE+1 \$2,073.00 \$86.57 \$8.08 \$30.39 \$43.96 \$2,242.00 EE+1 \$1,698.00 \$86.57 \$8.08 \$30.39	FAMILY \$2,920.00 \$120.24 \$13.01 \$45.58 \$61.98 \$3,160.81 FAMILY \$2,390.00 \$120.24 \$13.01 \$45.58		
Kaiser HMO Delta Dental PPO+Premier VSP Choice EDC Admin Fee 2% COBRA Admin Fee  Total  Kaiser HMO ABHP (\$1650) Delta Dental PPO+Premier VSP Choice EDC Admin Fee 2% COBRA Admin Fee	EE ONLY \$1,047.00 \$48.10 \$4.05 \$15.19 \$22.29 \$1,136.63 EE ONLY \$863.00 \$48.10 \$4.05 \$15.19 \$18.61	EE+1 \$2,073.00 \$86.57 \$8.08 \$30.39 \$43.96 \$2,242.00 EE+1 \$1,698.00 \$86.57 \$8.08 \$30.39 \$36.46	FAMILY \$2,920.00 \$120.24 \$13.01 \$45.58 \$61.98 \$3,160.81 FAMILY \$2,390.00 \$120.24 \$13.01 \$45.58 \$51.38		
Kaiser HMO Delta Dental PPO+Premier VSP Choice EDC Admin Fee 2% COBRA Admin Fee  Total  Kaiser HMO ABHP (\$1650) Delta Dental PPO+Premier VSP Choice EDC Admin Fee 2% COBRA Admin Fee Total	EE ONLY \$1,047.00 \$48.10 \$4.05 \$15.19 \$22.29 \$1,136.63 EE ONLY \$863.00 \$48.10 \$4.05 \$15.19 \$18.61 \$948.95	EE+1 \$2,073.00 \$86.57 \$8.08 \$30.39 \$43.96 \$2,242.00 EE+1 \$1,698.00 \$86.57 \$8.08 \$30.39 \$36.46	FAMILY \$2,920.00 \$120.24 \$13.01 \$45.58 \$61.98 \$3,160.81 FAMILY \$2,390.00 \$120.24 \$13.01 \$45.58 \$51.38		
Kaiser HMO Delta Dental PPO+Premier VSP Choice EDC Admin Fee 2% COBRA Admin Fee  Total  Kaiser HMO ABHP (\$1650) Delta Dental PPO+Premier VSP Choice EDC Admin Fee 2% COBRA Admin Fee Total  Employee Assistal	EE ONLY \$1,047.00 \$48.10 \$4.05 \$15.19 \$22.29 \$1,136.63 EE ONLY \$863.00 \$48.10 \$4.05 \$15.19 \$18.61 \$948.95	EE+1 \$2,073.00 \$86.57 \$8.08 \$30.39 \$43.96 \$2,242.00 EE+1 \$1,698.00 \$86.57 \$8.08 \$30.39 \$36.46 \$1,859.50	FAMILY \$2,920.00 \$120.24 \$13.01 \$45.58 \$61.98 \$3,160.81 FAMILY \$2,390.00 \$120.24 \$13.01 \$45.58 \$51.38		
Kaiser HMO Delta Dental PPO+Premier VSP Choice EDC Admin Fee 2% COBRA Admin Fee  Total  Kaiser HMO ABHP (\$1650) Delta Dental PPO+Premier VSP Choice EDC Admin Fee 2% COBRA Admin Fee Total  Employee Assistal \$3.56	EE ONLY \$1,047.00 \$48.10 \$4.05 \$15.19 \$22.29 \$1,136.63 EE ONLY \$863.00 \$48.10 \$4.05 \$15.19 \$18.61 \$948.95 Ince Programates of	EE+1 \$2,073.00 \$86.57 \$8.08 \$30.39 \$43.96 \$2,242.00 EE+1 \$1,698.00 \$86.57 \$8.08 \$30.39 \$36.46	FAMILY \$2,920.00 \$120.24 \$13.01 \$45.58 \$61.98 \$3,160.81 FAMILY \$2,390.00 \$120.24 \$13.01 \$45.58 \$51.38		
Kaiser HMO Delta Dental PPO+Premier VSP Choice EDC Admin Fee 2% COBRA Admin Fee  Total  Kaiser HMO ABHP (\$1650) Delta Dental PPO+Premier VSP Choice EDC Admin Fee 2% COBRA Admin Fee Total  Employee Assistan \$3.56 Concern	EE ONLY \$1,047.00 \$48.10 \$4.05 \$15.19 \$22.29 \$1,136.63 EE ONLY \$863.00 \$48.10 \$4.05 \$15.19 \$18.61 \$948.95 Ince Programate	EE+1 \$2,073.00 \$86.57 \$8.08 \$30.39 \$43.96 \$2,242.00 EE+1 \$1,698.00 \$86.57 \$8.08 \$30.39 \$36.46 \$1,859.50	FAMILY \$2,920.00 \$120.24 \$13.01 \$45.58 \$61.98 \$3,160.81 FAMILY \$2,390.00 \$120.24 \$13.01 \$45.58 \$51.38		