

HEALTH PLAN CONTRIBUTION RATES
RETIREES
 Effective January 1, 2025- December 31, 2025
Monthly Rates and Contributions

| EARLY RETIREES (PRE 65 NO MEDICARE) | | | |
|--------------------------------------------|-------------------|-------------------|-------------------|
| | <u>SINGLE</u> | <u>2 PARTY</u> | <u>FAMILY</u> |
| Blue Shield PPO \$200 | \$1,561.00 | \$2,812.00 | \$3,909.00 |
| VSP Choice | \$4.05 | \$8.08 | \$13.01 |
| EDC Admin Fee | \$15.19 | \$30.39 | \$45.58 |
| Total | \$1,580.24 | \$2,850.47 | \$3,967.59 |
| | <u>SINGLE</u> | <u>2 PARTY</u> | <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 |
| | <u>SINGLE</u> | <u>2 PARTY</u> | <u>FAMILY</u> |
| Blue Shield PPO \$2000 ABHP | \$1,077.00 | \$1,944.00 | \$2,699.00 |
| 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 |
| | <u>SINGLE</u> | <u>2 PARTY</u> | <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 |
| | <u>SINGLE</u> | <u>2 PARTY</u> | <u>FAMILY</u> |
| Kaiser HMO \$1650 ABHP | \$863.00 | \$1,698.00 | \$2,390.00 |
| VSP Choice | \$4.05 | \$8.08 | \$13.01 |
| EDC Admin Fee | \$15.19 | \$30.39 | \$45.58 |
| Total | \$882.24 | \$1,736.47 | \$2,448.59 |

| MEDICARE RETIREES (ENROLLED IN PARTS A&B) | | | | | |
|------------------------------------------------------|---------------------|-------------------|---------------------|-------------------|-------------------|
| <u>1 IN A&B (per enrolled member)</u> | | | | | |
| UHC Advantage PPO | \$594.83 | | | | |
| EDC Admin Fee | \$15.19 | | | | |
| BCC Fee (for non-PRISM plan) | \$7.00 | | | | |
| Total | \$617.02 | | | | |
| | <u>SINGLE</u> | <u>2 PARTY</u> | <u>FAMILY</u> | | |
| | <u>1 IN A&B</u> | <u>1 IN 1 OUT</u> | <u>2 IN A&B</u> | <u>1 IN 2 OUT</u> | <u>2 IN 1 OUT</u> |
| 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 |
| Total | \$488.19 | \$1,550.39 | \$959.39 | \$2,391.58 | \$1,821.58 |

| RETIREE HEALTH CONTRIBUTION (RHC) | | | |
|------------------------------------------|---------------|---------------|------------|
| <u>YEARS OF SERVICE</u> | <u>LEVEL</u> | <u>PRE 65</u> | <u>65+</u> |
| 12 THRU 14 | LEVEL 1 | \$428.36 | \$174.20 |
| 15 THRU 19 | LEVEL 2 | \$649.30 | \$263.93 |
| 20 + | LEVEL 3 | \$869.71 | \$353.67 |
| LOCAL 1 20+ YEARS ONLY* | 4 YEAR OPTION | \$1,298.07 | \$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* | | | |
|----------------------------------|----------------|----------------|-----------------|
| | <u>SINGLE</u> | <u>2 PARTY</u> | <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* | | | |
|-------------------------------------------|---------------|----------------|----------------|
| | <u>SINGLE</u> | <u>2 PARTY</u> | <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 | | |
|----------------------------------------------------------------|-------------------|-------------------------------|
| | <u>KAISER HMO</u> | <u>KAISER HMO \$1650 ABHP</u> |
| 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

| | <u>EE ONLY</u> | <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 |
| Total | \$1,167.23 | \$2,110.42 | \$2,935.39 |

| | <u>EE ONLY</u> | <u>EE+1</u> | <u>FAMILY</u> |
|------------------------------------------|-------------------|-------------------|-------------------|
| 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 |

| | <u>EE ONLY</u> | <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 |

| | <u>EE ONLY</u> | <u>EE+1</u> | <u>FAMILY</u> |
|--------------------------|-------------------|-------------------|-------------------|
| Kaiser HMO | \$1,047.00 | \$2,073.00 | \$2,920.00 |
| 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 | \$22.29 | \$43.96 | \$61.98 |
| Total | \$1,136.63 | \$2,242.00 | \$3,160.81 |

| | <u>EE ONLY</u> | <u>EE+1</u> | <u>FAMILY</u> |
|---------------------------------|-----------------|-------------------|-------------------|
| Kaiser HMO ABHP (\$1650) | \$863.00 | \$1,698.00 | \$2,390.00 |
| 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 | \$18.61 | \$36.46 | \$51.38 |
| Total | \$948.95 | \$1,859.50 | \$2,620.21 |

Employee Assistance Program (EAP)

\$3.56 regardless of number enrolled

ConcernPlus EAP

\$11.96 regardless of number enrolled