

# HEALTH PLAN CONTRIBUTION RATES

## RETIREES

Effective January 1, 2026- December 31, 2026

### Monthly Rates and Contributions

EARLY RETIREES (PRE 65 NO MEDICARE)			
	<u>SINGLE</u>	<u>2 PARTY</u>	<u>FAMILY</u>
Blue Shield PPO \$200	\$1,778.00	\$3,203.00	\$4,452.00
VSP Choice	\$5.08	\$10.13	\$16.32
EDC Admin Fee	\$13.56	\$27.12	\$40.68
<b>Total</b>	<b>\$1,796.64</b>	<b>\$3,240.25</b>	<b>\$4,509.00</b>
	<u>SINGLE</u>	<u>2 PARTY</u>	<u>FAMILY</u>
Blue Shield PPO \$1700 ABHP	\$1,364.00	\$2,459.00	\$3,417.00
VSP Choice	\$5.08	\$10.13	\$16.32
EDC Admin Fee	\$13.56	\$27.12	\$40.68
<b>Total</b>	<b>\$1,382.64</b>	<b>\$2,496.25</b>	<b>\$3,474.00</b>
	<u>SINGLE</u>	<u>2 PARTY</u>	<u>FAMILY</u>
Blue Shield PPO \$2000 ABHP	\$1,227.00	\$2,214.00	\$3,074.00
VSP Choice	\$5.08	\$10.13	\$16.32
EDC Admin Fee	\$13.56	\$27.12	\$40.68
<b>Total</b>	<b>\$1,245.64</b>	<b>\$2,251.25</b>	<b>\$3,131.00</b>
	<u>SINGLE</u>	<u>2 PARTY</u>	<u>FAMILY</u>
Kaiser HMO	\$1,192.00	\$2,361.00	\$3,326.00
VSP Choice	\$5.08	\$10.13	\$16.32
EDC Admin Fee	\$13.56	\$27.12	\$40.68
<b>Total</b>	<b>\$1,210.64</b>	<b>\$2,398.25</b>	<b>\$3,383.00</b>
	<u>SINGLE</u>	<u>2 PARTY</u>	<u>FAMILY</u>
Kaiser HMO \$1700 ABHP	\$983.00	\$1,934.00	\$2,722.00
VSP Choice	\$5.08	\$10.13	\$16.32
EDC Admin Fee	\$13.56	\$27.12	\$40.68
<b>Total</b>	<b>\$1,001.64</b>	<b>\$1,971.25</b>	<b>\$2,779.00</b>

MEDICARE RETIREES (ENROLLED IN PARTS A&B)*					
<u>1 IN A&amp;B (per enrolled member)</u>					
UHC Advantage PPO	\$719.83				
EDC Admin Fee	\$13.56				
BCC Fee (for non-PRISM plan)	\$7.00				
<b>Total</b>	<b>\$740.39</b>				
	<u>SINGLE</u>	<u>2 PARTY</u>	<u>FAMILY</u>		
	<u>1 IN A&amp;B</u>	<u>1 IN 1 OUT</u>	<u>2 IN A&amp;B</u>	<u>1 IN 2 OUT</u>	<u>2 IN 1 OUT</u>
Kaiser Senior Advantage	\$519.00	\$1,711.00	\$1,020.00	\$2,653.00	\$1,985.00
EDC Admin Fee	\$13.56	\$27.12	\$27.12	\$40.68	\$40.68
<b>Total</b>	<b>\$532.56</b>	<b>\$1,738.12</b>	<b>\$1,047.12</b>	<b>\$2,693.68</b>	<b>\$2,025.68</b>

RETIREE HEALTH CONTRIBUTION (RHC)			
<u>YEARS OF SERVICE</u>	<u>LEVEL</u>	<u>PRE 65</u>	<u>65+</u>
12 THRU 14	LEVEL 1	\$428.64	\$183.00
15 THRU 19	LEVEL 2	\$649.45	\$277.28
20 +	LEVEL 3	\$870.27	\$371.55
LOCAL 1 20+ YEARS ONLY*	4 YEAR OPTION	\$1,298.90	\$554.55
*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	\$49.88	\$89.77	\$124.69
*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	\$5.08	\$10.13	\$16.32
*Medicare Retirees have the option of purchasing VSP at the time of initial enrollment only. If dropped, it cannot be reinstated.			

#### Medicare Retiree NOTE :

Medicare Advantage plans require the member to have dual enrollment in Medicare Parts A and B.

UHC members who lose Medicare Parts A or B lose eligibility for the plan; an alternate Early Retiree PPO plan must be elected, with no break in coverage, to remain in the retiree health program.

KPSA members who lose Medicare Parts A or B will be assessed the Early Retiree Kaiser premium for the affected member.

# HEALTH PLAN CONTRIBUTION RATES

## COBRA

Effective January 1, 2026

ALL (EXCLUDING SA UNIT):			
	EE ONLY	EE+1	FAMILY
<b>Blue Shield PPO ABHP High (\$2000)</b>	\$1,227.00	\$2,214.00	\$3,074.00
Delta Dental PPO+Premier	\$49.88	\$89.77	\$124.69
VSP Choice	\$5.08	\$10.13	\$16.32
EDC Admin Fee	\$13.56	\$27.12	\$40.68
2% COBRA Admin Fee	\$25.91	\$46.82	\$65.11
<b>Total</b>	<b>\$1,321.43</b>	<b>\$2,387.84</b>	<b>\$3,320.80</b>
	EE ONLY	EE+1	FAMILY
<b>Blue Shield PPO ABHP Low (\$1700)</b>	\$1,364.00	\$2,459.00	\$3,417.00
Delta Dental PPO+Premier	\$49.88	\$89.77	\$124.69
VSP Choice	\$5.08	\$10.13	\$16.32
EDC Admin Fee	\$13.56	\$27.12	\$40.68
2% COBRA Admin Fee	\$28.65	\$51.72	\$71.97
<b>Total</b>	<b>\$1,461.17</b>	<b>\$2,637.74</b>	<b>\$3,670.66</b>
	EE ONLY	EE+1	FAMILY
<b>Blue Shield PPO Standard (\$200)</b>	\$1,778.00	\$3,203.00	\$4,452.00
Delta Dental PPO+Premier	\$49.88	\$89.77	\$124.69
VSP Choice	\$5.08	\$10.13	\$16.32
EDC Admin Fee	\$13.56	\$27.12	\$40.68
2% COBRA Admin Fee	\$36.93	\$66.60	\$92.67
<b>Total</b>	<b>\$1,883.45</b>	<b>\$3,396.62</b>	<b>\$4,726.36</b>
	EE ONLY	EE+1	FAMILY
<b>Kaiser HMO</b>	\$1,192.00	\$2,361.00	\$3,326.00
Delta Dental PPO+Premier	\$49.88	\$89.77	\$124.69
VSP Choice	\$5.08	\$10.13	\$16.32
EDC Admin Fee	\$13.56	\$27.12	\$40.68
2% COBRA Admin Fee	\$25.21	\$49.76	\$70.15
<b>Total</b>	<b>\$1,285.73</b>	<b>\$2,537.78</b>	<b>\$3,577.84</b>
	EE ONLY	EE+1	FAMILY
<b>Kaiser HMO ABHP (\$1700)</b>	\$983.00	\$1,934.00	\$2,722.00
Delta Dental PPO+Premier	\$49.88	\$89.77	\$124.69
VSP Choice	\$5.08	\$10.13	\$16.32
EDC Admin Fee	\$13.56	\$27.12	\$40.68
2% COBRA Admin Fee	\$21.03	\$41.22	\$58.07
<b>Total</b>	<b>\$1,072.55</b>	<b>\$2,102.24</b>	<b>\$2,961.76</b>

SA UNIT ONLY:			
	EE ONLY	EE+1	FAMILY
<b>Blue Shield PPO ABHP High (\$2000)</b>	\$1,227.00	\$2,214.00	\$3,074.00
Delta Dental PPO+Premier	\$49.88	\$89.77	\$124.69
VSP Choice	\$4.30	\$8.58	\$13.81
EDC Admin Fee	\$13.56	\$27.12	\$40.68
2% COBRA Admin Fee	\$25.89	\$46.79	\$65.06
<b>Total</b>	<b>\$1,320.63</b>	<b>\$2,386.26</b>	<b>\$3,318.24</b>
	EE ONLY	EE+1	FAMILY
<b>Blue Shield PPO ABHP Low (\$1700)</b>	\$1,364.00	\$2,459.00	\$3,417.00
Delta Dental PPO+Premier	\$49.88	\$89.77	\$124.69
VSP Choice	\$4.30	\$8.58	\$13.81
EDC Admin Fee	\$13.56	\$27.12	\$40.68
2% COBRA Admin Fee	\$28.63	\$51.69	\$71.92
<b>Total</b>	<b>\$1,460.37</b>	<b>\$2,636.16</b>	<b>\$3,668.10</b>
	EE ONLY	EE+1	FAMILY
<b>Blue Shield PPO Standard (\$200)</b>	\$1,778.00	\$3,203.00	\$4,452.00
Delta Dental PPO+Premier	\$49.88	\$89.77	\$124.69
VSP Choice	\$4.30	\$8.58	\$13.81
EDC Admin Fee	\$13.56	\$27.12	\$40.68
2% COBRA Admin Fee	\$36.91	\$66.57	\$92.62
<b>Total</b>	<b>\$1,882.65</b>	<b>\$3,395.04</b>	<b>\$4,723.80</b>
	EE ONLY	EE+1	FAMILY
<b>Kaiser HMO</b>	\$1,192.00	\$2,361.00	\$3,326.00
Delta Dental PPO+Premier	\$49.88	\$89.77	\$124.69
VSP Choice	\$4.30	\$8.58	\$13.81
EDC Admin Fee	\$13.56	\$27.12	\$40.68
2% COBRA Admin Fee	\$25.19	\$49.73	\$70.10
<b>Total</b>	<b>\$1,284.93</b>	<b>\$2,536.20</b>	<b>\$3,575.28</b>
	EE ONLY	EE+1	FAMILY
<b>Kaiser HMO ABHP (\$1700)</b>	\$983.00	\$1,934.00	\$2,722.00
Delta Dental PPO+Premier	\$49.88	\$89.77	\$124.69
VSP Choice	\$4.30	\$8.58	\$13.81
EDC Admin Fee	\$13.56	\$27.12	\$40.68
2% COBRA Admin Fee	\$21.01	\$41.19	\$58.02
<b>Total</b>	<b>\$1,071.75</b>	<b>\$2,100.66</b>	<b>\$2,959.20</b>

Employee Assistance Program (EAP)	
\$3.56	regardless of number enrolled
\$0.07	2% COBRA Admin Fee
<b>\$3.63</b>	<b>Total</b>
ConcernPlus EAP	
\$14.35	regardless of number enrolled
\$0.29	2% COBRA Admin Fee
<b>\$14.64</b>	<b>Total</b>