

## HEALTH PLAN CONTRIBUTION RATES RETIREES

Effective January 1, 2023- December 31, 2023  
*Monthly Rates and Contributions*

EARLY RETIREES (PRE 65 NO MEDICARE)			
	<u>SINGLE</u>	<u>2 PARTY</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$200</b>	\$1,310.00	\$2,360.00	\$3,281.00
VSP Choice	\$4.56	\$9.11	\$14.66
EDC Admin Fee	\$15.23	\$30.46	\$45.69
<b>Total</b>	<b>\$1,329.79</b>	<b>\$2,399.57</b>	<b>\$3,341.35</b>
	<u>SINGLE</u>	<u>2 PARTY</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$1500 ABHP</b>	\$1,005.00	\$1,812.00	\$2,518.00
VSP Choice	\$4.56	\$9.11	\$14.66
EDC Admin Fee	\$15.23	\$30.46	\$45.69
<b>Total</b>	<b>\$1,024.79</b>	<b>\$1,851.57</b>	<b>\$2,578.35</b>
	<u>SINGLE</u>	<u>2 PARTY</u>	<u>FAMILY</u>
<b>Blue Shield PPO \$2000 ABHP</b>	\$904.00	\$1,632.00	\$2,266.00
VSP Choice	\$4.56	\$9.11	\$14.66
EDC Admin Fee	\$15.23	\$30.46	\$45.69
<b>Total</b>	<b>\$923.79</b>	<b>\$1,671.57</b>	<b>\$2,326.35</b>
	<u>SINGLE</u>	<u>2 PARTY</u>	<u>FAMILY</u>
<b>Kaiser HMO</b>	\$879.00	\$1,740.00	\$2,451.00
VSP Choice	\$4.56	\$9.11	\$14.66
EDC Admin Fee	\$15.23	\$30.46	\$45.69
<b>Total</b>	<b>\$898.79</b>	<b>\$1,779.57</b>	<b>\$2,511.35</b>
	<u>SINGLE</u>	<u>2 PARTY</u>	<u>FAMILY</u>
<b>Kaiser HMO \$1500 ABHP</b>	\$725.00	\$1,425.00	\$2,006.00
VSP Choice	\$4.56	\$9.11	\$14.66
EDC Admin Fee	\$15.23	\$30.46	\$45.69
<b>Total</b>	<b>\$744.79</b>	<b>\$1,464.57</b>	<b>\$2,066.35</b>

MEDICARE RETIREES (ENROLLED IN PARTS A&B)					
1 IN A&B (per enrolled member)					
<b>UHC Advantage PPO</b>	\$447.12				
EDC Admin Fee	\$15.23				
BCC Fee (for non-PRISM plan)	\$7.00				
<b>Total</b>	<b>\$469.35</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>
<b>Kaiser Senior Advantage</b>	\$387.00	\$1,266.00	\$760.00	\$1,959.00	\$1,471.00
EDC Admin Fee	\$15.23	\$30.46	\$30.46	\$45.69	\$45.69
<b>Total</b>	<b>\$402.23</b>	<b>\$1,296.46</b>	<b>\$790.46</b>	<b>\$2,004.69</b>	<b>\$1,516.69</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	\$393.50	\$147.38
15 THRU 19	LEVEL 2	\$596.22	\$223.30
20 +	LEVEL 3	\$798.93	\$299.22
LOCAL 1 20+ YEARS ONLY*	4 YEAR OPTION	\$1,192.43	\$446.60

*\*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>
<b>Delta Dental PPO+Premier</b>	<b>\$49.77</b>	<b>\$89.59</b>	<b>\$124.43</b>

*\*If you previously dropped dental coverage, you cannot reenroll.*

OPTIONAL MEDICARE VISION COVERAGE*			
	<u>SINGLE</u>	<u>2 PARTY</u>	<u>FAMILY</u>
<b>VSP Choice</b>	<b>\$4.56</b>	<b>\$9.11</b>	<b>\$14.66</b>

*\*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 \$1500 ABHP</u>
<b>Unassigned Medicare 65+ Missing A&amp;B, or Have B Only</b>	\$2,287.00	\$2,501.00
VSP Choice	\$4.56	\$4.56
EDC Admin Fee	\$15.23	\$15.23
<b>Total</b>	<b>\$2,306.79</b>	<b>\$2,520.79</b>
<b>Unassigned Medicare 65+ Missing B Only</b>	\$1,810.00	\$2,023.00
VSP Choice	\$4.56	\$4.56
EDC Admin Fee	\$15.23	\$15.23
<b>Total</b>	<b>\$1,829.79</b>	<b>\$2,042.79</b>