

HEALTH PLAN CONTRIBUTION RATES RETIREES

Effective January 1, 2024- December 31, 2024

Monthly Rates and Contributions

| EARLY RETIREES (PRE 65 NO MEDICARE) | | | |
|-------------------------------------|-------------------|-------------------|-------------------|
| | <u>SINGLE</u> | <u>2 PARTY</u> | <u>FAMILY</u> |
| Blue Shield PPO \$200 | \$1,470.00 | \$2,648.00 | \$3,681.00 |
| VSP Choice | \$4.50 | \$8.98 | \$14.46 |
| EDC Admin Fee | \$17.12 | \$34.25 | \$51.37 |
| Total | \$1,491.62 | \$2,691.23 | \$3,746.83 |
| | <u>SINGLE</u> | <u>2 PARTY</u> | <u>FAMILY</u> |
| Blue Shield PPO \$1600 ABHP | \$1,128.00 | \$2,033.00 | \$2,825.00 |
| VSP Choice | \$4.50 | \$8.98 | \$14.46 |
| EDC Admin Fee | \$17.12 | \$34.25 | \$51.37 |
| Total | \$1,149.62 | \$2,076.23 | \$2,890.83 |
| | <u>SINGLE</u> | <u>2 PARTY</u> | <u>FAMILY</u> |
| Blue Shield PPO \$2000 ABHP | \$1,014.00 | \$1,831.00 | \$2,542.00 |
| VSP Choice | \$4.50 | \$8.98 | \$14.46 |
| EDC Admin Fee | \$17.12 | \$34.25 | \$51.37 |
| Total | \$1,035.62 | \$1,874.23 | \$2,607.83 |
| | <u>SINGLE</u> | <u>2 PARTY</u> | <u>FAMILY</u> |
| Kaiser HMO | \$986.00 | \$1,952.00 | \$2,750.00 |
| VSP Choice | \$4.50 | \$8.98 | \$14.46 |
| EDC Admin Fee | \$17.12 | \$34.25 | \$51.37 |
| Total | \$1,007.62 | \$1,995.23 | \$2,815.83 |
| | <u>SINGLE</u> | <u>2 PARTY</u> | <u>FAMILY</u> |
| Kaiser HMO \$1600 ABHP | \$813.00 | \$1,599.00 | \$2,251.00 |
| VSP Choice | \$4.50 | \$8.98 | \$14.46 |
| EDC Admin Fee | \$17.12 | \$34.25 | \$51.37 |
| Total | \$834.62 | \$1,642.23 | \$2,316.83 |

| MEDICARE RETIREES (ENROLLED IN PARTS A&B) | | | | | |
|---|---------------------|-------------------|---------------------|-------------------|-------------------|
| <u>1 IN A&B (per enrolled member)</u> | | | | | |
| UHC Advantage PPO | \$465.00 | | | | |
| EDC Admin Fee | \$17.12 | | | | |
| BCC Fee (for non-PRISM plan) | \$7.00 | | | | |
| Total | \$489.12 | | | | |
| | <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 | \$442.00 | \$1,428.00 | \$868.00 | \$2,206.00 | \$1,666.00 |
| EDC Admin Fee | \$17.12 | \$34.25 | \$34.25 | \$51.37 | \$51.37 |
| Total | \$459.12 | \$1,462.25 | \$902.25 | \$2,257.37 | \$1,717.37 |

| RETIREE HEALTH CONTRIBUTION (RHC) | | | |
|-----------------------------------|---------------|---------------|------------|
| <u>YEARS OF SERVICE</u> | <u>LEVEL</u> | <u>PRE 65</u> | <u>65+</u> |
| 12 THRU 14 | LEVEL 1 | \$442.41 | \$153.53 |
| 15 THRU 19 | LEVEL 2 | \$670.31 | \$232.62 |
| 20 + | LEVEL 3 | \$898.22 | \$311.71 |
| LOCAL 1 20+ YEARS ONLY* | 4 YEAR OPTION | \$1,340.63 | \$465.24 |

*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 | \$47.50 | \$85.50 | \$118.75 |

*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 | \$4.50 | \$8.98 | \$14.46 |

*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 \$1600 ABHP</u> |
| Unassigned Medicare 65+ Missing A&B, or Have B Only | \$2,566.00 | \$2,806.00 |
| VSP Choice | \$4.50 | \$4.50 |
| EDC Admin Fee | \$17.12 | \$17.12 |
| Total | \$2,587.62 | \$2,827.62 |
| Unassigned Medicare 65+ Missing B Only | \$2,031.00 | \$2,270.00 |
| VSP Choice | \$4.50 | \$4.50 |
| EDC Admin Fee | \$17.12 | \$17.12 |
| Total | \$2,052.62 | \$2,291.62 |