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	$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**

	SINGLE	2 PARTY	FAMILY
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	FAMILY
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**

	SINGLE	2 PARTY	FAMILY
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	$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)

	1 IN A&B (per enrolled member)
UHC Advantage PPO	$594.83
EDC Admin Fee	$15.19
BCC Fee *(for non-PRISM plan)*	$7.00
Total	**$617.02**

	SINGLE	*2 PARTY*		*FAMILY*	
	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
Total	**$488.19**	**$1,550.39**	**$959.39**	**$2,391.58**	**$1,821.58**

RETIREE HEALTH CONTRIBUTION (RHC)

YEARS OF SERVICE	LEVEL	PRE 65	65+
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*

	SINGLE	2 PARTY	FAMILY
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	FAMILY
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**