

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 |
| Total | \$1,796.64 | \$3,240.25 | \$4,509.00 |
| | <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 |
| Total | \$1,382.64 | \$2,496.25 | \$3,474.00 |
| | <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 |
| Total | \$1,245.64 | \$2,251.25 | \$3,131.00 |
| | <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 |
| Total | \$1,210.64 | \$2,398.25 | \$3,383.00 |
| | <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 |
| Total | \$1,001.64 | \$1,971.25 | \$2,779.00 |

| MEDICARE RETIREES (ENROLLED IN PARTS A&B)* | | | | | |
|--|---------------------|-------------------|---------------------|-------------------|-------------------|
| <u>1 IN A&B (per enrolled member)</u> | | | | | |
| UHC Advantage PPO | \$719.83 | | | | |
| EDC Admin Fee | \$13.56 | | | | |
| BCC Fee (for non-PRISM plan) | \$7.00 | | | | |
| Total | \$740.39 | | | | |
| | <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 | \$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 |
| Total | \$532.56 | \$1,738.12 | \$1,047.12 | \$2,693.68 | \$2,025.68 |

| 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.