

HEALTH PLAN CONTRIBUTION RATES RETIREES

Effective January 1, 2022 - December 31, 2022

Monthly Rates and Contributions

EARLY RETIREES (PRE 65 NO MEDICARE)			
	SINGLE	2 PARTY	FAMILY
Blue Shield PPO \$200	\$1,204.00	\$2,169.00	\$3,016.00
VSP Choice	\$4.17	\$8.33	\$13.42
EDC Admin Fee	\$17.26	\$34.52	\$51.78
Total	\$1,225.43	\$2,211.85	\$3,081.20
	SINGLE	2 PARTY	FAMILY
Blue Shield PPO \$1400 ABHP	\$924.00	\$1,665.00	\$2,314.00
VSP Choice	\$4.17	\$8.33	\$13.42
EDC Admin Fee	\$17.26	\$34.52	\$51.78
Total	\$945.43	\$1,707.85	\$2,379.20
	SINGLE	2 PARTY	FAMILY
Blue Shield PPO \$2000 ABHP	\$831.00	\$1,500.00	\$2,083.00
VSP Choice	\$4.17	\$8.33	\$13.42
EDC Admin Fee	\$17.26	\$34.52	\$51.78
Total	\$852.43	\$1,542.85	\$2,148.20
	SINGLE	2 PARTY	FAMILY
Kaiser HMO	\$808.00	\$1,599.00	\$2,253.00
VSP Choice	\$4.17	\$8.33	\$13.42
EDC Admin Fee	\$17.26	\$34.52	\$51.78
Total	\$829.43	\$1,641.85	\$2,318.20
	SINGLE	2 PARTY	FAMILY
Kaiser HMO \$1400 ABHP	\$666.00	\$1,310.00	\$1,844.00
VSP Choice	\$4.17	\$8.33	\$13.42
EDC Admin Fee	\$17.26	\$34.52	\$51.78
Total	\$687.43	\$1,352.85	\$1,909.20

MEDICARE RETIREES (ENROLLED IN PARTS A&B)					
1 IN A&B (per enrolled member)					
UHC Advantage PPO	\$436.21				
EDC Admin Fee	\$17.26				
BCC Fee (for non-PRISM plan)	\$7.00				
Total	\$460.47				
	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	\$431.00	\$1,239.00	\$846.00	\$1,876.00	\$1,500.00
EDC Admin Fee	\$17.26	\$34.52	\$34.52	\$51.78	\$51.78
Total	\$448.26	\$1,273.52	\$880.52	\$1,927.78	\$1,551.78

RETIREE HEALTH CONTRIBUTION (RHC)			
YEARS OF SERVICE	LEVEL	PRE 65	65+
12 THRU 14	LEVEL 1	\$349.95	\$139.56
15 THRU 19	LEVEL 2	\$530.23	\$211.46
20 +	LEVEL 3	\$710.51	\$283.35
LOCAL 1 20+ YEARS ONLY*	4 YEAR OPTION	\$1,060.47	\$422.91

**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	\$51.66	\$92.99	\$129.15

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

OPTIONAL MEDICARE VISION COVERAGE*			
	SINGLE	2 PARTY	FAMILY
VSP Choice	\$4.17	\$8.33	\$13.42

**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 \$1400 ABHP
Unassigned Medicare 65+ Missing A&B, or Have B Only	\$2,102.00	\$2,299.00
VSP Choice	\$4.17	\$4.17
EDC Admin Fee	\$17.26	\$17.26
Total	\$2,123.43	\$2,320.43
Unassigned Medicare 65+ Missing B Only	\$1,664.00	\$1,859.00
VSP Choice	\$4.17	\$4.17
EDC Admin Fee	\$17.26	\$17.26
Total	\$1,685.43	\$1,880.43