

## 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
<b>Blue Shield PPO \$200</b>	\$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
<b>Total</b>	<b>\$1,225.43</b>	<b>\$2,211.85</b>	<b>\$3,081.20</b>
	SINGLE	2 PARTY	FAMILY
<b>Blue Shield PPO \$1400 ABHP</b>	\$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
<b>Total</b>	<b>\$945.43</b>	<b>\$1,707.85</b>	<b>\$2,379.20</b>
	SINGLE	2 PARTY	FAMILY
<b>Blue Shield PPO \$2000 ABHP</b>	\$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
<b>Total</b>	<b>\$852.43</b>	<b>\$1,542.85</b>	<b>\$2,148.20</b>
	SINGLE	2 PARTY	FAMILY
<b>Kaiser HMO</b>	\$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
<b>Total</b>	<b>\$829.43</b>	<b>\$1,641.85</b>	<b>\$2,318.20</b>
	SINGLE	2 PARTY	FAMILY
<b>Kaiser HMO \$1400 ABHP</b>	\$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
<b>Total</b>	<b>\$687.43</b>	<b>\$1,352.85</b>	<b>\$1,909.20</b>

OPTIONAL DENTAL COVERAGE*			
	SINGLE	2 PARTY	FAMILY
<b>Delta Dental PPO+Premier</b>	\$51.66	\$92.99	\$129.15

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

MEDICARE RETIREES (ENROLLED IN PARTS A&B)					
1 IN A&B (per enrolled member)					
<b>UHC Advantage PPO</b>	\$436.21				
EDC Admin Fee	\$17.26				
BCC Fee (for non-PRISM plan)	\$7.00				
<b>Total</b>	<b>\$460.47</b>				
	SINGLE	2 PARTY		FAMILY	
	1 IN A&B	1 IN 1 OUT	2 IN A&B	1 IN 2 OUT	2 IN 1 OUT
<b>Kaiser Senior Advantage</b>	\$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
<b>Total</b>	<b>\$448.26</b>	<b>\$1,273.52</b>	<b>\$880.52</b>	<b>\$1,927.78</b>	<b>\$1,551.78</b>
	SINGLE	2 PARTY		FAMILY	
	1 IN A&B	1 IN 1 OUT	2 IN A&B	1 IN 2 OUT	2 IN 1 OUT
<b>Kaiser Sr Adv ABHP Low</b>	\$428.00	\$1,072.00	\$841.00	\$1,606.00	\$1,375.00
EDC Admin Fee	\$17.26	\$34.52	\$34.52	\$51.78	\$51.78
<b>Total</b>	<b>\$445.26</b>	<b>\$1,106.52</b>	<b>\$875.52</b>	<b>\$1,657.78</b>	<b>\$1,426.78</b>

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 MEDICARE VISION COVERAGE*			
	SINGLE	2 PARTY	FAMILY
<b>VSP Choice</b>	\$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 apply to retirees enrolled in Kaiser who are over the age of 65 and are not enrolled in both Medicare Parts A & B. The following rates are charged per member in this category:		
	KAISER HMO	KAISER HMO \$1400 ABHP
<b>Unassigned Medicare 65+ Missing A&amp;B, or Have B Only</b>	\$2,102.00	\$2,299.00
VSP Choice	\$4.17	\$4.17
EDC Admin Fee	\$17.26	\$17.26
<b>Total</b>	<b>\$2,123.43</b>	<b>\$2,320.43</b>
<b>Unassigned Medicare 65+ Missing B Only</b>	\$1,664.00	\$1,859.00
VSP Choice	\$4.17	\$4.17
EDC Admin Fee	\$17.26	\$17.26
<b>Total</b>	<b>\$1,685.43</b>	<b>\$1,880.43</b>