2026 Retiree Rates

Kaiser (15)	Employee Only	Employee Spouse	Employee Child	Employee Family
Monthly Contribution	106.00	1124.17	855.00	1885.00
Semi Annual Contribution	636.00	6745.00	5130.00	11310.00
Annual Contribution	\$1,272.00	\$13,490.00	\$10,260.00	\$22,620.00
VEBA DIRECT HMO	Employee Only	Employee Spouse	Employee Child	Employee Family
Monthly Contribution	0.00	986.00	562.00	1766.00
Semi Annual Contribution	0.00	5916.00	3372.00	10596.00
Annual Contribution UHC Harmony \$10	\$0.00	\$11,832.00	\$6,744.00	\$21,192.00
	Employee Only	Employee Spouse	Employee Child	Employee Family
Monthly Contribution	0.00	927.00	563.00	1663.00
Semi Annual Contribution	0.00	5562.00	3378.00	9978.00
Annual Contribution UHC Journey Plan Harmony	\$0.00	\$11,124.00	\$6,756.00	\$19,956.00
	Employee Only	Employee Spouse	Employee Child	Employee Family
Monthly Contribution	0.00	818.00	506.00	1479.00
Semi Annual Contribution	0.00	4908.00	3036.00	8874.00
Annual Contribution	\$0.00	\$9,816.00	\$6,072.00	\$17,748.00
UHC Signature Value Alliance \$10	Employee Only	Employee Spouse	Employee Child	Employee Family
Monthly Contribution	156.67	1150.00	689.00	1992.00
Semi Annual Contribution	940.00	6900.00	4134.00	11952.00
Annual Contribution				
Aimudi Contribution	\$1,880.00	\$13,800.00	\$8,268.00	\$23,904.00
Delta Dental PPO	\$1,880.00 Employee Only	\$13,800.00 Employee Spouse	\$8,268.00 Employee Child	\$23,904.00 Employee Family
Delta Dental PPO	Employee	Employee	Employee	Employee
Delta Dental PPO Monthly Contribution	Employee Only	Employee Spouse	Employee Child	Employee Family
Delta Dental PPO	Employee Only	Employee Spouse \$53.94	Employee Child \$39.19	Employee Family \$93.38
Delta Dental PPO Monthly Contribution Semi Annual Contribution	Employee Only 0.00 0.00	Employee Spouse \$53.94 \$323.62	Employee Child \$39.19 \$235.12	Employee Family \$93.38 \$560.27
Delta Dental PPO Monthly Contribution Semi Annual Contribution Annual Contribution Delta Care HMO	Employee Only 0.00 0.00 \$0.00 \$to.00	\$53.94 \$323.62 \$647.24	\$39.19 \$235.12 \$470.24 Employee	\$93.38 \$560.27 \$1,120.54 Employee
Delta Dental PPO Monthly Contribution Semi Annual Contribution Annual Contribution Delta Care HMO	Employee Only 0.00 0.00 \$0.00 Employee Only	\$53.94 \$323.62 \$647.24 Employee Spouse	\$39.19 \$235.12 \$470.24 Employee Child	\$93.38 \$560.27 \$1,120.54 Employee Family
Delta Dental PPO Monthly Contribution Semi Annual Contribution Annual Contribution Delta Care HMO Monthly Contribution	Employee Only 0.00 0.00 \$0.00 Employee Only 0.00	\$53.94 \$323.62 \$647.24 Employee \$pouse	\$39.19 \$235.12 \$470.24 Employee Child	\$93.38 \$560.27 \$1,120.54 Employee Family
Delta Dental PPO Monthly Contribution Semi Annual Contribution Annual Contribution Delta Care HMO Monthly Contribution Semi Annual Contribution	Employee Only 0.00 0.00 \$0.00 Employee Only 0.00 0.00	\$53.94 \$323.62 \$647.24 Employee Spouse 17.08 102.50	\$39.19 \$235.12 \$470.24 Employee Child 18.73 112.35	\$93.38 \$560.27 \$1,120.54 Employee Family 36.47 218.80
Delta Dental PPO Monthly Contribution Semi Annual Contribution Annual Contribution Delta Care HMO Monthly Contribution Semi Annual Contribution Annual Contribution VSP Vision	Employee Only 0.00 0.00 \$0.00 Employee Only 0.00 0.00 \$0.00 \$0.00 Employee	\$53.94 \$323.62 \$647.24 Employee Spouse 17.08 102.50 \$205.00 Employee	Employee Child \$39.19 \$235.12 \$470.24 Employee Child 18.73 112.35 \$224.70 Employee	\$93.38 \$560.27 \$1,120.54 Employee Family 36.47 218.80 \$437.60 Employee
Delta Dental PPO Monthly Contribution Semi Annual Contribution Annual Contribution Delta Care HMO Monthly Contribution Semi Annual Contribution Annual Contribution	Employee	\$53.94 \$323.62 \$647.24 Employee Spouse 17.08 102.50 \$205.00 Employee Spouse	Employee	\$93.38 \$560.27 \$1,120.54 Employee Family 36.47 218.80 \$437.60 Employee Family