2025-2026 HEALTH INSURANCE CO-PAY SCHEDULE

RETIREES

Effective 7/01/2025

	Monthly	Annual	Annual Co-Pay
BC/BS Classic Retiree Group # 764-0004	**Full Premium**		
Family	2,428.92	29,147.04	
Individual	935.12	11,221.44	
BC/BS PPO (Old Plan) Group # 764-0006	**2 Yr Retirees- CoShare Only Old Plan**		
Family	2,325.19	27,902.28	5,580.46
Individual	892.79	10,713.48	2,142.70
BC/BS CoInsurance Retiree w/Vision Group # 764-0010	**2 Yr Retirees- CoShare Only New Plan**		
Family	2,272.03	27,264.36	5,452.87
Individual	872.36	10,468.32	2,093.66
Delta Dental - Non Certified Group # 5885-0413			
Individual	30.66	367.95	73.59
Family	92.51	1,110.08	222.02
Delta Dental - Custodians Group # 5885-0414			
Individual	30.21	362.52	72.50
Family	90.23	1,082.76	216.55
Delta Dental - Certified Staff Group #5885-0415			
Individual	30.66	367.92	73.58
Family	92.51	1,110.12	222.02
Plan 65 G with SNF Group # 764-0015	224.58	2,694.96	