

2026-2027 Early Retiree Fringe Benefit Options & Rates

Early Retiree (under 65) Health plans

Kaiser (optical not included in high deductible plan)				
Kaiser HMO w/Chiro & Optical	Emp Only	Emp+Spouse	Emp+Children	Emp+Family
HMO	\$1,604	\$3,207	\$2,437	\$3,768
Kaiser DHMO w/Chiro & Optical				
DHMO	\$1,465	\$2,930	\$2,227	\$3,443
Kaiser High Deductible Plan w/HSA				
(\$2,000/\$4,000)	\$1,153	\$2,305	\$1,752	\$2,708
Kaiser High Deductible Plan w/HSA				
(\$3,000/\$6,000)	\$988	\$1,975	\$1,501	\$2,321

Sutter Health Plan (optical not included)				
Sutter Health Plan HMO	Emp Only	Emp+Spouse	Emp+Children	Emp+Family
HMO	\$1,580	\$3,159	\$2,401	\$3,712
Sutter Health Plan DHMO				
DHMO	\$1,244	\$2,487	\$1,890	\$2,922
High Deductible HMO w/HSA				
(\$1750/\$3500)	\$1,179	\$2,357	\$1,791	\$2,769
High Deductible HMO w/HSA				
(\$2,500/\$5,000)	\$1,045	\$2,089	\$1,588	\$2,454

Western Health Advantage (optical not included)				
Western Health Advantage	Emp Only	Emp+Spouse	Emp+Children	Emp+Family
HMO Advantage	\$1,263	\$2,525	\$1,919	\$2,967
Western Health Advantage				
DHMO	\$964	\$1,928	\$1,466	\$2,266
High Deductible HMO w/HSA				
(\$1,800/\$3,600)	\$922	\$1,843	\$1,401	\$2,165
High Deductible HMO w/HSA				
(\$2,800/\$5,600)	\$800	\$1,599	\$1,215	\$1,879

Outlying Areas- Blue Shield of California (optical not included)				
Blue Shield	Emp Only	Emp+Spouse	Emp+Children	Emp+Family
Trio HMO	\$2,067	\$4,133	\$3,162	\$4,856
PPO Savings				
(\$2,700/\$5,200)	\$1,635	\$3,275	\$2,505	\$3,849
PPO Savings				
(\$4,400/\$8,800)	\$1,477	\$2,954	\$2,260	\$3,471

Delta Dental

ATU, CSEA, DCTA, Management/Board employee groups	Emp + Family
Delta Dental DEL 1B (for all eligible dependents) \$2,000 max/per person per calendar year w/50% ortho	\$125.75
Confidential employee group	Emp + Family
Delta Dental DEL 2B (for all eligible dependents) \$2,000 max/per person per calendar year	\$112.50

Personify Indemnity Dental

ATU, CSEA, Confidential, DCTA, Management/Board employee groups	Emp + Family
Dental Indemnity w/ 50% ortho \$2500 Max	\$150.00

ATU, Confidential, DCTA, Management/Board employee groups	Emp + Family
VSP (for all eligible dependents)*	\$22.70
CSEA employee group	Emp + Family
VSP (for all eligible dependents)*	\$27.40
*At your own expense if selecting Kaiser HMO	