

2026-2027 Medicare Retiree Fringe Benefit Options & Rates

Retirees Over 65 w/Medicare A & B

Kaiser (optical not included in high deductible plan)

Kaiser HMO w/Chiro & Optical	Emp Only	Emp O65 + Spouse O65	Emp O65 + Spouse U65	Retiree + Child(ren)	Emp O65 + Spouse U65 + Child(ren)
\$25 Co-Pmt, Rx: \$10 Generic/\$25 Brand	\$326	\$651	\$1,929	\$1,159	\$2,490
Kaiser High Deductible Plan w/HSA					
(\$2,000/\$4,000)			\$1,474	\$921	\$1,877
Kaiser High Deductible Plan w/HSA					
(\$3,000/\$6,000)			\$1,309	\$835	\$1,655

Alignment Health 1/1/2026 through 12/31/2026

Alignment Health	Retiree Only	Retiree + Spouse O65	Retiree + Spouse or Child, One O65, one U65
Medicare Advantage PPO & Rx	\$365	\$730	Add appropriate U65 rate from SHP, WHA or Blue Shield

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

Delta Dental

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

Vision Service Plan

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