

RETIREE HEALTH BENEFIT RATE SHEET 2026-2027 (effective 7/1/26)

MEDICAL - EARLY RETIREES UNDER 65 WITHOUT MEDICARE

SUTTER HEALTH PLUS (see map for coverage areas)	RETIREE ONLY	RETIREE + SPOUSE UNDER 65	RETIREE + SPOUSE UNDER 65 + CHILDREN	RETIREE + CHILDREN	RETIREE + SPOUSE UNDER 65 WITH MEDICARE	RETIREE + SPOUSE OVER 65 WITH MEDICARE	RETIREE + SPOUSE OVER 65 WITHOUT MEDICARE
	R01	R02	R03	R04	R05	R06	R07
HMO (Office \$25 / Rx \$10/\$30/\$60)	\$ 1,580.00	\$ 3,159.00	\$ 3,712.00	\$ 2,401.00	N/A	N/A	N/A
DHMO Peak 1000 ML86 W/CHIRO	\$ 1,244.00	\$ 2,487.00	\$ 2,922.00	\$ 1,890.00	N/A	N/A	N/A
High Deductible Mid HMO (\$1,750 single/\$3,500 family)	\$ 1,179.00	\$ 2,357.00	\$ 2,769.00	\$ 1,791.00	N/A	N/A	N/A
High Deductible HMO (\$2,500 single/\$5,000 family)	\$ 1,045.00	\$ 2,089.00	\$ 2,454.00	\$ 1,588.00	N/A	N/A	N/A

WESTERN HEALTH ADVANTAGE (see map for coverage areas)	RETIREE ONLY	RETIREE + SPOUSE UNDER 65	RETIREE + SPOUSE UNDER 65 + CHILDREN	RETIREE + CHILDREN	RETIREE + SPOUSE UNDER 65 WITH MEDICARE	RETIREE + SPOUSE OVER 65 WITH MEDICARE	RETIREE + SPOUSE OVER 65 WITHOUT MEDICARE
	R01	R02	R03	R04	R05	R06	R07
HMO (\$25 / Rx \$10/\$30/\$50)	\$ 1,263.00	\$ 2,525.00	\$ 2,967.00	\$ 1,919.00	N/A	N/A	N/A
DHMO 1000/20/20% W/CHRIO	\$ 964.00	\$ 1,928.00	\$ 2,266.00	\$ 1,466.00	N/A	N/A	N/A
Western Health Advantage High Deduct. Mid HMO (\$1,800 single/\$3,600 family)	\$ 922.00	\$ 1,843.00	\$ 2,165.00	\$ 1,401.00	N/A	N/A	N/A
Western Health Advantage High Deduct. HMO (\$2,800 single/\$5,600 family)	\$ 800.00	\$ 1,599.00	\$ 1,879.00	\$ 1,215.00	N/A	N/A	N/A

KAISER	RETIREE ONLY	RETIREE + SPOUSE UNDER 65	RETIREE + SPOUSE UNDER 65 + CHILDREN	RETIREE + CHILDREN	RETIREE + SPOUSE UNDER 65 WITH MEDICARE	RETIREE + SPOUSE OVER 65 WITH MEDICARE	RETIREE + SPOUSE OVER 65 WITHOUT MEDICARE
	R01	R02	R03	R04	R05	R06	R07
HMO (Office \$25 / Rx \$10/\$25)	\$ 1,589.00	\$ 3,178.00	\$ 3,734.00	\$ 2,415.00	N/A	\$ 1,912.00	N/A
DHMO 1000 \$10/\$30/20%	\$ 1,454.00	\$ 2,907.00	\$ 3,415.00	\$ 2,209.00	N/A	N/A	N/A
Kaiser High Deductible (\$2,000 single/\$4,000 family)	\$ 1,153.00	\$ 2,305.00	\$ 2,708.00	\$ 1,752.00	N/A	N/A	N/A
Kaiser High Deductible (\$3,000 single/\$6,000 family)	\$ 988.00	\$ 1,975.00	\$ 2,321.00	\$ 1,501.00	N/A	N/A	N/A

BLUE SHIELD (only available if living outside Kaiser, Sutter Health and Western Health service areas)	RETIREE ONLY	RETIREE + SPOUSE UNDER 65	RETIREE + SPOUSE UNDER 65 + CHILDREN	RETIREE + CHILDREN	RETIREE + SPOUSE UNDER 65 WITH MEDICARE	RETIREE + SPOUSE OVER 65 WITH MEDICARE	RETIREE + SPOUSE OVER 65 WITHOUT MEDICARE
	R01	R02	R03	R04	R05	R06	R07
TRIO HMO (California only)	\$ 2,067.00	\$ 4,133.00	\$ 4,856.00	\$ 3,162.00	N/A	N/A	N/A
Blue Shield PPO Savings Mid (\$2,700 single/\$5,200 family)	\$ 1,635.00	\$ 3,275.00	\$ 3,849.00	\$ 2,505.00	N/A	N/A	N/A
Blue Shield PPO Savings HD (\$4,400 single/\$8,800 family)	\$ 1,477.00	\$ 2,954.00	\$ 3,471.00	\$ 2,260.00	N/A	N/A	N/A

DELTA DENTAL

PERSONIFY INDEMNITY DENTAL - NEW PLAN

VISION SERVICE PLAN (VSP)

\$ 125.75	Retiree with or without Dependent/s
\$ 150.00	Retiree with or without Dependent/s
\$ 20.80	Retiree with or without Dependent/s

RETIREE HEALTH BENEFIT RATE SHEET 2026-2027 (effective 7/1/26)

MEDICAL - RETIREES OVER 65 WITH MEDICARE A&B

<u>KAISER - RATES 7/1/25-6/30/26</u>	RETIREE ONLY	RETIREE + SPOUSE OVER 65 WITH MEDICARE	RETIREE + SPOUSE UNDER 65	RETIREE + SPOUSE UNDER 65 WITH MEDICARE	RETIREE + SPOUSE OVER 65 WITHOUT MEDICARE	RETIREE + CHILDREN	RETIREE + SPOUSE UNDER 65 + CHILDREN	RETIREE + SPOUSE UNDER 65 WITH COVERED WITH MEDICARE + CHILDREN
	R08	R09	R10	R11	R12	R15	R16	R17
HMO (Office \$25/Rx\$10/\$25)	\$ 324.00	\$ 647.00	\$ 1,912.00	N/A	N/A	\$ 1,150.00	\$ 2,468.00	N/A
Kaiser High Deductible (\$2,000 single/\$4,000 family)	N/A	N/A	\$ 1,474.00	N/A	N/A	\$ 921.00	\$ 1,877.00	N/A
Kaiser High Deductible (\$3,000 single/\$6,000 family)	N/A	N/A	\$ 1,309.00	N/A	N/A	\$ 835.00	\$ 1,655.00	N/A

ALIGNMENT HEALTH - RATES 1/1/26-12/31/26 (rates subject to change 1/1/27 due to plan year based on calendar year) (If Medicare retiree has covered spouse under 65 and lives in Sutter Health or Western Health service area, spouse would need to choose Sutter Health or Western Health, or both could move to Kaiser)

	RETIREE ONLY	RETIREE + SPOUSE OVER 65 WITH MEDICARE	RETIREE + SPOUSE UNDER 65	RETIREE + SPOUSE UNDER 65 WITH MEDICARE	RETIREE + SPOUSE OVER 65 WITHOUT MEDICARE	RETIREE + CHILDREN	RETIREE + SPOUSE UNDER 65 + CHILDREN	RETIREE + SPOUSE UNDER 65 WITH COVERED WITH MEDICARE + CHILDREN
	R08	R09	R10	R11	R12	R15	R16	R17
Medicare Advantage PPO	\$ 365.00	\$ 730.00	N/A	N/A	N/A	N/A	N/A	N/A

SUTTER HEALTH PLUS

Not available for Medicare retirees

WESTERN HEALTH ADVANTAGE

Not available for Medicare retirees

DELTA DENTAL

PERSONIFY INDEMNITY DENTAL - NEW PLAN

VISION SERVICE PLAN (VSP)

\$ 125.75	Retiree with or without Dependent/s
\$ 150.00	Retiree with or without Dependent/s
\$ 20.80	Retiree with or without Dependent/s