2026 Retiree Health Coverage Monthly Contribution Rates

Retiree Medical for Pre-65 Retiree and/or Pre-65 Spouse/Dependent of Retiree (including NY CBU)

Plan	Retiree Only	Retiree Plus One	Retiree Plus Family
Aetna HDHP	$1,076.00	$2,070.00	$3,638.00
Aetna PPO	$1,654.00	$3,182.00	$5,594.00
Aetna EPO – CA, GA, NJ, NY, D.C.	$3,633.39	$12,960.93	$17,076.23
Emblem Health – HIP HMO	$2,789.88	$5,094.34	$8,110.18
Kaiser Northern CA HMO	$1,440.85	$2,881.71	$4,077.64
Kaiser Southern CA HMO	$1,440.85	$2,881.71	$4,077.64

Retiree Dental (except NY CBU retirees)

Plan	Retiree Only	Retiree Plus One	Retiree Plus Family
Guardian Dental	$55.00	$106.00	$187.00

NY CBU Retiree Dental

Plan	Retiree Only	Retiree Plus One	Retiree Plus Family
Guardian Dental	$38.04	$73.31	$129.32

Retiree Medical for Age 65 Plus Medicare-Eligible Retiree and/or Age 65 Plus Spouse of Retiree

Plan	Retiree or Spouse Only	Retiree Plus One	Retiree Plus Family
United Healthcare Medicare Advantage Plan (includes Rx)	$380.96	N/A	N/A

2026 COBRA Continuation Coverage Monthly Rates

COBRA Medical (including NY CBU), Dental, Vision

Plan	Employee Only	Employee Plus One	Employee Plus Family
Aetna HDHP	$661.98	$1,272.96	$2,238.90
Aetna PPO	$1,126.08	$2,166.48	$3,807.66
Aetna EPO – CA, GA, NJ, NY, D.C.	$2,583.36	$9,215.49	$12,141.54
Emblem Health – HIP HMO	$1,666.20	$3,042.45	$4,843.58
Kaiser Northern CA HMO	$1,089.67	$2,179.33	$3,083.76
Kaiser Southern CA HMO	$1,089.67	$2,179.33	$3,083.76
Guardian Dental	$56.10	$108.12	$190.74
Vision			
Base Plan	$14.05	$27.92	$44.88
Buy-Up Plan	$22.54	$44.49	$71.36
Lyra Health EAP	$7.03	$7.03	$7.03

COBRA Dental for NY CBU

Plan	Employee Only	Employee Plus One	Employee Plus Family
Guardian Dental	$38.80	$74.77	$131.91