2027 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	$1,210.00	$2,328.00	$4,093.00
Aetna PPO	$1,654.00	$3,182.00	$5,594.00
Aetna EPO – CA, GA, NJ, NY, D.C.	$6,465.81	$23,065.06	$30,388.58
Emblem Health – HIP HMO	$3,059.79	$5,587.19	$8,894.81
Kaiser Northern CA HMO	$1,541.83	$3,083.66	$4,363.41
Kaiser Southern CA HMO	$1,541.83	$3,083.66	$4,363.41

Retiree Dental (except NY CBU retirees)

Plan	Retiree Only	Retiree Plus One	Retiree Plus Family
Guardian Dental	$58.00	$112.00	$197.00

NY CBU Retiree Dental

Plan	Retiree Only	Retiree Plus One	Retiree Plus Family
Guardian Dental	$40.11	$77.46	$136.24

Retiree Medical for Medicare-Eligible Retiree and/or Medicare-Eligible Spouse of Retiree

Plan	Retiree or Spouse Only	Retiree Plus One	Retiree Plus Family
United Healthcare Medicare Advantage Prescription Drug Plan	$425.96	This plan is priced per person. If both you and your spouse enroll, you will each enroll separately and pay the individual rate for each person.	N/A

2027 COBRA Continuation Coverage Monthly Rates

COBRA Medical (including NY CBU), Dental, Vision

Plan	Employee Only	Employee Plus One	Employee Plus Family
Aetna HDHP	$704.82	$1,355.58	$2,384.76
Aetna PPO	$1,199.52	$2,307.24	$4,055.52
Aetna EPO – CA, GA, NJ, NY, D.C.	$3,771.62	$13,454.30	$17,726.23
Emblem Health – HIP HMO	$1,819.49	$3,322.35	$5,289.19
Kaiser Northern CA HMO	$1,093.45	$2,186.90	$3,094.47
Kaiser Southern CA HMO	$1,093.45	$2,186.90	$3,094.47
Guardian Dental	$59.16	$114.24	$200.94
Vision			
Base Plan	$14.05	$27.92	$44.88
Buy-Up Plan	$22.54	$44.49	$71.36
Lyra Health EAP	$7.24	$7.24	$7.24

COBRA Dental for NY CBU

Plan	Employee Only	Employee Plus One	Employee Plus Family
Guardian Dental	$40.91	$79.00	$138.96