

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