



DISTRICT COUNCIL 16
Northern California Health and Welfare Trust Fund
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DATE: December 2019

TO: All Retired Participants

FROM: Board of Trustees

SUBJECT: Retiree Self-Pay Rates Effective January 2020

The Board of Trustees adopted the new Retiree Self-Pay Rates effective with January 2020 payments for February 2020 coverage. The new Retiree Self-Pay rates are shown on the reverse side of this letter. There is a 25% Plan subsidy for retiree plan costs and Retirees will pay 75% of the cost of their health care benefits.

Payments Through Monthly Pension Deductions:

If your monthly retiree payments are automatically deducted from your Bay Area Painters & Tapers, No CA Glaziers, Architectural Metal & Glass or Resilient Floor Covering monthly pension benefits, your January 2020 pension benefits will reflect the deductions at the increased rate for February 2020 coverage.

Retiree Self-Pay Billing Statements:

If you are sending a check for your monthly retiree payments directly to this office, your January 2020 Retiree self-pay billing statement will reflect the new rate for February 2020 coverage.

If you wish to switch medical plans:

You are allowed to switch medical plans at any time as long as you have been enrolled in your current medical plan for a minimum of twelve (12) months. To switch medical plans, please contact the Trust Fund office at the telephone numbers listed above for an enrollment packet.

IF YOU DO NOT WISH TO CHANGE YOUR MEDICAL SELECTION, NO ACTION IS REQUIRED.

If you have any questions concerning this notice, please contact the Billing Department at the Trust Fund Office toll free at (800) 922-9902

See New Rate Schedule on Reverse Side

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2020 Retiree Self-pay Rates

Medical Plans

Coverage includes Medical, Prescription Drug and Vision Benefits

Coverage	Indemnity	Kaiser
Non-Medicare		
Single	\$ 717	\$ 994
Two-party	\$1,434	\$1,988
Family	\$1,936	\$2,811
One on Medicare		
Single	\$ 335	\$ 272
Two-party, 1 with Medicare	\$1,052	\$1,265
Family, 1 with Medicare	\$1,554	\$2,088
Family, Dependent Child Medicare	\$1,668	\$2,259
Two on Medicare		
Two-party	\$ 670	\$ 544
Family, Member & Spouse Medicare	\$ 1,172	\$1,364
Family, Member & Dependent Medicare	\$ 1,387	\$1,530
Family – All Medicare		
Family	\$ 1,004	\$ 816

Optional Dental Plans

Carrier	Coverage	Rate
Delta Indemnity PPO Plan	Single	\$ 57.00
	Two-party (2 Adult)	\$114.00
	Two-party (1 Adult/1 Child)	\$ 97.00
	Family	\$154.00
DeltaCare USA	Family	\$ 58.00
United HealthCare/PUD	Family	\$ 59.00

IMPORTANT MESSAGE

If you do not choose to enroll in one of the dental plan options at the time of your initial enrollment for Retiree coverage, you will NOT be able to elect retiree dental coverage at a