



**DISTRICT COUNCIL 16**  
**Northern California Health and Welfare Trust Fund**  
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**DATE:** December 2022  
**TO:** All Retired Participants  
**FROM:** Board of Trustees  
**SUBJECT:** Revised Retiree Self-Pay Rates Effective March 2023

The Board of Trustees adopted the new Retiree Self-Pay Rates effective with February 2023 payments for March 2023 coverage. The new Retiree Self-Pay rates are shown on the reverse side of this letter. There is a 35% Plan subsidy for retiree plan costs and Retirees will pay 65% 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 February 2023 pension benefits will reflect the deductions at the increased rate for March 2023 coverage.

**Retiree Self-Pay Billing Statements:**

If you are sending a check for your monthly retiree payments directly to this office, your February 2023 Retiree self-pay billing statement will reflect the new rate for March 2023 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*

## District Council 16 Northern California Health and Welfare Trust Fund

### 2023 Retiree Self-pay Rates

#### Medical Plans

##### Coverage includes Medical, Prescription Drug and Vision Benefits

Coverage	Indemnity	Kaiser
Non-Medicare		
Single	\$ 580	\$1,024
Two-party	\$1,160	\$2,048
Family	\$1,565	\$2,898
One on Medicare		
Single	\$ 270	\$ 205
Two-party, 1 with Medicare	\$ 850	\$1,229
Family, 1 with Medicare	\$1,255	\$2,079
Family, Dependent Child Medicare	\$1,430	\$2,253
Two on Medicare		
Two-party	\$ 540	\$ 410
Family, Member & Spouse Medicare	\$ 945	\$1,260
Family, Member & Dependent Medicare	\$ 1,120	\$1,434
Family – All Medicare		
Family	\$ 810	\$ 615

#### 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 later date.