



**DISTRICT COUNCIL 16**  
**Northern California Health and Welfare Trust Fund**  
4160 Dublin Boulevard, Suite 400  
Dublin, CA 94568-7756  
Toll Free (800) 922-9902 Fax: (925) 833-7301  
Email: [Dc16info@hsba.com](mailto:Dc16info@hsba.com)  
[www.dci6trustfund.org](http://www.dci6trustfund.org)



**DATE:** December 2024  
**TO:** All Retired Participants  
**FROM:** Board of Trustees  
**SUBJECT:** Retiree Self-Pay Rates Effective February 2025

The Board of Trustees adopted the new Retiree Self-Pay Rates effective with January 2025 payments for February 2025 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 January 2025 pension benefits will reflect the deductions at the increased rate for February 2025 coverage.

**Retiree Self-Pay Billing Statements:**

If you are sending a check for your monthly retiree payments directly to this office, your January 2025 Retiree self-pay billing statement will reflect the new rate for February 2025 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

### 2025 Retiree Self-pay Rates

#### Medical Plans

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

Coverage	Indemnity	Kaiser
Non-Medicare		
Single	\$ 637	\$1,221
Two-party	\$1,275	\$2,442
Family	\$1,721	\$3,455
One on Medicare		
Single	\$ 308	\$ 232
Two-party, 1 with Medicare	\$ 964	\$1,453
Family, 1 with Medicare	\$1,411	\$2,466
Family, Dependent Child Medicare	\$1,602	\$2,674
Two on Medicare		
Two-party	\$ 616	\$ 464
Family, Member & Spouse Medicare	\$ 1,100	\$1,477
Family, Member & Dependent Medicare	\$ 1,291	\$1,685
Family – All Medicare		
Family	\$ 924	\$ 696

#### 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.