



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
www.dci6trustfund.org



DATE: December 2025
TO: All Retired Participants
FROM: Board of Trustees
SUBJECT: Retiree Self-Pay Rates Effective February 2026

The Board of Trustees adopted the new Retiree Self-Pay Rates effective with January 2026 payments for February 2026 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 2026 pension benefits will reflect the deductions at the increased rate for February 2026 coverage.

Retiree Self-Pay Billing Statements:

If you are sending a check for your monthly retiree payments directly to this office, your January 2026 Retiree self-pay billing statement will reflect the new rate for February 2026 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

2026 Retiree Self-pay Rates

Medical Plans

Coverage includes Medical, Prescription Drug and Vision Benefits

Coverage	Indemnity	Kaiser
Non-Medicare		
Single	\$ 694	\$1,299
Two-party	\$1,389	\$2,598
Family	\$1,875	\$3,676
One on Medicare		
Single	\$ 339	\$ 245
Two-party, 1 with Medicare	\$1,060	\$1,544
Family, 1 with Medicare	\$1,552	\$2,622
Family, Dependent Child Medicare	\$1,762	\$2,843
Two on Medicare		
Two-party	\$ 678	\$ 490
Family, Member & Spouse Medicare	\$ 1,210	\$1,568
Family, Member & Dependent Medicare	\$ 1,420	\$1,789
Family – All Medicare		
Family	\$ 1,016	\$ 735

Optional Dental Plans

Carrier	Coverage	Rate
Delta Indemnity PPO Plan	Single	\$ 58.00
	Two-party (2 Adult)	\$116.00
	Two-party (1 Adult/1 Child)	\$ 99.00
	Family	\$157.00
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.