



DISTRICT COUNCIL 16
Northern California Health and Welfare Trust Fund
P.O. Box 24454 Oakland CA, 94623
(510) 864-6444 or Toll Free (800) 922-9902
Billing and Eligibility Fax: (510) 337-3080

DATE: December 2015
TO: All Retired Participants
FROM: Board of Trustees
SUBJECT: Retiree Self-Pay Rates Effective January 2016

The Board of Trustees adopted the new Retiree Self-Pay Rates effective with January 2016 payments for February 2016 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 2016 pension benefits will reflect the deductions at the increased rate for February 2016 coverage.

Retiree Self-Pay Billing Statements:

If you are sending a check for your monthly retiree payments directly to this office, your January 2016 Retiree self-pay billing statement will reflect the new rate for February 2016 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 at (510) 864-6444 or toll free at (800) 922-9902

See New Rate Schedule on Reverse Side

District Council 16 Northern California Health and Welfare Trust Fund

2016 Retiree Self-pay Rates

Medical Plans

Coverage includes Medical, Prescription Drug and Vision Benefits

Coverage	Indemnity	Kaiser
Non-Medicare		
Single	\$ 595	\$ 928
Two-party	\$1,190	\$1,856
Family	\$1,606	\$2,624
One on Medicare		
Single	\$ 311	\$ 251
Two-party, 1 with Medicare	\$ 906	\$1,177
Family, 1 with Medicare	\$1,322	\$1,944
Two on Medicare		
Two-party	\$ 622	\$ 503
Family	\$ 1,038	\$1,268
Family – All Medicare		
Family	\$ 933	\$ 752

Optional Dental Plans

Carrier	Coverage	Rate
Delta Indemnity PPO Plan	Single	\$ 49.00
	Two-party (2 Adult)	\$ 98.00
	Two-party (1 Adult/1 Child)	\$ 88.00
	Family	\$137.00
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.