# RETIREE-POA - 2026

| NON-MEDICARE RATES | Providence Personal Option POA | Providence $50 Ded Open Option | Providence High Deductible Open | Kaiser | Kaiser High Deductible Plan |
|---|---|---|---|---|---|
| Non-Medicare Retiree or Spouse | 963.00 | 1,030.00 | 866.90 | 926.04 | 704.58 |
| Retiree & Spouse | 1,923.00 | 2,056.00 | 1,733.96 | 1,852.08 | 1,409.16 |
| Retiree or Spouse with Child(ren) | 1,734.00 | 1,854.00 | 1,560.46 | 1,666.88 | 1,268.24 |
| Retiree, Spouse and Child(ren) | 2,889.00 | 3,087.00 | 2,600.80 | 2,778.04 | 2,113.88 |

| MEDICARE RATES | Providence Medicare Align | Kaiser Senior Advantage |
|---|---|---|
| Medicare Retiree or Spouse | 502.37 | 481.82 |
| Medicare Retiree & Medicare Spouse | 1,004.74 | 963.64 |

| OPTIONS WITH ONE MEDICARE & ONE NON-MEDICARE | |
|---|---|
| Providence Personal Option & Medicare Align | 1,465.37 |
| Providence Open Option & Medicare Align | 1,532.37 |
| Providence High Deductible Open & Medicare Align | 1,369.27 |
| Kaiser & Kaiser Senior Advantage | 1,407.86 |
| Kaiser High Deductible & Kaiser Senior Advantage | 1,186.40 |

NOTE: Rates will be based on Medicare status of retiree **and** spouse.

| DENTAL (TO AGE 65 ONLY) | Moda Incentive | Kaiser |
|---|---|---|
| Retiree or Spouse | 75.00 | 106.46 |
| Retiree & Spouse | 150.00 | 210.78 |
| Retiree or Spouse with Children | 107.00 | 146.92 |
| Retiree & Family | 181.00 | 252.28 |

| EAP | CANOPY |
|---|---|
| Retiree / Family | 3.30 |