RATE PROPOSAL

GCIU - Local 285

Effective from 03/01/2026 through 02/28/2027

Rates and benefits are provisional and subject to regulatory approval and/or changes

Region(s)	Group(s)	Subgroup(s)
Mid-Atlantic States	5238	0032, 0035, 0040, 0044, 0053, 0055

Table of Contents

Rate and Benefit Summary – Commercial

Group Name: GCIU-LOCAL 285
Group Numbers: 5238
Subgroups: 0044
Product Type: DHMO DC SEL
Quote Name: Custom DHMO 8 Sel Low

Region: Mid-Atlantic States
Jurisdiction: DC
Contract Period: 03/01/2026 – 02/28/2027

	Aug24 – Jul25
Average Members*:	89
Eligibles:	300

Current Rates

Rate Tiers	Medical	Ratio
Subscriber only	$794.46	1.00
Subscriber and Spouse	1,588.92	2.00
Subscriber and 1 Child	1,588.92	2.00
Subscriber and 2 or more Children	2,295.99	2.89
Subscriber and Spouse and 1 or more children	2,295.99	2.89

Proposed Rates

Rate Tiers	Subscribers	Medical	%Change	Ratio
Subscriber only	16	$845.08	6.37%	1.00
Subscriber and Spouse	6	1,690.16	6.37%	2.00
Subscriber and 1 Child	3	1,690.16	6.37%	2.00
Subscriber and 2 or more Children	0	2,442.28	6.37%	2.89
Subscriber and Spouse and 1 or more children	7	2,442.28	6.37%	2.89

Estimated Monthly Cost: $45,829
Billing Frequency: Monthly

Proposed HMO Benefits – Tier 1 – In Network Benefits

Network: SEL

Annual Deductible: Individual / Family per calendar year(s): $750/$1,500
Out-of-Pocket Maximum: Individual / Family: $3,000/$6,000/cont yr Med/Rx
Lifetime Maximum: Individual / Family: None

Prescription Drugs: 30d 1 copay, 90d 3 copay, MO 90d 2 copay ; KP $20/30/45, CM $30/50/65, MO $20/30/45; no coverage for weight loss drugs

Outpatient
Primary Care: $25 COPAY
Preventive Care: $0 COPAY WITH HCR PREVENTIVE SERVICES INCLUDED
Specialty Care: $35 COPAY
Urgent Care: $35 COPAY

Other Professional
Outpatient Surgical Services: 20% COINS
Chiropractic Services: NOT COVERED
Acupuncture Services: NOT COVERED
Dental: NOT COVERED
Infertility Diagnosis & Testing: APPLICABLE COST SHARE APPLIED BASED ON TYPE OF SERVICE
Infertility Assistive Reproductive Technology: APPLICABLE COST SHARE APPLIED BASED ON TYPE OF SERVICE
Occupational Therapy: $35 COPAY 30 VISITS/EPISODE
Physical Therapy: $35 COPAY 30 VISITS/EPISODE
Speech Therapy: $35 COPAY 30 VISITS/EPISODE

* Includes Actives and/or pre 65 Retirees only.

NPS Quote Number: 34994655

Rate and Benefit Summary – Commercial

Group Name: GCIU-LOCAL 285
Group Numbers: 5238
Subgroups: 0044
Product Type: DHMO DC SEL
Quote Name: Custom DHMO 8 Sel Low

Region: Mid-Atlantic States
Jurisdiction: DC
Contract Period: 03/01/2026 - 02/28/2027

	Aug24 - Jul25
Average Members*:	89
Eligibles:	300

Ambulance and Emergency Services

Ambulance Services:	$100 COPAY
Emergency Services:	$100 COPAY

Laboratory and Imaging

Outpatient Lab, Pathology, & Diagnostic Testing:	20% COINS
Outpatient Diagnostic Radiology:	20% COINS
Outpatient Specialty Imaging:	20% COINS

Hospital Inpatient

Hospital Services, Inpatient:	20% COINS
Skilled Nursing Facility Care:	20% COINS UP TO 100 DAYS/CONT YR

Mental Health and Chemical Dependency

Behavioral Health-Group Therapy:	$10 COPAY
Behavioral Health-Individual Therapy:	$25 COPAY
Behavioral Health, Inpatient:	20% COINS

Other

Basic Durable Medical Equipment:	$0 COPAY
Prosthetics:	$0 COPAY
Orthotics:	$0 COPAY
Eyeglass Frames:	19+ $75, UP TO AGE 19 $0 (1 PAIR/YR)
Eyeglass Lenses:	19+ $75 DISCOUNT, UP TO AGE 19 $0 (1 PAIR/YR)
Hearing Aids:	$0 COPAY 1 HEARING AID/EAR/36 MONTHS, $1,000 BEN MAX

Domestic Partners: None
Student / Overage Dependent Coverage: 26/26

Commission: None
APP: No

* Includes Actives and/or pre 65 Retirees only.

NPS Quote Number: 34994655

KAISER PERMANENTE®

KAISER FOUNDATION HEALTH PLAN, INC.

Rate and Benefit Summary – Commercial

Group Name: GCIU-LOCAL 285

Group Numbers: 5238

Subgroups: 0053

Product Type: DHMO DC SEL

Quote Name: DHMO 16 Select

Region: Mid-Atlantic States

Jurisdiction: DC

Contract Period: 03/01/2026 - 02/28/2027

	Aug24 - Jul25
Average Members*:	89
Eligibles:	300

Current Rates

Rate Tiers	Medical	Ratio
Subscriber only	$724.79	1.00
Subscriber and Spouse	1,449.58	2.00
Subscriber and 1 Child	1,449.58	2.00
Subscriber and 2 or more Children	2,094.64	2.89
Subscriber and Spouse and 1 or more children	2,094.64	2.89

Proposed Rates

Rate Tiers	Subscribers	Medical	%Change	Ratio
Subscriber only	13	$770.97	6.37%	1.00
Subscriber and Spouse	2	1,541.94	6.37%	2.00
Subscriber and 1 Child	2	1,541.94	6.37%	2.00
Subscriber and 2 or more Children	0	2,228.10	6.37%	2.89
Subscriber and Spouse and 1 or more children	2	2,228.10	6.37%	2.89

Estimated Monthly Cost: $20,647

Billing Frequency: Monthly

Proposed HMO Benefits – Tier 1 – In Network Benefits

Network: SEL

Annual Deductible: Individual / Family per calendar year(s): Medical Deductible 2500I/5000F Embedded Plan Yr

Out-of-Pocket Maximum: Individual / Family: $5,000/$10,000/cont yr

Lifetime Maximum: Individual / Family: None

Prescription Drugs: 30d 1 copay, 90d 3 copay, MO 90d 2 copay; KP $15/25/40, CM $20/45/60, MO $15/25/40; no coverage for weight loss drugs

Outpatient

Primary Care: $30 COPAY

Preventive Care: $0 COPAY WITH HCR PREVENTIVE SERVICES INCLUDED

Specialty Care: $40 COPAY

Urgent Care: $40 COPAY

Other Professional

Outpatient Surgical Services: 20% COINS

Chiropractic Services: NOT COVERED

Acupuncture Services: NOT COVERED

Dental: NOT COVERED

Infertility Diagnosis & Testing: APPLICABLE COST SHARE APPLIED BASED ON TYPE OF SERVICE

Infertility Assistive Reproductive Technology: APPLICABLE COST SHARE APPLIED BASED ON TYPE OF SERVICE

Occupational Therapy: $40 COPAY 30 VISITS/EPISODE

Physical Therapy: $40 COPAY 30 VISITS/EPISODE

Speech Therapy: $40 COPAY 30 VISITS/EPISODE

* Includes Actives and/or pre 65 Retirees only.

NPS Quote Number: 34994656

Rate and Benefit Summary – Commercial

Group Name: GCIU-LOCAL 285
Group Numbers: 5238
Subgroups: 0053
Product Type: DHMO DC SEL
Quote Name: DHMO 16 Select

Region: Mid-Atlantic States
Jurisdiction: DC
Contract Period: 03/01/2026 - 02/28/2027

	Aug24 - Jul25
Average Members*:	89
Eligibles:	300

Ambulance and Emergency Services

Ambulance Services:	$100 COPAY
Emergency Services:	$150 COPAY

Laboratory and Imaging

Outpatient Lab, Pathology, & Diagnostic Testing:	$30 COPAY
Outpatient Diagnostic Radiology:	$30 COPAY
Outpatient Specialty Imaging:	20% COINS

Hospital Inpatient

Hospital Services, Inpatient:	20% COINS
Skilled Nursing Facility Care:	20% COINS UP TO 100 DAYS/CONT YR

Mental Health and Chemical Dependency

Behavioral Health-Group Therapy:	$15 COPAY
Behavioral Health-Individual Therapy:	$30 COPAY
Behavioral Health, Inpatient:	20% COINS

Other

Basic Durable Medical Equipment:	$0 COPAY
Prosthetics:	$0 COPAY
Orthotics:	$0 COPAY
Eyeglass Frames:	19+ $75, UP TO AGE 19 $0 (1 PAIR/YR)
Eyeglass Lenses:	19+ $75 DISCOUNT, UP TO AGE 19 $0 (1 PAIR/YR)
Hearing Aids:	$0 COPAY 1 HEARING AID/EAR/36 MONTHS, $1,000 BEN MAX

Domestic Partners: None
Student / Overage Dependent Coverage: 26/26

Commission: None
APP: No

* Includes Actives and/or pre 65 Retirees only.

NPS Quote Number: 34994656

Rate and Benefit Summary – Commercial

Group Name: GCIU-LOCAL 285
Group Numbers: 5238
Subgroups: 0055
Product Type: HMO DC SIG
Quote Name: Custom HMO 2 Sig High

Region: Mid-Atlantic States
Jurisdiction: DC
Contract Period: 03/01/2026 - 02/28/2027

	Aug24 - Jul25
Average Members*:	43
Eligibles:	300

Current Rates

Rate Tiers	Medical	Ratio
Subscriber only	$973.21	1.00
Subscriber and Spouse	1,946.42	2.00
Subscriber and 1 Child	1,946.42	2.00
Subscriber and 2 or more Children	2,812.58	2.89
Subscriber and Spouse and 1 or more children	2,812.58	2.89

Proposed Rates

Rate Tiers	Subscribers	Medical	%Change	Ratio
Subscriber only	11	$1,035.21	6.37%	1.00
Subscriber and Spouse	7	2,070.42	6.37%	2.00
Subscriber and 1 Child	0	2,070.42	6.37%	2.00
Subscriber and 2 or more Children	1	2,991.76	6.37%	2.89
Subscriber and Spouse and 1 or more children	3	2,991.76	6.37%	2.89

Estimated Monthly Cost: $37,847
Billing Frequency: Monthly

Proposed HMO Benefits – Tier 1 – In Network Benefits

Network: SIG

Annual Deductible: Individual / Family per calendar year(s): None
Out-of-Pocket Maximum: Individual / Family: Medical Out-of-Pocket 3500I/9400F Embedded INCL DED Plan Year
Lifetime Maximum: Individual / Family: None

Prescription Drugs: 30d 1 copay, 90d 3 copay, MO 90d 2 copay; KP $10/20/35, CM $30/50/75, MO $10/20/35; no coverage for weight loss drugs

Outpatient
Primary Care: $15 COPAY
Preventive Care: $0 COPAY WITH HCR PREVENTIVE SERVICES INCLUDED
Specialty Care: $25 COPAY
Urgent Care: $25 COPAY

Other Professional
Outpatient Surgical Services: $25 COPAY
Chiropractic Services: NOT COVERED
Acupuncture Services: NOT COVERED
Dental: NOT COVERED
Infertility Diagnosis & Testing: APPLICABLE COST SHARE APPLIED BASED ON TYPE OF SERVICE
Infertility Assistive Reproductive Technology: APPLICABLE COST SHARE APPLIED BASED ON TYPE OF SERVICE
Occupational Therapy: $25 COPAY 30 VISITS/EPISODE
Physical Therapy: $25 COPAY 30 VISITS/EPISODE
Speech Therapy: $25 COPAY 30 VISITS/EPISODE

* Includes Actives and/or pre 65 Retirees only.

NPS Quote Number: 34994657

Rate and Benefit Summary – Commercial

Group Name: GCIU-LOCAL 285
Group Numbers: 5238
Subgroups: 0055
Product Type: HMO DC SIG
Quote Name: Custom HMO 2 Sig High

Region: Mid-Atlantic States
Jurisdiction: DC
Contract Period: 03/01/2026 - 02/28/2027

	Aug24 - Jul25
Average Members*:	43
Eligibles:	300

Ambulance and Emergency Services

Ambulance Services:	$100 COPAY
Emergency Services:	$100 COPAY

Laboratory and Imaging

Outpatient Lab, Pathology, & Diagnostic Testing:	$0 COPAY
Outpatient Diagnostic Radiology:	$0 COPAY
Outpatient Specialty Imaging:	$0 COPAY

Hospital Inpatient

Hospital Services, Inpatient:	$0 COPAY/ADMIT 2015 W TG
Skilled Nursing Facility Care:	$0 COPAY/ADMIT UP TO 100 DAYS/CONT YR

Mental Health and Chemical Dependency

Behavioral Health-Group Therapy:	$7COPAY
Behavioral Health-Individual Therapy:	$15 COPAY
Behavioral Health, Inpatient:	$0 COPAY/ADMIT

Other

Basic Durable Medical Equipment:	$0 COPAY
Prosthetics:	$0 COPAY
Orthotics:	$0 COPAY
Eyeglass Frames:	19+ $75, UP TO AGE 19 $0 (1 PAIR/YR)
Eyeglass Lenses:	19+ $75 DISCOUNT, UP TO AGE 19 $0 (1 PAIR/YR)
Hearing Aids:	NOT COVERED

Domestic Partners: None
Student / Overage Dependent Coverage: 26/26

Commission: None
APP: No

* Includes Actives and/or pre 65 Retirees only.

NPS Quote Number: 34994657

Rate Assumptions and Requirements

Group Name: GCIU - Local 285

Group Numbers: 5238

Subgroups: 0044,0053,0055

Region: Mid-Atlantic States

Contract Period: 03/01/2026 - 02/28/2027

KP Offered: Alongside other carrier(s)

Quotes Included

Custom DHMO 8 Sel Low - 34994655
Custom HMO 2 Sig High - 34994657
DHMO 16 Select - 34994656

Proposal Assumptions

The proposed rates and benefits included on the Rate and Benefit Summary page are based on the **participation and contribution requirements** described below. If any of the following are not met, Kaiser Permanente (KP) reserves the right to withdraw our rate proposal, decline coverage, re-rate this proposal or terminate your Group Agreement.

1. **Group-specific requirements:**
   None

2. **Rating Assumptions:**
   Rates assume a 12-month policy period of 3/1/2026 through 2/28/2027 unless otherwise specified above.
   The rates and benefits in this proposal include the Federal Health Care Reform requirements. KP reserves the right to modify the rates and benefits if we receive further clarification of Federal Health Care Reform requirements, or to incorporate other applicable Federal Health Care Reform requirements. In addition, Kaiser Permanente reserves the right to make any change in these rates and benefits due to changes in State or Federal legislation or regulatory action.
   KP reserves the right to rerate if actual enrollment results in a +/-5% change in the rates from what was assumed at the time of this quote. Examples of changes that may impact rates include, but are not limited to, the following:
   a. A change in the demographic factor.
   b. A change in the average family size or subscriber distribution.
   c. A change in the number of subscribers enrolled in KP.
   d. A change in the number of plans offered alongside KP.
   e. A change in the benefit design of a plan offered alongside KP.
   f. A change in the employer contribution formula.
   g. Groups must abide by the Break-in and Break-away Policy.

   KP reserves the right to change the rates in the event the employer funds, or offers to fund, all or part of an individual or family deductible, copayment or coinsurance which is applicable under the KP plan unless specifically noted in the Group-Specific Requirements above. Note that deductible only HRA's may be paired with Everyday Care Plans without any rate impact.

3. **Participation and contribution requirements:**
   a. Proposed rates and benefits assume 75% of overall eligible group employees enroll in a company-sponsored plan excluding those waiving for alternative group coverage.
   b. Proposal assumes employer pays at least 50% of the employee only cost and is non-discriminatory. Early retiree coverage added after 1/1/2024 will require the employer to pay at least 50% of the subscriber only early retiree rate on a non-discriminatory basis.
   c. With respect to any coverage identified as a "grandfathered health plan" under the Patient Protection and Affordable Care Act ("ACA"), Group must immediately inform Health Plan if this coverage no longer meets the requirements for grandfathered status including but not limited to any change in its contribution rate to the cost of any grandfathered health plan(s) during the plan year. Group's contribution rate for grandfathered health plan coverage may not decrease more than five percent (5%) for any rate tier for such grandfathered plan(s) when compared to Group's contribution rate in effect on March 23, 2010 for the same plan.

Rate Assumptions and Requirements

Group Name: GCIU - Local 285

Group Numbers: 5238

Subgroups: 0044,0053,0055

Region: Mid-Atlantic States

Contract Period: 03/01/2026 - 02/28/2027

KP Offered: Alongside other carrier(s)

4. Quote assumes KP is offered alongside another health care plan

KP must be offered on conditions that are no less favorable than those for other health care plans. Examples include, but are not limited to, the following:

a. KP is offered to all eligible employees.
b. KP has access to the employer and to the employees on the same basis as all other health care plans offered.
c. The employer's contribution formula does not put KP in a disadvantaged position. This quote assumes that all benefit plans offered to group subscribers provide similar benefits and levels of coverage. If not, the employer's contribution strategy must account for benefit differences among plans offered to subscribers. For example, if KP provides coverage in excess of the minimum essential level of coverage required by law, and another plan does not, the employer will ensure that the member contribution for KP's plan does not exceed the dollar amount for the other plan.
d. Basic and optional benefits such as DME, prescription drugs, and infertility are comparable among all health care plans offered.
e. Benefit levels and coverage provisions for specialty Rx and GLP-1 drugs are comparable among all health care plans offered.If KP coverage for specialty Rx and/or GLP-1 drugs is more favorable to members than competing plan, a load may be applied including retroactively if applicable.
f. KP is not offered alongside plans with pre-existing condition provisions, health condition exceptions or lifetime coverage limits.
g. If early retirees are covered, the employer offers all health care plans to early retirees on the same basis.
h. Eligibility rules such as dependent age limits and waiting periods for new hires are the same for all health care plans.
i. No other plan is allowed preferential treatment that adversely affects KP.
j. KP prefers that the number of employee subscribers enrolled in KP be the greater of 5 or 5% of the total number of employees enrolled in all health plans in regions where KP is offered.
k. Kaiser Permanente must NOT be offered along side an age-rated health care plan.
l. Rate tier ratios and their definitions should be the same among all health plans offered by the group (employer).

5. Product-specific participation requirements:

Additional Kaiser Permanente Medicare Senior Advantage (KPSA) requirements:

a. Please refer to the group's contract for full definitions of Primary Medicare and Secondary Medicare.
b. Members must have Medicare Parts A and B to enroll in Medicare Senior Advantage (KPSA) and be eligible for Medicare rates. In some regions members with only Part B may also enroll but their rates will be subject to a surcharge.
c. Medicare eligible members must reside in the approved Medicare Senior Advantage (KPSA) service areas to receive benefits for the group Medicare Senior Advantage (KPSA) offering.
d. Enrollment in Medicare Senior Advantage (KPSA) is contingent upon receipt of an accurately completed enrollment form.
e. Preliminary Medicare Senior Advantage (KPSA) rates and benefits are subject to change.
f. Medicare Senior Advantage (KPSA) product may not be available for sale in all KP regions.

Additional Out-of-Area Product Requirements:

a. All employees offered KP Out-of-Area products must reside and work outside the KP service area.

6. Proposal requires eligibility for KP plan based on the following:

a. Employer - the employer cannot be considered a small group according to state law.
b. Actives:
   - The group (employer) must be related to those offered a KP plan by virtue of employment. This includes when the group contract is with a Taft-Hartley Trust, Professional Employer Organization (PEO), association or Joint Power of Authority (JPA).
   - An eligible employee is defined as an active, permanent employee who is on the employer's payroll, and works the minimum number of hours mandated by federal and/or state law to be considered an "eligible employee." Any agreement to change the minimum hours required must be in writing. Temporary and independent contractors (i.e., 1099 employees) are not eligible unless noted otherwise in this Rate Assumptions and Requirements document.
   - The employee must live or work in the service area specific to the product they enroll in.
   - 100% of eligible employees must be covered by Workers' Compensation, where mandated by law.

c. New enrollees:
The probationary period for new employees is non-discriminatory and reflects no more than a 90-day waiting period unless noted otherwise in this Rate Assumptions and Requirements document.

d. COBRA
- It is the responsibility of the employer group to enroll eligible members into the KP COBRA plan in compliance with federal law.
- It is the employer's responsibility to comply with appropriate COBRA statutes.
- KP will generally include COBRA members as part of the group bill. If individual billing has been arranged, KP will assume responsibility for collecting premiums from COBRA members, only acting as a collection agent on behalf of the group, not as a fiduciary for the group. In addition, KP retains the authority to terminate a direct-billed member for non-payment.

e. Retirees
- Eligible early retirees must enroll in a health plan at the time of retirement and may later elect to enroll in a KP plan at open enrollment as long as they have maintained continuous enrollment in a health plan since the time of retirement.
- Early retirees under the age of 65 must be reported to KP and set up as a separate employee class or subgroup.
- Medicare eligible retirees cannot enroll in the active plan.
- Applicants for a Medicare Senior Advantage (KPSA) plan must meet all the Medicare eligibility requirements, including those stated in this Rate Assumptions and Requirements document.

f. Dependents
- If an "in-area" employee has dependents that live outside the service area, the employee and dependents must be enrolled in the same product.

7. Compliance:
KP reserves the right to make any change in the employer group's benefits and/or rates due to changes in State or Federal legislation or regulatory action.

8. Broker Disclosure:
The Consolidated Appropriations Act, 2021 (AKA "No Surprises Act") promotes transparency of health care costs and consumer protection. One specific requirement of the Act requires brokers and consultants to disclose the direct or indirect compensation they expect to receive for their brokerage or consulting services to their group health plan clients. This disclosure must occur prior to the group health plan client entering into a contract with Kaiser Permanente.

Kaiser Permanente is committed to assisting its brokers and consultants with fulfilling obligation to Kaiser Permanente group health plan clients. Please visit account.kp.org to learn more.

The contracting employer must also meet all other group-specific responsibilities and requirements described in your Group Agreement.

9. Failure to Pay:
If employer groups fails to pay in a timely manner, and if after the statutorily-required grace period terminates, employer group has not paid undisputed amounts in full, then KP may charge interest on the overdue amount. Interest shall not accrue during the grace period, and the (simple) interest rate shall be six (6) percent per year or the maximum permitted by law, whichever is less.

10. Guaranteed Renewability:

For California, Colorado, Georgia, Hawaii, and Mid-Atlantic States:

This quote assumes that if a group meets the definition of a small employer under applicable federal or state law, it is exercising its guaranteed renewability rights to renew coverage in the large group market. However, the group is limited in making benefit changes.

For Northwest and Washington:

This quote assumes that the group does not meet the definition of a small employer under applicable federal or state law.

This report is confidential and meant to be informational only. It is based upon information available in Kaiser Permanente systems at the time of production. We offer these services as is without warranties unless explicitly stated otherwise.