



# Health Benefits

Together, we are working toward a **healthier community.**

## EMPLOYEE AND RETIREE RATE SHEETS EFFECTIVE 01/01/2026 THRU 12/31/2026

MEDICAL - EMPLOYEE MONTHLY PREMIUM RATES			
Plan Name	Employee Only	Employee & Child or Employee & Spouse	Employee & Family
CAREFIRST BLUECROSS BLUESHIELD PPO	\$136.04	\$244.84	\$340.08
CAREFIRST BLUECROSS BLUESHIELD EPO	\$90.78	\$190.54	\$236.04
KAISER PERMANENTE	\$90.72	\$190.40	\$235.88
UNITED HEALTHCARE PPO	\$133.80	\$240.86	\$334.56
UNITED HEALTHCARE EPO	\$91.34	\$189.94	\$226.50

MEDICAL - EMPLOYEE PER PAY PERIOD PREMIUM RATES			
Plan Name	Employee Only	Employee & Child or Employee & Spouse	Employee & Family
CAREFIRST BLUECROSS BLUESHIELD PPO	\$62.79	\$113.00	\$156.96
CAREFIRST BLUECROSS BLUESHIELD EPO	\$41.90	\$87.94	\$108.94
KAISER PERMANENTE	\$41.87	\$87.88	\$108.87
UNITED HEALTHCARE PPO	\$61.75	\$111.17	\$154.41
UNITED HEALTHCARE EPO	\$42.16	\$87.66	\$104.54

PRESCRIPTION DRUG - EMPLOYEE MONTHLY PREMIUM RATES				
MedImpact	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
	\$69.28	\$92.08	\$115.00	\$138.58

PRESCRIPTION DRUG - EMPLOYEE PER PAY PERIOD PREMIUM RATES				
MedImpact	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
	\$31.98	\$42.50	\$53.08	\$63.96

DENTAL - EMPLOYEE MONTHLY PREMIUM RATES				
Plan Name	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
DELTA DENTAL DHMO	\$9.12	\$18.28	\$15.92	\$25.66
UNITED CONCORDIA DPPO	\$15.74	\$30.04	\$31.44	\$58.90

DENTAL - EMPLOYEE PER PAY PERIOD PREMIUM RATES				
Plan Name	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
DELTA DENTAL DHMO	\$4.21	\$8.44	\$7.35	\$11.84
UNITED CONCORDIA DPPO	\$7.26	\$13.86	\$14.51	\$27.18

Rates may vary from what appears on your paystub due to rounding.

### MEDICAL - RETIREE MONTHLY (WITHOUT MEDICARE) PREMIUM RATES

Plan Name	Retiree Only	Retiree & Child or Retiree & Spouse	Retiree & Family
CAREFIRST BLUECROSS BLUESHIELD PPO	\$136.04	\$244.84	\$340.08
CAREFIRST BLUECROSS BLUESHIELD EPO	\$90.78	\$190.54	\$236.04
KAISER PERMANENTE	\$90.72	\$190.40	\$235.88
UNITED HEALTHCARE PPO	\$133.80	\$240.86	\$334.56
UNITED HEALTHCARE EPO	\$91.34	\$189.94	\$226.50

### MEDICAL - RETIREE MONTHLY (WITH MEDICARE) PREMIUM RATES

Plan Name	Retiree Only With Medicare	Retiree + 1, 1 With Medicare	Retiree + 1, Both With Medicare	Retiree + 2, 1 With Medicare	Retiree + 2, 2 With Medicare	Retiree + 2 or More, All With Medicare	Retiree + 3 or More, at Least 1 Without Medicare
CAREFIRST BLUECROSS BLUESHIELD PPO	\$68.02	\$204.02	\$136.04	\$312.84	\$272.06	\$204.02	\$340.08
CAREFIRST BLUECROSS BLUESHIELD EPO	\$44.76	\$134.82	\$98.34	\$224.88	\$143.42	\$123.00	\$236.04
UNITED HEALTHCARE PPO	\$66.90	\$200.70	\$133.80	\$307.76	\$267.62	\$200.70	\$334.56
UNITED HEALTHCARE EPO	\$60.32	\$151.64	\$120.64	\$226.50	\$207.08	\$180.94	\$226.50

### PRESCRIPTION DRUG - RETIREE MONTHLY (WITHOUT MEDICARE) PREMIUM RATES

MedImpact	Retiree Only	Retiree & Child	Retiree & Spouse	Retiree & Family
	\$85.56	\$113.70	\$142.00	\$171.10

### PRESCRIPTION DRUG - MEDICARE RETIREE COVERING NONMEDICARE DEPENDENTS ONLY PREMIUM RATES

MedImpact	Spouse Only	Spouse & 1 Child	Spouse & 2 or More Children	1 Child Only	2 or More Children
	\$ 85.56	\$113.70	\$171.10	\$ 28.14	\$ 85.54

### DENTAL - RETIREE MONTHLY PREMIUM RATES

Plan Name	Retiree Only	Retiree & Child	Retiree & Spouse	Retiree & Family
DELTA DENTAL DHMO	\$9.12	\$18.28	\$15.92	\$25.66
UNITED CONCORDIA DPPO	\$15.74	\$30.04	\$31.44	\$58.90

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### TERM LIFE INSURANCE PREMIUM RATES

Age of Employee/Retiree	Monthly Employee/Retiree Rates (per \$1,000)	Age of Spouse	Monthly Spouse Rates (per \$1,000)
Under 30	\$0.03	Under 30	\$0.09
30 to 34	\$0.04	30 to 34	\$0.10
35 to 39	\$0.05	35 to 39	\$0.12
40 to 44	\$0.08	40 to 44	\$0.18
45 to 49	\$0.13	45 to 49	\$0.28
50 to 54	\$0.20	50 to 54	\$0.42
55 to 59	\$0.37	55 to 59	\$0.65
60 to 64	\$0.52	60 to 64	\$1.00
65 to 69	\$0.77	65 to 69	\$1.45
70 to 74	\$1.38	70 to 74	\$2.28
75 to 79	\$2.06	75 to 79	\$2.28
80 and older	\$2.06	80 and older	\$2.28
Dependent Child Coverage is \$0.14 per \$1,000 per month.			

### ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE PREMIUM RATES

Plan Coverage Level	Employee Only Monthly Rates	Employee + Family Monthly Rates
\$100,000	\$1.20	\$2.30
\$200,000	\$2.40	\$4.60
\$300,000	\$3.60	\$6.90

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