



Health Benefits

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

RETIREE RATE SHEETS 2025 AND 2026

MEDICAL - RETIREE MONTHLY (WITHOUT MEDICARE) PREMIUM RATES				
PLAN NAME & YEAR		Retiree Only	Retiree & Child or Retiree & Spouse	Retiree & Family
CAREFIRST BLUECROSS BLUESHIELD PPO	2025	\$129.56	\$233.18	\$323.88
	2026	\$136.04	\$244.84	\$340.08
CAREFIRST BLUECROSS BLUESHIELD EPO	2025	\$ 86.46	\$181.46	\$224.80
	2026	\$ 90.78	\$190.54	\$236.04
KAISER PERMANENTE	2025	\$ 86.40	\$181.34	\$224.66
	2026	\$ 90.72	\$190.40	\$235.88
UNITEDHEALTHCARE PPO	2025	\$127.44	\$229.40	\$318.62
	2026	\$133.80	\$240.86	\$334.56
UNITEDHEALTHCARE EPO	2025	\$ 86.98	\$180.90	\$215.70
	2026	\$ 91.34	\$189.94	\$226.50

MEDICAL - RETIREE MONTHLY (WITH MEDICARE) PREMIUM RATES								
PLAN NAME & YEAR		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	2025	\$ 64.78	\$194.32	\$129.56	\$297.94	\$259.10	\$194.32	\$323.88
	2026	\$ 68.02	\$204.02	\$136.04	\$312.84	\$272.06	\$204.02	\$340.08
CAREFIRST BLUECROSS BLUESHIELD EPO	2025	\$ 42.62	\$128.38	\$ 93.66	\$214.16	\$136.60	\$117.14	\$224.80
	2026	\$ 44.76	\$134.82	\$ 98.34	\$224.88	\$143.42	\$123.00	\$236.04
UNITEDHEALTHCARE PPO	2025	\$ 63.72	\$191.14	\$127.44	\$293.10	\$254.88	\$191.14	\$318.62
	2026	\$ 66.90	\$200.70	\$133.80	\$307.76	\$267.62	\$200.70	\$334.56
UNITEDHEALTHCARE EPO	2025	\$ 57.44	\$144.42	\$114.88	\$215.70	\$197.22	\$172.32	\$215.70
	2026	\$ 60.32	\$151.64	\$120.64	\$226.50	\$207.08	\$180.94	\$226.50

PRESCRIPTION DRUG - RETIREE MONTHLY (WITHOUT MEDICARE) PREMIUM RATES					
PLAN NAME & YEAR		Retiree Only	Retiree & Child	Retiree & Spouse	Retiree & Family
CVS Caremark	2025	\$ 81.48	\$108.28	\$135.22	\$162.96
MedImpact	2026	\$ 85.56	\$113.70	\$142.00	\$171.10

PRESCRIPTION DRUG - MEDICARE RETIREE COVERING NONMEDICARE DEPENDENTS ONLY PREMIUM RATES

PLAN NAME & YEAR		Spouse Only	Spouse & 1 Child	Spouse & 2 or More Children	1 Child Only	2 or More Children
MedImpact	2026	\$ 85.56	\$113.70	\$171.10	\$ 28.14	\$ 85.54

DENTAL - RETIREE MONTHLY PREMIUM RATES

PLAN NAME & YEAR		Retiree Only	Retiree & Child	Retiree & Spouse	Retiree & Family
DELTA DENTAL DHMO	2025	\$ 9.12	\$ 18.28	\$ 15.92	\$ 25.66
	2026	\$ 9.12	\$ 18.28	\$ 15.92	\$ 25.66
UNITED CONCORDIA DPPPO	2025	\$ 14.98	\$ 28.62	\$ 29.94	\$ 56.10
	2026	\$ 15.74	\$ 30.04	\$ 31.44	\$ 58.90

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

TERM LIFE INSURANCE PREMIUM RATES

Age of Retiree	Monthly Retiree Rates (per \$1,000)		Age of Spouse	Monthly Spouse Rates (per \$1,000)	
	2024	2025		2024	2025
Under 30	\$0.03	\$0.03	Under 30	\$0.09	\$0.09
30 to 34	\$0.04	\$0.04	30 to 34	\$0.10	\$0.10
35 to 39	\$0.05	\$0.05	35 to 39	\$0.12	\$0.12
40 to 44	\$0.08	\$0.08	40 to 44	\$0.18	\$0.18
45 to 49	\$0.13	\$0.13	45 to 49	\$0.28	\$0.28
50 to 54	\$0.20	\$0.20	50 to 54	\$0.42	\$0.42
55 to 59	\$0.37	\$0.37	55 to 59	\$0.65	\$0.65
60 to 64	\$0.52	\$0.52	60 to 64	\$1.00	\$1.00
65 to 69	\$0.77	\$0.77	65 to 69	\$1.45	\$1.45
70 to 74	\$1.38	\$1.38	70 to 74	\$2.28	\$2.28
75 to 79	\$2.06	\$2.06	75 to 79	\$2.28	\$2.28
80 and older	\$2.06	\$2.06	80 and older	\$2.28	\$2.28
Dependent Child Coverage	2024	\$0.14 per \$1,000 per month			
	2025	\$0.14 per \$1,000 per month			