



Health Benefits

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

RETIREE RATE SHEETS 2026 AND 2027

MEDICAL - RETIREE MONTHLY (WITHOUT MEDICARE) PREMIUM RATES				
PLAN NAME & YEAR		Retiree Only	Retiree & Child or Retiree & Spouse	Retiree & Family
CAREFIRST BLUECROSS BLUESHIELD PPO	2026	\$136.04	\$244.84	\$340.08
	2027	\$142.84	\$257.08	\$357.08
CAREFIRST BLUECROSS BLUESHIELD EPO	2026	\$ 90.78	\$190.54	\$236.04
	2027	\$ 95.32	\$200.06	\$247.84
KAISER PERMANENTE	2026	\$ 90.72	\$190.40	\$235.88
	2027	\$ 98.66	\$207.06	\$256.54
UNITEDHEALTHCARE PPO	2026	\$133.80	\$240.86	\$334.56
	2027	\$140.50	\$252.90	\$351.28
UNITEDHEALTHCARE EPO	2026	\$ 91.34	\$189.94	\$226.50
	2027	\$ 95.90	\$199.46	\$237.82

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	2026	\$ 68.02	\$204.02	\$136.04	\$312.84	\$272.06	\$204.02	\$340.08
	2027	\$ 71.42	\$214.24	\$142.84	\$328.48	\$285.66	\$214.24	\$357.08
CAREFIRST BLUECROSS BLUESHIELD EPO	2026	\$ 44.76	\$134.82	\$ 98.34	\$224.88	\$143.42	\$123.00	\$236.04
	2027	\$ 47.00	\$141.56	\$103.26	\$236.12	\$150.60	\$129.16	\$247.84
UNITEDHEALTHCARE PPO	2026	\$ 66.90	\$200.70	\$133.80	\$307.76	\$267.62	\$200.70	\$334.56
	2027	\$ 70.26	\$210.74	\$140.50	\$323.14	\$281.00	\$210.74	\$351.28
UNITEDHEALTHCARE EPO	2026	\$ 60.32	\$151.64	\$120.64	\$226.50	\$207.08	\$180.94	\$226.50
	2027	\$ 63.34	\$159.22	\$126.66	\$237.82	\$217.44	\$189.98	\$237.82

PRESCRIPTION DRUG - RETIREE MONTHLY (WITHOUT MEDICARE) PREMIUM RATES					
PLAN NAME & YEAR		Retiree Only	Retiree & Child	Retiree & Spouse	Retiree & Family
MedImpact	2026	\$ 85.56	\$113.70	\$142.00	\$171.10
	2027	\$ 89.84	\$119.38	\$149.10	\$179.66

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
	2027	\$ 89.84	\$119.38	\$179.66	\$ 29.54	\$ 89.82

DENTAL - RETIREE MONTHLY PREMIUM RATES					
PLAN NAME & YEAR		Retiree Only	Retiree & Child	Retiree & Spouse	Retiree & Family
DELTA DENTAL DHMO	2026	\$ 9.12	\$ 18.28	\$ 15.92	\$ 25.66
	2027	\$ 9.12	\$ 18.28	\$ 15.92	\$ 25.66
UNITED CONCORDIA DPPPO	2026	\$ 15.74	\$ 30.04	\$ 31.44	\$ 58.90
	2027	\$ 16.52	\$ 31.54	\$ 33.02	\$ 61.84

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			