## 2025-2026 Medical and Dental Deductions-Retired Employees

Rates for retirees hired before 7/1/2006.

\$5,732.88	Premium at 100%	Annual Cost	Annual Cost	Premium	
\$5 732 88					
\$5 732 88					
\$5 732 88		90.00%	10.00%		
ψ0,702.00	\$477.74	\$5,159.59	\$573.29	\$47.77	
CAREFIRST BLUECHOICE HMO			5.00%		
\$12,446.64	\$1,037.22	\$11,824.31	\$622.33	\$51.86	
\$24,401.40	\$2,033.45	\$23,181.33	\$1,220.07	\$101.67	
\$29,139.96	\$2,428.33	\$27,682.96	\$1,457.00	\$121.42	
\$35,859.60	\$2,988.30	\$34,066.62	\$1,792.98	\$149.42	
CAREFIRST PREFERRED PROVIDER CORE PLAN			10.00%		
\$13,921.68	\$1,160.14	\$12,529.51	\$1,392.17	\$116.01	
\$30,087.96	\$2,507.33	\$27,079.16	\$3,008.80	\$250.73	
\$35,562.60	\$2,963.55	\$32,006.34	\$3,556.26	\$296.36	
\$38,548.44	\$3,212.37	\$34,693.60	\$3,854.84	\$321.24	
	15.00%				
\$15,894.84	\$1,324.57	\$13,510.61	\$2,384.23	\$198.69	
\$34,351.20	\$2,862.60	\$29,198.52	\$5,152.68	\$429.39	
\$40,601.64	\$3,383.47	\$34,511.39	\$6,090.25	\$507.52	
\$44,010.84	\$3,667.57	\$37,409.21	\$6,601.63	\$550.14	
		90.00%	10.00%		
\$279.48	\$23.29	\$251.53	\$27.95	\$2.33	
\$459.48	\$38.29	\$413.53	\$45.95	\$3.83	
\$588.60	\$49.05	\$529.74	\$58.86	\$4.91	
\$858.48	\$71.54	\$772.63	\$85.85	\$7.15	
		90.00% 10.00%			
\$381.12	\$31.76	\$343.01	\$38.11	\$3.18	
\$625.68	\$52.14	\$563.11	\$62.57	\$5.21	
\$802.32	\$66.86	\$722.09	\$80.23	\$6.69	
\$1,169.64	\$97.47	\$1,052.68	\$116.96	\$9.75	
		0.00%	100.00%		
\$50.76		\$0.00	\$50.76	\$4.23	
				\$7.83	
				\$9.73 \$12.86	
	\$24,401.40 \$29,139.96 \$35,859.60 <b>E PLAN</b> \$13,921.68 \$30,087.96 \$35,562.60 \$38,548.44 \$15,894.84 \$34,351.20 \$40,601.64 \$44,010.84 \$44,010.84 \$459.48	\$24,401.40 \$2,033.45 \$29,139.96 \$2,428.33 \$35,859.60 \$2,988.30 E PLAN \$13,921.68 \$1,160.14 \$30,087.96 \$2,507.33 \$35,562.60 \$2,963.55 \$38,548.44 \$3,212.37 \$15,894.84 \$1,324.57 \$34,351.20 \$2,862.60 \$40,601.64 \$3,383.47 \$44,010.84 \$3,667.57 \$34,351.20 \$279.48 \$23.29 \$459.48 \$38.29 \$588.60 \$49.05 \$858.48 \$71.54 \$381.12 \$31.76 \$625.68 \$52.14 \$802.32 \$66.86 \$1,169.64 \$97.47	\$24,401.40   \$2,033.45   \$23,181.33     \$29,139.96   \$2,428.33   \$27,682.96     \$35,859.60   \$2,988.30   \$34,066.62     EPLAN   90.00%     \$13,921.68   \$1,160.14   \$12,529.51     \$30,087.96   \$2,507.33   \$27,079.16     \$35,562.60   \$2,963.55   \$32,006.34     \$38,548.44   \$3,212.37   \$34,693.60     \$15,894.84   \$1,324.57   \$13,510.61     \$34,351.20   \$2,862.60   \$29,198.52     \$40,601.64   \$3,383.47   \$34,511.39     \$44,010.84   \$3,667.57   \$37,409.21     90.00%     \$279.48   \$23.29   \$251.53     \$459.48   \$38.29   \$413.53     \$588.60   \$44.05   \$529.74     \$858.48   \$71.54   \$772.63     90.00%   \$381.12   \$31.76   \$343.01     \$625.68   \$52.14   \$563.11     \$802.32   \$66.86   \$722.09     \$1,169.64   \$97.47   \$1,052.68     0.00%     \$393.96   \$7.83   \$0.00  <	\$12,446.64     \$1,037.22     \$11,824.31     \$622.33       \$24,401.40     \$2,033.45     \$23,181.33     \$1,220.07       \$29,139.96     \$2,428.33     \$27,682.96     \$1,457.00       \$35,859.60     \$2,988.30     \$34,066.62     \$1,792.98       \$EPLAN     90.00%     10.00%       \$13,921.68     \$1,160.14     \$12,529.51     \$1,392.17       \$30,087.96     \$2,507.33     \$27,079.16     \$3,008.80       \$35,562.60     \$2,963.55     \$32,006.34     \$3,556.26       \$38,548.44     \$3,212.37     \$34,693.60     \$3,854.84       \$15,894.84     \$1,324.57     \$13,510.61     \$2,384.23       \$34,351.20     \$2,862.60     \$29,198.52     \$5,152.68       \$40,601.64     \$3,383.47     \$34,511.39     \$6,6090.25       \$44,010.84     \$3,667.57     \$37,409.21     \$6,601.63       \$279.48     \$23.29     \$251.53     \$27.95       \$449.05     \$529.74     \$58.86     \$85.85       \$90.00%     \$10.00%     \$381.11     \$62.57       \$381.12     \$31.76<	

Premium deductions will begin in July 2025, or the month of retirement. The rates above and coverage will be effective as of July 1, 2025.

## **2025 - 2026 Medical and Dental Deductions Retired Employees**

## Rates for retirees hired or rehired on or after 7/1/2006 with 10 - 19 consecutive years of service. **Total Annual Retiree Monthly** Retiree % of **Retiree Monthly BOE % of** Plan Premium at 100% Premium **Annual Cost** Annual Cost **Premium** Medical Insurance Rates United Healthcare Medicare Advantage 30.00% 70.00% Retirees Medicare Eligible \$5,732.88 \$477.74 \$1,719.86 \$4,013.02 \$334.42 CAREFIRST BLUECHOICE HMO 31.67% 68.33% \$12,446.64 \$3,941.44 Individual \$1,037.22 \$8,505.20 \$708.77 Parent & Child \$24,401,40 \$2,033.45 \$7,727.11 \$16.674.29 \$1,389.52 Employee & Spouse \$29,139.96 \$2,428.33 \$9,227.65 \$19,912.31 \$1,659.36 \$35,859.60 Family \$2,988.30 \$11,355.54 \$24,504.06 \$2,042.01 **CAREFIRST PREFERRED PROVIDER CORE PLAN** 30.00% 70.00% \$812.10 Individual \$13,921.68 \$1,160.14 \$4,176.50 \$9,745.18 Parent & Child \$30.087.96 \$2,507.33 \$9.026.39 \$21.061.57 \$1,755.13 Employee & Spouse \$35,562.60 \$2,963.55 \$10,668.78 \$24,893.82 \$2,074.49 \$2,248.66 Family \$38,548.44 \$3,212.37 \$11,564.53 \$26.983.91 **CAREFIRST TRIPLE OPTION** 28.33% 71.67% \$15,894.84 \$949.28 Individual \$1,324.57 \$4,503.54 \$11,391.30 Parent & Child \$34,351.20 \$2,862.60 \$9,732.84 \$24,618.36 \$2,051.53 Employee & Spouse \$40,601.64 \$3,383.47 \$11,503.80 \$29,097.84 \$2,424.82 Family \$44,010.84 \$3,667.57 \$12,469.74 \$31,541.10 \$2,628.43 **Dental Insurance Rates CAREFIRST STANDARD** 30.00% 70.00% Individual \$279.48 \$83.84 \$195.64 \$16.30 \$23.29 \$137.84 Parent & Child \$459.48 \$38.29 \$321.64 \$26.80 Employee & Spouse \$588.60 \$176.58 \$412.02 \$34.34 \$49.05 \$858.48 \$50.08 Family \$71.54 \$257.54 \$600.94 CAREFIRST COMPREHENSIVE 70.00% 30.00% Individual \$381.12 \$31.76 \$114.34 \$266.78 \$22.23 Parent & Child \$625.68 \$52.14 \$187.70 \$437.98 \$36.50 Employee & Spouse \$802.32 \$66.86 \$240.70 \$561.62 \$46.80

Family \$1,169.64 \$97.47 \$350.89 \$818.75 \$68.23 Vision Insurance Rates **CAREFIRST BLUEVISION PLUS** 0.00% 100.00% \$4.23 \$4.23 Individual \$50.76 \$0.00 \$50.76 Parent & Child \$93.96 \$7.83 \$0.00 \$93.96 \$7.83 Employee & Spouse \$116.76 \$9.73 \$116.76 \$9.73 \$0.00 \$154.32 \$12.86 \$0.00 \$154.32 \$12.86 Family

Premium deductions will begin in July 2025, or the month of retirement. The rates above and coverage will be effective as of July 1, 2025.

## 2025 - 2026 Medical and Dental Deductions Retired Employees

Plan	Total Annual	Retiree Monthly	BOE % of	Retiree % of	Retiree Monthly	
Medical Insurance Rates	Premium	Premium at 100%	Annual Cost	Annual Cost	Premium	
United Healthcare Medicare Advantage			60.00%	40.00%		
Retirees Medicare Eligible	\$5,732.88	\$477.74	\$3,439.73	\$2,293.15	\$191.10	
<u> </u>						
CAREFIRST BLUECHOICE HMO			63.33% 36.67%			
Individual	\$12,446.64	\$1,037.22	\$7,882.87	\$4,563.77	\$380.31	
Parent & Child	\$24,401.40	\$2,033.45	\$15,454.22	\$8,947.18	\$745.60	
Employee & Spouse	\$29,139.96	\$2,428.33	\$18,455.31	\$10,684.65	\$890.39	
Family	\$35,859.60	\$2,988.30	\$22,711.08	\$13,148.52	\$1,095.71	
CAREFIRST PREFERRED PROVIDER CORE PLAN			60.00%	40.00%		
Individual	\$13,921.68	\$1,160.14	\$8,353.01	\$5,568.67	\$464.06	
Parent & Child	\$30,087.96	\$2,507.33	\$18,052.78	\$12,035.18	\$1,002.93	
Employee & Spouse	\$35,562.60	\$2,963.55	\$21,337.56	\$14,225.04	\$1,185.42	
Family	\$38,548.44	\$3,212.37	\$23,129.06	\$15,419.38	\$1,284.95	
CAREFIRST TRIPLE OPTION			56.67%	43.33%		
Individual	\$15,894.84	\$1,324.57	\$9,007.08	\$6,887.76	\$573.98	
Parent & Child	\$34,351.20	\$2,862.60	\$19,465.68	\$14,885.52	\$1,240.46	
Employee & Spouse	\$40,601.64	\$3,383.47	\$23,007.60	\$17,594.04	\$1,466.17	
Family	\$44,010.84	\$3,667.57	\$24,939.48	\$19,071.36	\$1,589.28	
Dental Insurance Rates						
CAREFIRST STANDARD			60.00%	40.00%		
Individual	\$279.48	\$23.29	\$167.69	\$111.79	\$9.32	
Parent & Child	\$459.48	\$38.29	\$275.69	\$183.79	\$15.32	
Employee & Spouse	\$588.60	\$49.05	\$353.16	\$235.44	\$19.62	
Family	\$858.48	\$71.54	\$515.09	\$343.39	\$28.62	
CAREFIRST COMPREHENSIVE			60.00%	40.00%		
Individual	\$381.12	\$31.76	\$228.67	\$152.45	\$12.70	
Parent & Child	\$625.68	\$52.14	\$375.41	\$250.27	\$20.86	
Employee & Spouse	\$802.32	\$66.86	\$481.39	\$320.93	\$26.74	
Family	\$1,169.64	\$97.47	\$701.78	\$467.86	\$38.99	
Vision Insurance Rates						
CAREFIRST BLUEVISION PLUS	<b>\$50.70</b>	<b>#4.00</b>	0.00%	100.00%	<b>.</b>	
Individual Parent & Child	\$50.76 \$93.96	\$4.23 \$7.83	\$0.00 \$0.00	\$50.76 \$93.96	\$4.23 \$7.83	
Employee & Spouse	\$93.96	\$9.73	\$0.00	\$93.96	\$9.73	
Family	\$154.32	\$12.86	\$0.00	\$154.32	\$12.86	

Premium deductions will begin in July 2025, or the month of retirement. The rates above and coverage will be effective as of July 1, 2025.