

FY26 Retiree Health Insurance Monthly Premiums								
July 1, 2025 to June 30, 2026								
		Total Prem.	20+ yrs	19 yrs	18 yrs	17 yrs	16 yrs.	15 yrs
Carrier	Level of Coverage	100.00%	33.30%	37%	42%	46%	50%	55%
<b>CareFirst BlueChoice Advantage</b>	Individual	\$ 1,222.68	\$407.15	\$452.39	\$513.53	\$562.43	\$611.34	\$672.47
<b>w/Rx and CF Vision</b>	Retiree + Child	\$ 2,124.26	\$707.38	\$785.98	\$892.19	\$977.16	\$1,062.13	\$1,168.34
	Retiree + Spouse	\$ 2,544.33	\$847.26	\$941.40	\$1,068.62	\$1,170.39	\$1,272.17	\$1,399.38
	Family	\$ 2,991.02	\$996.01	\$1,106.68	\$1,256.23	\$1,375.87	\$1,495.51	\$1,645.06
<b>CareFirst Medicare Supplemental w/Rx and CF Vision</b>	Individual	\$ 821.07	\$273.42	\$303.80	\$344.85	\$377.69	\$410.54	\$451.59
<b>CareFirst BlueChoice HMO Open Access</b>	Individual	\$ 852.95	\$284.03	\$315.59	\$358.24	\$392.36	\$426.48	\$469.12
<b>w/RX and CF Vision</b>	Retiree + Child	\$ 1,620.62	\$539.67	\$599.63	\$680.66	\$745.49	\$810.31	\$891.34
	Retiree + Spouse	\$ 1,961.80	\$653.28	\$725.87	\$823.96	\$902.43	\$980.90	\$1,078.99
	Family	\$ 2,515.10	\$837.53	\$930.59	\$1,056.34	\$1,156.95	\$1,257.55	\$1,383.31
<b>CareFirst BlueChoice HMO Open Access</b>	Individual	\$ 702.82	\$234.04	\$260.04	\$295.18	\$323.30	\$351.41	\$386.55
<b>w/RX - Over 65 and CF Vision</b>								
<b>CareFirst PPO Dental</b>	Individual	\$ 60.21	\$20.05	\$22.28	\$25.29	\$27.70	\$30.11	\$33.12
	Retiree + Child	\$ 91.96	\$30.62	\$34.03	\$38.62	\$42.30	\$45.98	\$50.58
	Retiree + Spouse	\$ 138.14	\$46.00	\$51.11	\$58.02	\$63.54	\$69.07	\$75.98
	Family	\$ 180.68	\$60.17	\$66.85	\$75.89	\$83.11	\$90.34	\$99.37
<b>CareFirst PPO Dental - Over 65</b>	Individual	\$ 55.57	\$18.50	\$20.56	\$23.34	\$25.56	\$27.79	\$30.56
<b>Delta Dental</b>	Individual	\$ 50.60	\$16.85	\$18.72	\$21.25	\$23.28	\$25.30	\$27.83
	Retiree + Child	\$ 80.39	\$26.77	\$29.74	\$33.76	\$36.98	\$40.20	\$44.21
	Retiree + Spouse	\$ 119.30	\$39.73	\$44.14	\$50.11	\$54.88	\$59.65	\$65.62
	Family	\$ 154.98	\$51.61	\$57.34	\$65.09	\$71.29	\$77.49	\$85.24
<b>Delta Dental - Over 65</b>	Individual	\$ 46.69	\$15.55	\$17.28	\$19.61	\$21.48	\$23.35	\$25.68
<b>CF Bluevision Plus</b>								
<b>(only applicable to those grandfathered retirees with ONLY Dental)</b>	Individual	\$ 5.30	\$1.76	\$1.96	\$2.23	\$2.44	\$2.65	\$2.92
	Retiree + Child	\$ 10.06	\$3.35	\$3.72	\$4.23	\$4.63	\$5.03	\$5.53
	Retiree + Spouse	\$ 12.16	\$4.05	\$4.50	\$5.11	\$5.59	\$6.08	\$6.69
	Family	\$ 15.86	\$5.28	\$5.87	\$6.66	\$7.30	\$7.93	\$8.72

FY26 Retiree Health Insurance Monthly Premiums								
July 1, 2025 to June 30, 2026								
		14 yrs	13 yrs	12 yrs	11 yrs	10 yrs	9 yrs	8 yrs
Carrier	Level of Coverage	59%	63%	67%	71%	75%	78%	81%
CareFirst BlueChoice Advantage	Individual	\$721.38	\$770.29	\$819.20	\$868.10	\$917.01	\$953.69	\$990.37
w/Rx and CF Vision	Retiree + Child	\$1,253.31	\$1,338.28	\$1,423.25	\$1,508.22	\$1,593.20	\$1,656.92	\$1,720.65
	Retiree + Spouse	\$1,501.15	\$1,602.93	\$1,704.70	\$1,806.47	\$1,908.25	\$1,984.58	\$2,060.91
	Family	\$1,764.70	\$1,884.34	\$2,003.98	\$2,123.62	\$2,243.27	\$2,333.00	\$2,422.73
CareFirst Medicare Supplemental w/Rx and CF Vision	Individual	\$484.43	\$517.27	\$550.12	\$582.96	\$615.80	\$640.43	\$665.07
CareFirst BlueChoice HMO Open Access	Individual	\$503.24	\$537.36	\$571.48	\$605.59	\$639.71	\$665.30	\$690.89
w/RX and CF Vision	Retiree + Child	\$956.17	\$1,020.99	\$1,085.82	\$1,150.64	\$1,215.47	\$1,264.08	\$1,312.70
	Retiree + Spouse	\$1,157.46	\$1,235.93	\$1,314.41	\$1,392.88	\$1,471.35	\$1,530.20	\$1,589.06
	Family	\$1,483.91	\$1,584.51	\$1,685.12	\$1,785.72	\$1,886.33	\$1,961.78	\$2,037.23
CareFirst BlueChoice HMO Open Access	Individual	\$414.66	\$442.78	\$470.89	\$499.00	\$527.12	\$548.20	\$569.28
w/RX - Over 65 and CF Vision								
CareFirst PPO Dental	Individual	\$35.52	\$37.93	\$40.34	\$42.75	\$45.16	\$46.96	\$48.77
	Retiree + Child	\$54.26	\$57.93	\$61.61	\$65.29	\$68.97	\$71.73	\$74.49
	Retiree + Spouse	\$81.50	\$87.03	\$92.55	\$98.08	\$103.61	\$107.75	\$111.89
	Family	\$106.60	\$113.83	\$121.06	\$128.28	\$135.51	\$140.93	\$146.35
CareFirst PPO Dental - Over 65	Individual	\$32.79	\$35.01	\$37.23	\$39.45	\$41.68	\$43.34	\$45.01
Delta Dental	Individual	\$29.85	\$31.88	\$33.90	\$35.93	\$37.95	\$39.47	\$40.99
	Retiree + Child	\$47.43	\$50.65	\$53.86	\$57.08	\$60.29	\$62.70	\$65.12
	Retiree + Spouse	\$70.39	\$75.16	\$79.93	\$84.70	\$89.48	\$93.05	\$96.63
	Family	\$91.44	\$97.64	\$103.84	\$110.04	\$116.24	\$120.88	\$125.53
Delta Dental - Over 65	Individual	\$27.55	\$29.41	\$31.28	\$33.15	\$35.02	\$36.42	\$37.82
CF Bluevision Plus								
(only applicable to those grandfathered retirees with ONLY Dental)	Individual	\$3.13	\$3.34	\$3.55	\$3.76	\$3.98	\$4.13	\$4.29
	Retiree + Child	\$5.94	\$6.34	\$6.74	\$7.14	\$7.55	\$7.85	\$8.15
	Retiree + Spouse	\$7.17	\$7.66	\$8.15	\$8.63	\$9.12	\$9.48	\$9.85
	Family	\$9.36	\$9.99	\$10.63	\$11.26	\$11.90	\$12.37	\$12.85

<b>FY26 Retiree Health Insurance Monthly Premiums</b>				
<b>July 1, 2025 to June 30, 2026</b>				
		<b>7 yrs</b>	<b>6 yrs</b>	<b>5 yrs</b>
<b>Carrier</b>	<b>Level of Coverage</b>	<b>84%</b>	<b>87%</b>	<b>90%</b>
<b>CareFirst BlueChoice Advantage</b>	Individual	\$1,027.05	\$1,063.73	\$1,100.41
<b>w/Rx and CF Vision</b>	Retiree + Child	\$1,784.38	\$1,848.11	\$1,911.83
	Retiree + Spouse	\$2,137.24	\$2,213.57	\$2,289.90
	Family	\$2,512.46	\$2,602.19	\$2,691.92
<b>CareFirst Medicare Supplemental w/Rx and CF Vision</b>	Individual	\$689.70	\$714.33	\$738.96
<b>CareFirst BlueChoice HMO Open Access</b>	Individual	\$716.48	\$742.07	\$767.66
<b>w/RX and CF Vision</b>	Retiree + Child	\$1,361.32	\$1,409.94	\$1,458.56
	Retiree + Spouse	\$1,647.91	\$1,706.77	\$1,765.62
	Family	\$2,112.68	\$2,188.14	\$2,263.59
<b>CareFirst BlueChoice HMO Open Access</b>	Individual	\$590.37	\$611.45	\$632.54
<b>w/RX - Over 65 and CF Vision</b>				
<b>CareFirst PPO Dental</b>	Individual	\$50.58	\$52.38	\$54.19
	Retiree + Child	\$77.25	\$80.01	\$82.76
	Retiree + Spouse	\$116.04	\$120.18	\$124.33
	Family	\$151.77	\$157.19	\$162.61
<b>CareFirst PPO Dental - Over 65</b>	Individual	\$46.68	\$48.35	\$50.01
<b>Delta Dental</b>	Individual	\$42.50	\$44.02	\$45.54
	Retiree + Child	\$67.53	\$69.94	\$72.35
	Retiree + Spouse	\$100.21	\$103.79	\$107.37
	Family	\$130.18	\$134.83	\$139.48
<b>Delta Dental - Over 65</b>	Individual	\$39.22	\$40.62	\$42.02
<b>CF Bluevision Plus</b>				
<b>(only applicable to those grandfathered retirees with ONLY Dental)</b>	Individual	\$4.45	\$4.61	\$4.77
	Retiree + Child	\$8.45	\$8.75	\$9.05
	Retiree + Spouse	\$10.21	\$10.58	\$10.94
	Family	\$13.32	\$13.80	\$14.27