

2027

Retiree Benefit Rate Schedules

EFFECTIVE JANUARY 1, 2027

MONTHLY BENEFIT RATES FOR:

- Non-Medicare-eligible retirees and their non-Medicare-eligible spouses/dependents
- Medicare-eligible retirees and their Medicare-eligible spouses/dependents
- Non-Medicare-eligible retirees and their Medicare-eligible spouses/dependents
- Medicare-eligible retirees and their non-Medicare-eligible spouses/dependents



Employee and Retiree Service Center ▪

45 W. Gude Drive, Suite 1200, Rockville, MD 20850

240-740-8100 ▪ www.montgomeryschoolsmd.org/departments/ersc





VALUES

*Learning
Respect
Relationships
Excellence
Equity*

VISION

Future Ready

All students will graduate ready to thrive in a changing world—with the knowledge, skills, and confidence necessary to lead, adapt, and make a positive impact in their communities and beyond.

MISSION

To Unleash Potential

All students will receive a solid academic foundation, grounded in strong critical thinking skills, with opportunities to enhance and enrich their learning. All students will develop resilience, be adaptable, and have a lifelong passion for learning. All students will become effective communicators and collaborators predicated on meaningful relationships. All students will make a positive impact in their community and be ready for success in their personal and professional life.

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2027

Retiree Benefit Rate Schedules

Effective January 1, 2027

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Monthly Rates for
Non-Medicare-Eligible Retirees
and their
Non-Medicare-Eligible Spouses/Dependents

Non-Medicare-Eligible Individuals Monthly Rate Schedule
100% Cost for Medical, Prescription, Dental, and Vision Coverage
 Retiree Cost = 100%

Effective January 1, 2027

Completed Neither Health Risk Assessment nor Biometric Health Screening

		Medical					Prescription			Dental/ Vision		
	Cigna Indemnity	Cigna OAP	Cigna OAP w/o Care Management	Cigna OAPIN	Cigna OAPIN w/o Care Management	Kaiser Permanente HMO	Caremark Prescription Option A	Caremark Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
Individual	1,082.74	990.21	990.21	957.20	957.20	807.26	472.02	249.48	102.50	40.33	21.87	1.16
2-PARTY	2,165.51	1,980.44	1,980.44	1,799.13	1,799.13	1,611.05	944.01	498.90	204.56	80.69	43.77	2.13
FAMILY	2,946.26	2,694.37	2,694.37	2,947.49	2,947.49	2,334.43	1,180.03	623.66	296.41	118.66	64.33	2.71

Non-Medicare-Eligible Individuals Monthly Rate Schedule
100% Cost for Medical, Prescription, Dental, and Vision Coverage
COBRA Retiree Cost = 102%
Effective January 1, 2027

		Medical					Prescription			Dental/ Vision		
	Cigna Indemnity	Cigna OAP	Cigna OAP w/o Care Management	Cigna OAPIN	Cigna OAPIN w/o Care Management	Kaiser Permanente HMO	Caremark Prescription Option A	Caremark Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
Individual	1,104.39	1,010.01	1,010.01	976.34	976.34	823.41	481.46	254.47	104.55	41.14	22.31	1.18
2-PARTY	2,208.82	2,020.05	2,020.05	1,835.11	1,835.11	1,643.27	962.89	508.88	208.65	82.30	44.65	2.17
FAMILY	3,005.19	2,748.26	2,748.26	3,006.44	3,006.44	2,381.12	1,203.63	636.13	302.34	121.03	65.62	2.76

Non-Medicare-Eligible Individuals Monthly Rate Schedule
Retiree Contribution for Medical, Prescription, Dental, Vision, and Life Coverage
Effective January 1, 2027
Completed Neither Health Risk Assessment nor Biometric Health Screening

Retiree Cost Sharing = 62% (Ten up to Fifteen Years of Active Employment)

Medical													Prescription			Dental/Vision							
Cigna Indemnity		Cigna OAP		Cigna OAP w/o Care Management		Cigna OAPIN		Cigna OAPIN w/o Care Management		Kaiser Permanente HMO		Caremark Prescription Option A		Caremark Prescription Option B		Kaiser Permanente Prescription		CareFirst Dental PPO		Aetna Dental DMO		Davis Vision	
Individual	671.30	613.93	683.24	593.46	660.47	500.50						292.65	154.68	63.55				25.00	13.56		0.72		
2-PARTY	1,342.62	1,227.87	1,366.50	1,115.46	1,241.40	998.85						585.28	309.32	126.83				50.02	27.14		1.32		
FAMILY	1,826.69	1,670.51	1,859.11	1,827.44	2,033.77	1,447.35						731.61	386.67	183.78				73.56	39.89		1.68		

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 10 up to 15 years of service	1.03

Retiree Cost Sharing = 52% (Fifteen up to Twenty Years of Active Employment)

Medical													Prescription			Dental/Vision							
Cigna Indemnity		Cigna OAP		Cigna OAP w/o Care Management		Cigna OAPIN		Cigna OAPIN w/o Care Management		Kaiser Permanente HMO		Caremark Prescription Option A		Caremark Prescription Option B		Kaiser Permanente Prescription		CareFirst Prescription PPO		Aetna Dental DMO		Davis Vision	
Individual	563.02	514.91	584.22	497.74	564.75	419.78						245.45	129.73	53.30					20.97	11.37	0.60		
2-PARTY	1,126.06	1,029.83	1,168.46	935.54	1,061.49	837.75						490.88	259.43	106.37					41.96	22.76	1.10		
FAMILY	1,532.05	1,401.07	1,589.68	1,532.69	1,739.02	1,213.91						613.61	324.31	154.13					61.70	33.45	1.40		

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 15 up to 20 years of service	0.86

Retiree Cost Sharing = 38% (Twenty or More Years of Active Employment)

		Medical				Prescription				Dental/Vision		
	Cigna Indemnity	Cigna OAP	Cigna OAP w/o Care Management	Cigna OAPIN	Cigna OAPIN w/o Care Management	Kaiser Permanente HMO	Caremark Prescription Option A	Caremark Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
Individual	411.44	376.28	445.59	363.74	430.74	306.76	179.37	94.80	38.95	15.33	8.31	0.44
2-FAMILY	822.89	752.57	891.19	683.67	809.61	612.20	358.73	189.58	77.73	30.67	16.63	0.81
FAMILY	1,119.58	1,023.86	1,212.46	1,120.05	1,326.37	887.08	448.42	236.99	112.63	45.10	24.44	1.03

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 20 or more years of service	0.63

Non-Medicare-Eligible Individuals Monthly Rate Schedule
Retiree Contribution for Medical, Prescription, Dental, Vision, and Life Coverage
Effective January 1, 2027
Completed Both Health Risk Assessment and Biometric Health Screening

Retiree Cost Sharing = 60% (Ten up to Fifteen Years of Active Employment)

Medical												Prescription			Dental/Vision	
Cigna Indemnity			Cigna OAP	Cigna OAP w/o Care Management	Cigna OAPIN	Cigna OAPIN w/o Care Management	Kaiser Permanente HMO	Caremark Prescription Option A	Caremark Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision			
Individual		649.64	594.13	663.44	574.32	641.32	484.36	283.21	149.69	61.50	24.20	13.12	0.70			
2-PARTY		1,299.30	1,188.27	1,326.89	1,079.48	1,205.41	966.63	566.40	299.34	122.74	48.42	26.26	1.28			
FAMILY		1,767.75	1,616.63	1,805.22	1,768.50	1,974.81	1,400.66	708.01	374.20	177.85	71.20	38.60	1.63			

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 10 up to 15 years of service	1.03

Retiree Cost Sharing = 50% (Fifteen up to Twenty Years of Active Employment)

Medical												Prescription		Dental/ Vision										
Cigna Indemnity			Cigna OAP		Cigna OAP w/o Care Management		Cigna OAPIN		Cigna OAPIN w/o Care Management		Kaiser Permanente HMO		Caremark Prescription Option A		Caremark Prescription Option B		Kaiser Permanente Prescription		CareFirst Dental PPO		Aetna Dental DMO		Davis Vision	
Individual			541.37	495.11	564.42	478.60	545.60	403.63			236.01	124.74	51.25	20.17	10.94	0.58								
2-PARTY			1,082.76	990.23	1,128.85	899.57	1,025.50	805.53			472.01	249.45	102.28	40.35	21.89	1.07								
FAMILY			1,473.14	1,347.20	1,535.79	1,473.75	1,680.07	1,167.22			590.02	311.83	148.21	59.34	32.17	1.36								

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 15 up to 20 years of service	0.86

Retiree Cost Sharing = 36% (Twenty or More Years of Active Employment)

Medical												Prescription			Dental/Vision	
Cigna Indemnity		Cigna OAP	Cigna OAP w/o Care Management	Cigna OAPIN	Cigna OAPIN w/o Care Management	Kaiser Permanente HMO	Caremark Prescription Option A	Caremark Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision				
Individual	389.79	356.48	425.79	344.59	411.60	290.61	169.93	89.81	36.90	14.52	7.87	0.42				
2-PARTY	779.59	712.96	851.59	647.68	773.63	579.97	339.85	179.60	73.64	29.05	15.75	0.77				
FAMILY	1,060.66	969.97	1,158.58	1,061.09	1,267.42	840.39	424.82	224.51	106.71	42.72	23.15	0.98				

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 20 or more years of service	0.63

Non-Medicare-Eligible Individuals Monthly Rate Schedule
Retiree Contribution for Medical, Prescription, Dental, Vision, and Life Coverage
Effective January 1, 2027
Completed Either Health Risk Assessment or Biometric Health Screening

Retiree Cost Sharing = 61% (Ten up to Fifteen Years of Active Employment)

Medical				Prescription				Dental/Vision				
Cigna Indemnity		Cigna OAP	Cigna OAP w/o Care Management	Cigna OAPIN	Cigna OAPIN w/o Care Management	Kaiser Permanente HMO	Caremark Prescription Option A	Caremark Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
Individual	660.47	604.03	673.34	583.89	650.90	492.43	287.93	152.18	62.53	24.60	13.34	0.71
2-PARTY	1,320.96	1,208.07	1,346.70	1,097.47	1,223.41	982.74	575.84	304.33	124.79	49.22	26.70	1.30
FAMILY	1,797.22	1,643.57	1,832.17	1,797.97	2,004.29	1,424.00	719.81	380.43	180.82	72.38	39.24	1.65

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 10 up to 15 years of service	1.03

Retiree Cost Sharing = 51% (Fifteen up to Twenty Years of Active Employment)

Medical												Prescription			Dental/Vision	
Cigna Indemnity		Cigna OAP	Cigna OAP w/o Care Management	Cigna OAPIN	Cigna OAPIN w/o Care Management	Kaiser Permanente HMO	Caremark Prescription Option A	Caremark Prescription Option B	Kaiser Permanente Prescription	CareFirst Prescription PPO	Aetna Dental DMO	Davis Vision				
Individual	552.20	505.01	574.32	488.17	555.18	411.70	240.73	127.23	52.28	20.57	11.15	0.59				
2-PARTY	1,104.41	1,010.03	1,148.65	917.55	1,043.50	821.63	481.44	254.43	104.33	41.15	22.32	1.08				
FAMILY	1,502.59	1,374.13	1,562.73	1,503.21	1,709.55	1,190.55	601.81	318.06	151.17	60.51	32.81	1.38				

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 15 up to 20 years of service	0.86

Retiree Cost Sharing = 37% (Twenty or More Years of Active Employment)

Medical												Prescription			Dental/Vision							
Cigna Indemnity			Cigna OAP		Cigna OAP w/o Care Management		Cigna OAPIN		Kaiser Permanente HMO		Caremark Prescription Option A		Caremark Prescription Option B		Kaiser Permanente Prescription		CareFirst Dental PPO		Aetna Dental DMO		Davis Vision	
Individual		400.61	366.38	435.69	354.16	421.17	298.69				174.65	92.31	37.93					14.92	8.09	0.43		
2-PARTY		801.23	732.77	871.39	685.67	791.62	596.09				349.29	184.60	75.69					29.85	16.19	0.79		
FAMILY		1,090.11	996.92	1,185.52	1,090.56	1,296.90	863.74				436.62	230.76	109.67					43.90	23.80	1.00		

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 20 or more years of service	0.63

Monthly Rates for
Medicare-Eligible Retirees
and their
Medicare-Eligible Spouses/Dependents

Medicare-Eligible Individuals Monthly Rate Schedule
100% Cost for Medical, Prescription, Dental, and Vision Coverage
 Retiree Cost = 100%
 Effective January 1, 2027

		Medical					Prescription			Dental/Vision		
	Cigna Medicare Supp	Cigna OAP	Cigna OAP w/o Care Management	Cigna OAPIN	Cigna OAPIN w/o Care Management	Kaiser Permanente HMO	SilverScript Prescription Option A	SilverScript Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
INDIVIDUAL Medicare	326.35	N/A	N/A	525.18	525.18	354.23	472.02	249.48	included in medical	40.33	21.87	1.16
2- PARTY Medicare	652.70	N/A	N/A	1,050.36	1,050.36	708.46	944.01	498.90		80.69	43.77	2.13
FAMILY Medicare	979.05	N/A	N/A	1,575.54	1,575.54	1,062.69	1,180.03	623.66		118.66	64.33	2.71

Medicare-Eligible Individuals Monthly Rate Schedule
100% Cost for Medical, Prescription, Dental, and Vision Coverage
COBRA Retiree Cost = 102%
Effective January 1, 2027

		Medical					Prescription			Dental/Vision		
	Cigna Medicare Supp	Cigna OAP	Cigna OAP w/o Care Management	Cigna OAPIN	Cigna OAPIN w/o Care Management	Kaiser Permanente HMO	SilverScript Prescription Option A	SilverScript Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
INDIVIDUAL Medicare	332.88	N/A	N/A	535.68	535.68	361.31	481.46	254.47	included in medical	41.14	22.31	1.18
2- PARTY Medicare	665.75	N/A	N/A	1,071.37	1,071.37	722.63	962.89	508.88		82.30	44.65	2.17
FAMILY Medicare	998.63	N/A	N/A	1,607.05	1,607.05	1,083.94	1,203.63	636.13		121.03	65.62	2.76

Medicare-Eligible Individuals Monthly Rate Schedule
Retiree Contribution for Medical, Prescription, Dental, Vision, and Life Coverage
Effective January 1, 2027

Retiree Cost Sharing = 62% (Ten up to Fifteen Years of Active Employment)

	Medical					Prescription				Dental/ Vision		
	Cigna Medicare Supp	Cigna OAP	Cigna OAP w/o Care Management	Cigna OAPIN	Cigna OAPIN w/o Care Management	Kaiser Permanente HMO	SilverScript Prescription Option A	SilverScript Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
INDIVIDUAL Medicare	202.34	N/A	N/A	325.61	362.37	219.62	292.65	154.68	included in medical	25.00	13.56	0.72
2- PARTY Medicare	404.68	N/A	N/A	651.22	724.74	439.24	585.28	309.32		50.02	27.14	1.32
FAMILY Medicare	607.02	N/A	N/A	976.83	1,087.11	658.86	731.61	386.67		73.56	39.89	1.68

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 10 up to 15 years of service	1.03

Retiree Cost Sharing = 52% (Fifteen up to Twenty Years of Active Employment)

	Medical						Prescription			Dental/ Vision		
	Cigna Medicare Supp	Cigna OAP	Cigna OAP w/o Care Management	Cigna OAPIN	Cigna OAPIN w/o Care Management	Kaiser Permanente HMO	SilverScript Prescription Option A	SilverScript Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
INDIVIDUAL	169.70	N/A	N/A	273.09	309.86	184.20	245.45	129.73	included in medical	20.97	11.37	0.60
2- PARTY	339.40	N/A	N/A	546.18	619.72	368.40	490.88	259.43		41.96	22.76	1.10
FAMILY	509.10	N/A	N/A	819.27	929.58	552.60	613.61	324.31		61.70	33.45	1.40

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 15 up to 20 years of service	0.86

Retiree Cost Sharing = 38% (Twenty or More Years of Active Employment)

	Medical						Prescription			Dental/ Vision		
	Cigna Medicare Supp	Cigna OAP	Cigna OAP w/o Care Management	Cigna OAPIN	Cigna OAPIN w/o Care Management	Kaiser Permanente HMO	SilverScript Prescription Option A	SilverScript Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
INDIVIDUAL	124.01	N/A	N/A	199.57	236.33	134.61	179.37	94.80	included in medical	15.33	8.31	0.44
2- PARTY	248.02	N/A	N/A	399.14	472.66	269.22	358.73	189.58		30.67	16.63	0.81
FAMILY	372.03	N/A	N/A	598.71	708.99	403.83	448.42	236.99		45.10	24.44	1.03

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 20 or more years of service	0.63

Monthly Rates for

Medicare-Eligible Retirees and their
Non-Medicare-Eligible Spouses/Dependents
and

Non-Medicare-Eligible Retirees and their
Medicare-Eligible Spouses/Dependents

Split-Family Monthly Rate Schedule
100% Cost for Medical, Prescription, Dental, and Vision Coverage
 Retiree Cost = 100%
 Effective January 1, 2027
 Completed Neither Health Risk Assessment nor Biometric Health Screening

	2- PARTY Retiree Medicare Spouse Non- Medicare	2- PARTY Retiree Non- Medicare Spouse/Child Medicare	2- PARTY Retiree Medicare Spouse Medicare Dependent Non- Medicare	FAMILY Retiree Medicare, Spouse Non- Medicare, Dependent Non- Medicare	FAMILY Retiree Medicare, Spouse Non- Medicare, Dependent Non- Medicare	FAMILY Retiree Medicare, Spouse Non- Medicare, Dependent Non- Medicare	FAMILY Retiree Medicare, Spouse Non- Medicare, Dependent Non- Medicare	FAMILY Retiree Non- Medicare, Spouse Non- Medicare, Dependent Non- Medicare	FAMILY Retiree Non- Medicare, Spouse Non- Medicare, Dependent Non- Medicare
Medical									
Cigna Indemnity/Medicare Supp	1,409.09	1,409.09	1,409.09	1,735.44	1,735.44	1,735.44	2,491.86	2,491.86	2,491.86
Cigna OAP	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Cigna OAP w/o Care Management	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Cigna OAPIN	1,482.38	1,482.38	1,482.38	2,007.56	2,007.56	2,007.56	2,324.31	2,324.31	2,324.31
Cigna OAPIN w/o Care Management	1,482.38	1,482.38	1,482.38	2,007.56	2,007.56	2,007.56	2,324.31	2,324.31	2,324.31
Kaiser Permanente HMO	1,161.49	1,161.49	1,161.49	1,515.72	1,515.72	1,515.72	1,965.28	1,965.28	1,965.28

Prescription Drugs, Dental, and Vision

Caremark/SilverScript Option A	944.01	944.01	944.01	1,180.03	1,180.03	1,180.03	1,180.03	1,180.03	1,180.03
Caremark/SilverScript Option B	498.90	498.90	498.90	623.66	623.66	623.66	623.66	623.66	623.66
Kaiser Permanente Prescription	102.50	102.50	102.50	102.50	102.50	102.50	204.56	204.56	204.56
CareFirst Dental PPO	80.69	80.69	80.69	118.66	118.66	118.66	118.66	118.66	118.66
Aetna Dental DMO	43.77	43.77	43.77	64.33	64.33	64.33	64.33	64.33	64.33
Davis Vision	2.13	2.13	2.13	2.71	2.71	2.71	2.71	2.71	2.71

Split-Family Monthly Rate Schedule
100% Cost for Medical, Prescription, Dental, and Vision Coverage
COBRA Retiree Cost = 102%
Effective January 1, 2027

	2- PARTY Retiree Medicare Spouse Non- Medicare	2- PARTY Retiree Non- Medicare Spouse/Child Medicare	2- PARTY Retiree Medicare Spouse Medicare Dependent Non- Medicare	FAMILY Retiree Medicare, Spouse Medicare, Dependent Non- Medicare	FAMILY Retiree Medicare, Spouse Non- Medicare, Dependent Medicare	FAMILY Retiree Medicare, Spouse Non- Medicare, Dependent Non- Medicare	FAMILY Retiree Medicare, Spouse Non- Medicare, Dependent Non- Medicare	FAMILY Retiree Medicare, Spouse Non- Medicare, Dependent Non- Medicare	FAMILY Retiree Non- Medicare, Spouse Non- Medicare, Dependent Medicare	FAMILY Retiree Non- Medicare, Spouse Non- Medicare, Dependent Medicare	
Medical											
Cigna Indemnity/Medicare Supp	1,437.27	1,437.27	1,437.27	1,770.15	1,770.15	1,770.15	1,770.15	2,541.70	2,541.70	2,541.70	2,541.70
Cigna OAP	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Cigna OAP w/o Care Management	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Cigna OAPIN	1,512.03	1,512.03	1,512.03	2,047.71	2,047.71	2,047.71	2,047.71	2,370.80	2,370.80	2,370.80	2,370.80
Cigna OAPIN w/o Care Management	1,512.03	1,512.03	1,512.03	2,047.71	2,047.71	2,047.71	2,047.71	2,370.80	2,370.80	2,370.80	2,370.80
Kaiser Permanente HMO	1,184.72	1,184.72	1,184.72	1,546.03	1,546.03	1,546.03	1,546.03	2,004.59	2,004.59	2,004.59	2,004.59

Prescription Drugs, Dental, and Vision

Caremark/SilverScript Option A	962.89	962.89	962.89	1,203.63	1,203.63	1,203.63	1,203.63	1,203.63	1,203.63	1,203.63	1,203.63
Caremark/SilverScript Option B	508.88	508.88	508.88	636.13	636.13	636.13	636.13	636.13	636.13	636.13	636.13
Kaiser Permanente Prescription	104.55	104.55	104.55	104.55	104.55	104.55	104.55	208.65	208.65	208.65	208.65
CareFirst Dental PPO	82.30	82.30	82.30	121.03	121.03	121.03	121.03	121.03	121.03	121.03	121.03
Aetna Dental DMO	44.65	44.65	44.65	65.62	65.62	65.62	65.62	65.62	65.62	65.62	65.62
Davis Vision	2.17	2.17	2.17	2.76	2.76	2.76	2.76	2.76	2.76	2.76	2.76

Split-Family Monthly Rate Schedule
Retiree Contribution for Medical, Prescription, Dental, Vision, and Life Coverage
Ten up to Fifteen Years of Active Employment
Medicare-Eligible Individuals Cost Sharing = 62%
Non-Medicare-Eligible Individuals Cost Sharing = 62%

Effective January 1, 2027
Retiree Completed Neither Health Risk Assessment nor Biometric Health Screening*

	2- PARTY Retiree Spouse Non- Medicare	2- PARTY Retiree Non- Medicare	2- PARTY Retiree Non- Medicare Spouse/Child Medicare	FAMILY Retiree Medicare, Spouse Medicare, Dependent Medicare	FAMILY Retiree Medicare, Spouse Medicare, Dependent Medicare	FAMILY Retiree Medicare, Spouse Medicare, Dependent Medicare	FAMILY Retiree Medicare, Spouse Medicare, Dependent Medicare	FAMILY Retiree Medicare, Spouse Medicare, Dependent Medicare	FAMILY Retiree Medicare, Spouse Medicare, Dependent Medicare	FAMILY Retiree Non- Medicare, Spouse Non- Medicare, Dependent Medicare	FAMILY Retiree Non- Medicare, Spouse Non- Medicare, Dependent Medicare
Medical											
Cigna Indemnity/Medicare Supp	873.64	873.64	873.64	1,075.98	1,075.98	1,075.98	1,075.98	1,075.98	1,075.98	1,544.96	1,544.96
Cigna OAP	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Cigna OAP w/o Care Management	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Cigna OAPIN	919.07	919.07	919.07	1,244.68	1,244.68	1,244.68	1,244.68	1,244.68	1,244.68	1,441.07	1,441.07
Cigna OAPIN w/o Care Management	1,022.84	1,022.84	1,022.84	1,385.21	1,385.21	1,385.21	1,385.21	1,385.21	1,385.21	1,603.77	1,603.77
Kaiser Permanente HMO	720.12	720.12	720.12	939.74	939.74	939.74	939.74	939.74	939.74	1,218.47	1,218.47

Prescription Drugs, Dental, and Vision

Caremark/SilverScript Option A	585.28	585.28	585.28	731.61	731.61	731.61	731.61	731.61	731.61	731.61	731.61
Caremark/SilverScript Option B	309.32	309.32	309.32	386.67	386.67	386.67	386.67	386.67	386.67	386.67	386.67
Kaiser Permanente Prescription	63.55	63.55	63.55	63.55	63.55	63.55	63.55	63.55	63.55	126.83	126.83
CareFirst Dental PPO	50.02	50.02	50.02	73.56	73.56	73.56	73.56	73.56	73.56	73.56	73.56
Aetna Dental DMO	27.14	27.14	27.14	39.89	39.89	39.89	39.89	39.89	39.89	39.89	39.89
Davis Vision	1.32	1.32	1.32	1.68	1.68	1.68	1.68	1.68	1.68	1.68	1.68

*Health Risk Assessment and Biometric Health Screening credits only apply to non-Medicare retiree.

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 10 up to 15 years of service	1.03

Split-Family Monthly Rate Schedule
Retiree Contribution for Medical, Prescription, Dental, Vision, and Life Coverage
Ten up to Fifteen Years of Active Employment
Medicare-Eligible Individuals Cost Sharing = 62%
Non-Medicare-Eligible Individuals Cost Sharing = 60%

Effective January 1, 2027

Retiree Completed Both Health Risk Assessment and Biometric Health Screening*

	2- PARTY Retiree Spouse Non- Medicare	2- PARTY Retiree Non- Medicare	2- PARTY Retiree Non- Medicare Spouse/Child Medicare	FAMILY Retiree Medicare, Spouse Medicare, Dependent Medicare	FAMILY Retiree Medicare, Spouse Medicare, Dependent Medicare	FAMILY Retiree Medicare, Spouse Medicare, Dependent Medicare	FAMILY Retiree Medicare, Spouse Medicare, Dependent Medicare	FAMILY Retiree Medicare, Spouse Medicare, Dependent Medicare	FAMILY Retiree Medicare, Spouse Medicare, Dependent Medicare	FAMILY Retiree Medicare, Spouse Medicare, Dependent Medicare	FAMILY Retiree Non- Medicare, Spouse Non- Medicare, Dependent Medicare	FAMILY Retiree Non- Medicare, Spouse Non- Medicare, Dependent Medicare
Medical												
Cigna Indemnity/Medicare Supp	873.64	851.98	873.64	1,075.98	1,075.98	1,075.98	1,075.98	1,075.98	1,075.98	1,075.98	1,544.96	1,501.64
Cigna OAP	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Cigna OAP w/o Care Management	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Cigna OAPIN	919.07	899.93	919.07	1,244.68	1,244.68	1,244.68	1,244.68	1,244.68	1,244.68	1,244.68	1,441.07	1,405.09
Cigna OAPIN w/o Care Management	1,003.69	1,003.69	1,022.84	1,385.21	1,366.06	1,385.21	1,385.21	1,385.21	1,385.21	1,385.21	1,584.62	1,567.78
Kaiser Permanente HMO	720.12	703.98	720.12	939.74	939.74	939.74	939.74	939.74	939.74	939.74	1,218.47	1,186.25

Prescription Drugs, Dental, and Vision

Caremark/SilverScript Option A	585.28	575.84	585.28	731.61	731.61	731.61	731.61	731.61	731.61	731.61	712.73	712.73
Caremark/SilverScript Option B	309.32	304.33	309.32	386.67	386.67	386.67	386.67	386.67	386.67	386.67	376.69	376.69
Kaiser Permanente Prescription	63.55	61.50	63.55	63.55	63.55	63.55	63.55	63.55	63.55	63.55	122.74	122.74
CareFirst Dental PPO	50.02	49.22	50.02	73.56	73.56	73.56	73.56	73.56	73.56	73.56	71.96	71.96
Aetna Dental DMO	27.14	26.70	27.14	39.89	39.89	39.89	39.89	39.89	39.89	39.89	39.01	39.01
Davis Vision	1.32	1.30	1.32	1.68	1.68	1.68	1.68	1.68	1.68	1.68	1.64	1.64

*Health Risk Assessment and Biometric Health Screening credits only apply to non-Medicare retiree.

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 10 up to 15 years of service	1.03

Split-Family Monthly Rate Schedule
Retiree Contribution for Medical, Prescription, Dental, Vision, and Life Coverage
Ten up to Fifteen Years of Active Employment
Medicare-Eligible Individuals Cost Sharing = 62%
Non-Medicare-Eligible Individuals Cost Sharing = 61%

Effective January 1, 2027

Retiree Completed Either Health Risk Assessment or Biometric Health Screening*

	2- PARTY Retiree Spouse Non- Medicare	2- PARTY Retiree Non- Medicare	2- PARTY Retiree Non- Medicare Spouse/Child Medicare	2- PARTY Retiree Medicare Spouse Medicare Dependent Non- Medicare	FAMILY Retiree Medicare, Spouse Non- Medicare, Dependent Medicare	FAMILY Retiree Medicare, Dependent Medicare, Dependent Non- Medicare	FAMILY Retiree Medicare, Dependent Medicare, Dependent Non- Medicare	FAMILY Retiree Medicare, Spouse Non- Medicare, Dependent Non- Medicare	FAMILY Retiree Medicare, Spouse Non- Medicare, Dependent Non- Medicare	FAMILY Retiree Non- Medicare, Spouse Non- Medicare, Dependent Medicare	FAMILY Retiree Non- Medicare, Spouse Medicare, Dependent Non- Medicare
Medical											
Cigna Indemnity/Medicare Supp	873.64	862.81	873.64	1,075.98	1,075.98	1,075.98	1,544.96	1,544.96	1,544.96	1,523.30	1,523.30
Cigna OAP	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Cigna OAP w/o Care Management	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Cigna OAPIN	919.07	909.50	919.07	1,244.68	1,244.68	1,244.68	1,441.07	1,441.07	1,441.07	1,423.08	1,423.08
Cigna OAPIN w/o Care Management	1,013.27	1,013.27	1,022.84	1,385.21	1,375.64	1,385.21	1,603.77	1,594.20	1,585.78	1,585.78	1,585.78
Kaiser Permanente HMO	720.12	712.05	720.12	939.74	939.74	939.74	1,218.47	1,218.47	1,218.47	1,202.36	1,202.36

Prescription Drugs, Dental, and Vision

Caremark/SilverScript Option A	585.28	580.56	585.28	731.61	731.61	731.61	731.61	731.61	731.61	722.17	722.17
Caremark/SilverScript Option B	309.32	306.82	309.32	386.67	386.67	386.67	386.67	386.67	386.67	381.68	381.68
Kaiser Permanente Prescription	63.55	62.53	63.55	63.55	63.55	63.55	126.83	126.83	126.83	124.79	124.79
CareFirst Dental PPO	50.02	49.62	50.02	73.56	73.56	73.56	73.56	73.56	73.56	72.76	72.76
Aetna Dental DMO	27.14	26.92	27.14	39.89	39.89	39.89	39.89	39.89	39.89	39.45	39.45
Davis Vision	1.32	1.31	1.32	1.68	1.68	1.68	1.68	1.68	1.68	1.66	1.66

*Health Risk Assessment and Biometric Health Screening credits only apply to non-Medicare retiree.

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 10 up to 15 years of service	1.03

Split-Family Monthly Rate Schedule
Retiree Contribution for Medical, Prescription, Dental, Vision, and Life Coverage
Fifteen up to Twenty Years of Active Employment
Medicare-Eligible Individuals Cost Sharing = 52%
Non-Medicare-Eligible Individuals Cost Sharing = 52%

Effective January 1, 2027
Retiree Completed Neither Health Risk Assessment nor Biometric Health Screening*

	2- PARTY Retiree Spouse Non- Medicare	2- PARTY Retiree Non- Medicare Spouse/Child Medicare	2- PARTY Retiree Medicare Spouse Medicare Dependent Non- Medicare	FAMILY Retiree Medicare, Spouse Non- Medicare, Dependent Non- Medicare	FAMILY Retiree Medicare, Spouse Non- Medicare, Dependent Non- Medicare	FAMILY Retiree Medicare, Spouse Non- Medicare, Dependent Non- Medicare	FAMILY Retiree Medicare, Spouse Non- Medicare, Dependent Non- Medicare	FAMILY Retiree Medicare, Spouse Non- Medicare, Dependent Non- Medicare	FAMILY Retiree Non- Medicare, Spouse Non- Medicare, Dependent Medicare	FAMILY Retiree Non- Medicare, Spouse Non- Medicare, Dependent Non- Medicare
Medical										
Cigna Indemnity/Medicare Supp	732.72	732.72	732.72	902.42	902.42	902.42	1,295.76	1,295.76	1,295.76	1,295.76
Cigna OAP	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Cigna OAP w/o Care Management	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Cigna OAPIN	770.83	770.83	770.83	1,043.92	1,043.92	1,043.92	1,208.63	1,208.63	1,208.63	1,208.63
Cigna OAPIN w/o Care Management	874.61	874.61	874.61	1,184.47	1,184.47	1,184.47	1,371.35	1,371.35	1,371.35	1,371.35
Kaiser Permanente HMO	603.98	603.98	603.98	788.18	788.18	788.18	1,021.95	1,021.95	1,021.95	1,021.95

Prescription Drugs, Dental, and Vision

Caremark/SilverScript Option A	490.88	490.88	490.88	613.61	613.61	613.61	613.61	613.61	613.61	613.61
Caremark/SilverScript Option B	259.43	259.43	259.43	324.31	324.31	324.31	324.31	324.31	324.31	324.31
Kaiser Permanente Prescription	53.30	53.30	53.30	53.30	53.30	53.30	106.37	106.37	106.37	106.37
CareFirst Dental PPO	41.96	41.96	41.96	61.70	61.70	61.70	61.70	61.70	61.70	61.70
Aetna Dental DMO	22.76	22.76	22.76	33.45	33.45	33.45	33.45	33.45	33.45	33.45
Davis Vision	1.10	1.10	1.10	1.40	1.40	1.40	1.40	1.40	1.40	1.40

*Health Risk Assessment and Biometric Health Screening credits only apply to non-Medicare retiree.

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 15 up to 20 years of service	0.86

Split-Family Monthly Rate Schedule
Retiree Contribution for Medical, Prescription, Dental, Vision, and Life Coverage
Fifteen up to Twenty Years of Active Employment
Medicare-Eligible Individuals Cost Sharing = 52%
Non-Medicare-Eligible Individuals Cost Sharing = 50%

Effective January 1, 2027
Retiree Completed Both Health Risk Assessment and Biometric Health Screening*

	2- PARTY Retiree Spouse Non- Medicare	2- PARTY Retiree Non- Medicare Spouse/Child Medicare	2- PARTY Retiree Medicare Dependent Non- Medicare	FAMILY				FAMILY				FAMILY Retiree Non- Medicare, Spouse Non- Medicare, Dependent Non- Medicare	FAMILY Retiree Non- Medicare, Spouse Non- Medicare, Dependent Non- Medicare	FAMILY Retiree Non- Medicare, Spouse Non- Medicare, Dependent Non- Medicare
				Retiree Medicare, Spouse Medicare, Dependent Non- Medicare	Retiree Medicare, Spouse Medicare, Dependent Non- Medicare	Retiree Medicare, Spouse Medicare, Dependent Non- Medicare	Retiree Medicare, Spouse Medicare, Dependent Non- Medicare	Retiree Medicare, Spouse Medicare, Dependent Non- Medicare	Retiree Medicare, Spouse Medicare, Dependent Non- Medicare	Retiree Medicare, Spouse Medicare, Dependent Non- Medicare	Retiree Medicare, Spouse Medicare, Dependent Non- Medicare			
Medical														
Cigna Indemnity/Medicare Supp	732.72	711.07	732.72	902.42	902.42	902.42	1,295.76	1,295.76	1,295.76	1,252.46	1,252.46	1,252.46		
Cigna OAP	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Cigna OAP w/o Care Management	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Cigna OAPIN	770.83	751.69	770.83	1,043.92	1,043.92	1,043.92	1,208.63	1,208.63	1,208.63	1,172.66	1,172.66	1,172.66		
Cigna OAPIN w/o Care Management	855.46	855.46	874.61	1,184.47	1,165.32	1,184.47	1,352.20	1,371.35	1,352.20	1,335.36	1,335.36	1,335.36		
Kaiser Permanente HMO	603.98	587.83	603.98	788.18	788.18	788.18	1,021.95	1,021.95	1,021.95	989.73	989.73	989.73		

Prescription Drugs, Dental, and Vision

Caremark/SilverScript Option A	490.88	481.44	490.88	613.61	613.61	613.61	613.61	613.61	613.61	594.74	594.74	594.74		
Caremark/SilverScript Option B	259.43	254.44	259.43	324.31	324.31	324.31	324.31	324.31	324.31	314.33	314.33	314.33		
Kaiser Permanente Prescription	53.30	51.25	53.30	53.30	53.30	53.30	106.37	106.37	106.37	102.28	102.28	102.28		
CareFirst Dental PPO	41.96	41.16	41.96	61.70	61.70	61.70	61.70	61.70	61.70	60.09	60.09	60.09		
Aetna Dental DMO	22.76	22.33	22.76	33.45	33.45	33.45	33.45	33.45	33.45	32.58	32.58	32.58		
Davis Vision	1.10	1.08	1.10	1.40	1.40	1.40	1.40	1.40	1.40	1.37	1.37	1.37		

*Health Risk Assessment and Biometric Health Screening credits only apply to non-Medicare retiree.

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 15 up to 20 years of service	0.86

Effective January 1, 2027

Retiree Completed Either Health Risk Assessment or Biometric Health Screening*

Prescription Drugs, Dental, and Vision

*Health Risk Assessment and Biometric Health Screening credits only apply to non-Medicare retiree.

Cost Per \$1,000		Monthly per \$1,000
Retirees with 15 up to 20 years of service		0.86

Split-Family Monthly Rate Schedule
Retiree Contribution for Medical, Prescription, Dental, Vision, and Life Coverage
Twenty or More Years of Active Employment
Medicare-Eligible Individuals Cost Sharing = 38%
Non-Medicare-Eligible Individuals Cost Sharing = 38%

Effective January 1, 2027
Retiree Completed Neither Health Risk Assessment Nor Biometric Health Screening*

	2- PARTY Retiree Spouse Non- Medicare	2- PARTY Retiree Non- Medicare Spouse/Child Medicare	2- PARTY Retiree Medicare, Spouse Medicare, Dependent Non- Medicare	FAMILY Retiree Medicare, Spouse Non- Medicare, Dependent Non- Medicare	FAMILY Retiree Medicare, Spouse Non- Medicare, Dependent Non- Medicare	FAMILY Retiree Medicare, Spouse Non- Medicare, Dependent Non- Medicare	FAMILY Retiree Medicare, Spouse Non- Medicare, Dependent Non- Medicare	FAMILY Retiree Medicare, Spouse Non- Medicare, Dependent Non- Medicare	FAMILY Retiree Non- Medicare, Spouse Non- Medicare, Dependent Medicare	FAMILY Retiree Non- Medicare, Spouse Non- Medicare, Dependent Non- Medicare
Medical										
Cigna Indemnity/Medicare Supp	535.45	535.45	535.45	659.46	659.46	946.90	946.90	946.90	946.90	946.90
Cigna OAP	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Cigna OAP w/o Care Management	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Cigna OAPIN	563.31	563.31	563.31	762.88	762.88	883.24	883.24	883.24	883.24	883.24
Cigna OAPIN w/o Care Management	667.07	667.07	667.07	903.40	903.40	1,045.94	1,045.94	1,045.94	1,045.94	1,045.94
Kaiser Permanente HMO	441.37	441.37	441.37	575.98	575.98	746.81	746.81	746.81	746.81	746.81

Prescription Drugs, Dental, and Vision

Caremark/SilverScript Option A	358.73	358.73	358.73	448.42	448.42	448.42	448.42	448.42	448.42	448.42
Caremark/SilverScript Option B	189.58	189.58	189.58	236.99	236.99	236.99	236.99	236.99	236.99	236.99
Kaiser Permanente Prescription	38.95	38.95	38.95	38.95	38.95	77.73	77.73	77.73	77.73	77.73
CareFirst Dental PPO	30.67	30.67	30.67	45.10	45.10	45.10	45.10	45.10	45.10	45.10
Aetna Dental DMO	16.63	16.63	16.63	24.44	24.44	24.44	24.44	24.44	24.44	24.44
Davis Vision	0.81	0.81	0.81	1.03	1.03	1.03	1.03	1.03	1.03	1.03

*Health Risk Assessment and Biometric Health Screening credits only apply to non-Medicare retiree.

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 20 or more years of service	0.63

Split-Family Monthly Rate Schedule
Retiree Contribution for Medical, Prescription, Dental, Vision, and Life Coverage
Twenty or More Years of Active Employment
Medicare-Eligible Individuals Cost Sharing = 38%
Non-Medicare-Eligible Individuals Cost Sharing = 36%

Effective January 1, 2027
Retiree Completed Both Health Risk Assessment and Biometric Health Screening*

	2- PARTY Retiree Spouse Non- Medicare	2- PARTY Retiree Non- Medicare Spouse/Child Medicare	2- PARTY Retiree Medicare Dependent Non- Medicare	FAMILY				FAMILY				FAMILY Retiree Non- Medicare, Spouse Non- Medicare, Dependent Non- Medicare	FAMILY Retiree Non- Medicare, Spouse Non- Medicare, Dependent Non- Medicare	FAMILY Retiree Non- Medicare, Spouse Non- Medicare, Dependent Non- Medicare
				Retiree Medicare, Spouse Medicare, Dependent Medicare	Retiree Medicare, Spouse Medicare, Dependent Medicare	Retiree Medicare, Spouse Medicare, Dependent Medicare	Retiree Medicare, Spouse Medicare, Dependent Medicare	Retiree Medicare, Spouse Medicare, Dependent Medicare	Retiree Medicare, Spouse Medicare, Dependent Medicare	Retiree Medicare, Spouse Medicare, Dependent Medicare	Retiree Medicare, Spouse Medicare, Dependent Medicare			
Medical														
Cigna Indemnity/Medicare Supp	535.45	513.80	535.45	659.46	659.46	659.46	659.46	946.90	946.90	946.90	946.90	903.60	903.60	903.60
Cigna OAP	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Cigna OAP w/o Care Management	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Cigna OAPIN	563.31	544.16	563.31	762.88	762.88	762.88	762.88	883.24	883.24	883.24	883.24	847.25	847.25	847.25
Cigna OAPIN w/o Care Management	647.93	647.93	667.07	903.40	884.26	903.40	903.40	1,045.94	1,045.94	1,026.80	1,026.80	1,009.96	1,009.96	1,009.96
Kaiser Permanente HMO	441.37	425.22	441.37	575.98	575.98	575.98	575.98	746.81	746.81	746.81	746.81	714.58	714.58	714.58

Prescription Drugs, Dental, and Vision

Caremark/SilverScript Option A	358.73	349.29	358.73	448.42	448.42	448.42	448.42	448.42	448.42	448.42	448.42	429.54	429.54	429.54
Caremark/SilverScript Option B	189.58	184.59	189.58	236.99	236.99	236.99	236.99	236.99	236.99	236.99	236.99	227.01	227.01	227.01
Kaiser Permanente Prescription	38.95	36.90	38.95	38.95	38.95	38.95	38.95	77.73	77.73	77.73	77.73	73.64	73.64	73.64
CareFirst Dental PPO	30.67	29.86	30.67	45.10	45.10	45.10	45.10	45.10	45.10	45.10	45.10	43.48	43.48	43.48
Aetna Dental DMO	16.63	16.19	16.63	24.44	24.44	24.44	24.44	24.44	24.44	24.44	24.44	23.56	23.56	23.56
Davis Vision	0.81	0.79	0.81	1.03	1.03	1.03	1.03	1.03	1.03	1.03	1.03	0.99	0.99	0.99

*Health Risk Assessment and Biometric Health Screening credits only apply to non-Medicare retiree.

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 20 or more years of service	0.63

Split-Family Monthly Rate Schedule
Retiree Contribution for Medical, Prescription, Dental, Vision, and Life Coverage
Twenty or More Years of Active Employment
Medicare-Eligible Individuals Cost Sharing = 38%
Non-Medicare-Eligible Individuals Cost Sharing = 37%

Effective January 1, 2027
Retiree Completed Either Health Risk Assessment or Biometric Health Screening*

	2- PARTY Retiree Spouse Non- Medicare	2- PARTY Retiree Non- Medicare Spouse/Child Medicare	2- PARTY Retiree Medicare Dependent Non- Medicare	FAMILY Retiree Medicare, Spouse Non- Medicare, Dependent Medicare	FAMILY Retiree Medicare, Spouse Non- Medicare, Dependent Non- Medicare	FAMILY Retiree Medicare, Spouse Non- Medicare, Dependent Non- Medicare	FAMILY Retiree Medicare, Spouse Non- Medicare, Dependent Non- Medicare	FAMILY Retiree Medicare, Spouse Non- Medicare, Dependent Non- Medicare	FAMILY Retiree Non- Medicare, Spouse Non- Medicare, Dependent Medicare	FAMILY Retiree Non- Medicare, Spouse Non- Medicare, Dependent Non- Medicare
Medical										
Cigna Indemnity/Medicare Supp	535.45	524.62	535.45	659.46	659.46	946.90	946.90	946.90	925.24	925.24
Cigna OAP	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Cigna OAP w/o Care Management	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Cigna OAPIN	563.31	553.73	563.31	762.88	762.88	883.24	883.24	883.24	865.24	865.24
Cigna OAPIN w/o Care Management	657.50	657.50	667.07	893.83	903.40	1,045.94	1,036.37	1,027.95	1,027.95	1,027.95
Kaiser Permanente HMO	441.37	433.30	441.37	575.98	575.98	746.81	746.81	746.81	730.70	730.70

Prescription Drugs, Dental, and Vision

Caremark/SilverScript Option A	358.73	354.01	358.73	448.42	448.42	448.42	448.42	448.42	438.98	438.98
Caremark/SilverScript Option B	189.58	187.09	189.58	236.99	236.99	236.99	236.99	236.99	232.01	232.01
Kaiser Permanente Prescription	38.95	37.93	38.95	38.95	38.95	77.73	77.73	77.73	75.69	75.69
CareFirst Dental PPO	30.67	30.26	30.67	45.10	45.10	45.10	45.10	45.10	44.28	44.28
Aetna Dental DMO	16.63	16.41	16.63	24.44	24.44	24.44	24.44	24.44	24.00	24.00
Davis Vision	0.81	0.80	0.81	1.03	1.03	1.03	1.03	1.03	1.01	1.01

*Health Risk Assessment and Biometric Health Screening credits only apply to non-Medicare retiree.

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 20 or more years of service	0.63

MCPS NONDISCRIMINATION STATEMENT

Montgomery County Public Schools (MCPS) prohibits illegal discrimination based on race, ethnicity, color, ancestry, national origin, nationality, religion, immigration status, sex, gender, gender identity, gender expression, sexual orientation, family structure/parental status, marital status, age, ability (cognitive, social/emotional, and physical), poverty and socioeconomic status, language, or other legally or constitutionally protected attributes or affiliations. Discrimination undermines our community's long-standing efforts to create, foster, and promote equity, inclusion, and acceptance for all. The Board prohibits the use of language and/or the display of images and symbols that promote hate and can be reasonably expected to cause substantial disruption to school or district operations or activities. For more information, please review Montgomery County Board of Education Policy ACA, *Nondiscrimination, Equity, and Cultural Proficiency*. This Policy affirms the Board's belief that each and every student matters, and in particular, that educational outcomes should never be predictable by any individual's actual or perceived personal characteristics. The Policy also recognizes that equity requires proactive steps to identify and redress implicit biases, practices that have an unjustified disparate impact, and structural and institutional barriers that impede equality of educational or employment opportunities. MCPS also provides equal access to the Boy/Girl Scouts and other designated youth groups.*

It is the policy of the state of Maryland that all public and publicly funded schools and school programs operate in compliance with:

- (1) Title VI of the federal *Civil Rights Act of 1964*; and
- (2) Title 26, Subtitle 7 of the Education Article of the Maryland Code, which states that public and publicly funded schools and programs may not
 - (a) discriminate against a current student, a prospective student, or the parent or guardian of a current or prospective student on the basis of race, ethnicity, color, religion, sex, age, national origin, marital status, sexual orientation, gender identity, or disability;
 - (b) refuse enrollment of a prospective student, expel a current student, or withhold privileges from a current student, a prospective student, or the parent or guardian of a current or prospective student because of an individual's race, ethnicity, color, religion, sex, age, national origin, marital status, sexual orientation, gender identity, or disability; or
 - (c) discipline, invoke a penalty against, or take any other retaliatory action against a student or parent or guardian of a student who files a complaint alleging that the program or school discriminated against the student, regardless of the outcome of the complaint.**

Please note that contact information and federal, state, or local content requirements may change between editions of this document and shall supersede the statements and references contained in this version. Please see the online version for the most up-to-date information at www.montgomeryschoolsmd.org/info/nondiscrimination.

For inquiries or complaints about discrimination against MCPS students***	For inquiries or complaints about discrimination against MCPS staff***
Department of Student Conduct and Appeals Student Welfare and Compliance Team Division of Equity and Organizational Development 850 Hungerford Drive, Suite 200, Rockville, MD 20850 240-740-3215 SWC@mcpsmd.org	Human Resource Compliance Officer Division of Human Resources and Talent Management Department of Compliance and Investigations 15 West Gude Drive, Suite B400, Rockville, MD 20850 240-740-2888 DCI@mcpsmd.org
For student requests for accommodations under Section 504 of the Rehabilitation Act of 1973	For staff requests for accommodations under the Americans with Disabilities Act
Section 504 Coordinator Division of Specialized Support Services, Department of School Counseling 850 Hungerford Drive, Room 170, Rockville, MD 20850 240-987-8031 504@mcpsmd.org	ADA Compliance Coordinator Division of Human Resources and Talent Management Department of Compliance and Investigations 15 West Gude Drive, Suite B400, Rockville, MD 20850 240-740-2888 DCI@mcpsmd.org
For inquiries or complaints about sex discrimination under Title IX, including sexual harassment, against students or staff***	
Department of Student Conduct and Appeals, Title IX Team Division of Equity and Organizational Development 850 Hungerford Drive, Suite 200, Rockville, MD 20850 240-740-3215 TitleIX@mcpsmd.org	

*This notification complies with the federal *Elementary and Secondary Education Act*, as amended.

**This notification complies with the *Code of Maryland Regulations Section 13A.01.07*.

***Discrimination complaints may be filed with other agencies, such as the following: U.S. Equal Employment Opportunity Commission (EEOC), Baltimore Field Office, GH Fallon Federal Building, 31 Hopkins Plaza, Suite 1432, Baltimore, MD 21201, 1-800-669-4000, 1-800-669-6820 (TTY); Maryland Commission on Civil Rights (MCCR), William Donald Schaefer Tower, 6 Saint Paul Street, Suite 900, Baltimore, MD 21202, 410-767-8600, 1-800-637-6247, mccr@maryland.gov; Agency Equity Officer, Office of Equity Assurance and Compliance, Office of the Deputy State Superintendent of Operations, Maryland State Department of Education, 200 West Baltimore Street, Baltimore, MD 21201-2595, oeac.msde@maryland.gov; or U.S. Department of Education, Office for Civil Rights (OCR), 61 Forsyth St. S.W., Suite 19T10, Atlanta, GA 30303, 404-974-9406 and TDD: 800-877-8339, OCR.Atlanta@ed.gov, 1-800-421-3481, 1-800-877-8339 (TDD), OCR@ed.gov, or www2.ed.gov/about/offices/list/ocr/complaintintro.html.

This document is available, upon request, in languages other than English and in an alternate format under the *Americans with Disabilities Act*, by contacting the MCPS Office of Communications at 240-740-2837, 1-800-735-2258 (Maryland Relay), or PIO@mcpsmd.org. Individuals who need sign language interpretation or cued speech transliteration may contact the MCPS Office of Interpreting Services at 240-740-1800, 301-637-2958 (VP) mcpainterpretingservices@mcpsmd.org, or MCPSInterpretingServices@mcpsmd.org.



Published by the Division of Communications for the Employee and Retiree Service Center
1312.26 • Editorial, Graphics & Publishing Services • 9/25 • 15,242
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