

102% MONTHLY HEALTH RATES (with additional 2% COBRA admin fee) Effective January 1, 2026	ACTIVE AND RETIREE NON-MEDICARE			RETIREE MEDICARE*			RETIREE NON-MEDICARE & MEDICARE SPLIT*	
HEALTH PLANS	SELF	SELF+1	FAMILY	SELF	SELF+1	FAMILY	SELF+1	FAMILY
MEDICAL:								
Carefirst High Option POS (medical only)	\$903.81	\$1,563.49	\$2,632.60	\$487.01	\$902.62	\$1,003.62	\$1,146.68	\$2,215.80
Carefirst Standard Option POS (medical only)	\$840.55	\$1,454.02	\$2,448.34	\$452.93	\$839.45	\$933.35	\$1,066.40	\$2,060.72
UnitedHealthcare Select HMO (medical only)	\$739.86	\$1,422.29	\$2,261.04	\$398.66	\$813.01	\$1,290.29	\$1,081.09	\$1,919.84
Kaiser HMO (medical with Rx)	\$873.96	\$1,643.04	\$2,586.91	\$383.67	\$767.35	\$1,151.02	\$1,152.75	\$2,096.63
1/ Carefirst Indemnity (medical with Rx)	\$1,317.72	\$2,806.60	\$4,210.12	\$680.36	\$1,416.45	\$1,756.19	\$2,169.24	\$3,572.76
PRESCRIPTION:								
Caremark Standard Option \$10/\$20/\$35 Rx Plan	\$345.35	\$638.89	\$990.06	N/A	N/A	N/A	\$710.04	\$1,061.22
SilverScript Standard Option \$10/\$20/\$35 Rx Plan	N/A	N/A	N/A	\$416.51	\$833.03	\$1,249.52	\$710.04	\$1,061.22
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$45.34	\$101.03	\$145.39	\$45.34	\$101.03	\$145.39	\$101.03	\$145.39
Dental HMO (DHMO)	\$14.94	\$28.28	\$41.38	N/A	N/A	N/A	N/A	N/A
VISION:								
Vision Plan	\$4.83	\$7.65	\$11.61	N/A	N/A	N/A	N/A	N/A
Discount Vision Plan	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Vision Insured Plan	\$2.79	\$5.31	\$8.23	\$2.79	\$5.31	\$8.23	\$5.31	\$8.23

* Rates may be lower for individual retirees with 100% cost share factor

1/ Only available to COBRA participants who are currently enrolled in the Carefirst Indemnity Plan.

Direct Bill Additional Coverage determined per individual:

Basic Life

Optional Life

Dependent Life