

100% HEALTH RATES

Montgomery County Outside Agency & Municipality Employees

Effective January 1, 2026

HEALTH PLANS	MONTHLY RATES			
	SELF	SELF+1	FAMILY	
MEDICAL:				
Carefirst High Option POS (medical only)	\$886.09	\$1,532.83	\$2,580.98	
Carefirst Standard Option POS (medical only)	\$824.07	\$1,425.51	\$2,400.33	
UnitedHealthcare Select HMO (medical only)	\$725.35	\$1,394.40	\$2,216.71	
Kaiser HMO (medical with Rx)	\$856.82	\$1,610.82	\$2,536.19	
PRESCRIPTION:				
Caremark Standard Option \$10/\$20/\$35 Rx Plan	\$338.58	\$626.36	\$970.65	
DENTAL:				
Dental PPO (Traditional Dental Plan)	\$44.45	\$99.05	\$142.54	
Dental HMO (DHMO)	\$14.65	\$27.73	\$40.57	
VISION:				
Vision Plan	\$4.74	\$7.50	\$11.38	

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LIFE INSURANCE:		100% Monthly Rates		Optional Life Insurance (per \$1,000 coverage)	
				AGE	100% Monthly Rates
				<25	\$0.049
Dependent Life Insurance				25-29	\$0.056
\$2,000/\$1,000		\$0.875		30-34	\$0.069
\$4,000/\$2,000		\$1.751		35-39	\$0.078
\$10,000/\$5,000		\$4.377		40-44	\$0.084
				45-49	\$0.118
Term Life Insurance		\$0.296		50-54	\$0.172
<i>(per \$1,000 coverage)</i>				55-59	\$0.310
				60-64	\$0.466
				65-69	\$0.884
				70-74	\$1.564
				75-79	\$2.011
				80-84	\$2.011
				85-89	\$2.011
				90-94	\$2.011
				95+	\$2.011