

MONTHLY RETIREE 2026 Rates

MEDICAL AND PRESCRIPTION DRUG

	KAISER MEDICAL AND PRESCRIPTION DRUG	CAREFIRST MEDICAL	CAREMARK PRESCRIPTION DRUG
Non-Medicare (20% contribution)	Monthly	Monthly	Monthly
Retiree Only	\$153.94	\$127.72	\$ 51.17
Retiree + Child(ren)	\$307.88	\$255.45	\$102.35
Retiree + Spouse	\$323.27	\$268.22	\$107.46
Family	\$400.25	\$336.27	\$134.73
Medicare ¹ (20% contribution)	Monthly	Monthly	Monthly
Medicare – Retiree Only	\$ 67.52	\$ 55.92	\$ 51.17
Medicare – Retiree + Child (one w/Medicare)	\$221.46	\$183.65	\$102.35
Medicare – Retiree + Child (both w/Medicare)	\$135.04	\$111.85	\$102.35
Medicare – Retiree + Children (one w/Medicare)	\$375.40	\$311.38	\$102.35
Medicare – Retiree + Children (two w/Medicare)	\$288.98	\$239.58	\$134.73
Medicare – Retiree + Spouse (one w/Medicare)	\$221.46	\$183.65	\$107.46
Medicare – Retiree + Spouse (both w/Medicare)	\$135.04	\$111.85	\$107.46
Medicare – Retiree + Family ² (one w/Medicare)	\$390.79	\$324.15	\$134.73
Medicare – Retiree + Family ² (two w/Medicare)	\$288.98	\$239.58	\$134.73
Medicare – Retiree + Family ² (three or more w/Medicare)	\$202.56	\$167.78	\$134.73

¹ The amount you pay will take into account whether you and your family members are eligible for Medicare.

² Family includes the retiree, spouse and one or more children.

Please note, the monthly deduction amounts may vary slightly from the actual monthly deductions due to rounding.

DENTAL

20% contribution	AETNA DENTAL PPO Monthly
Retiree Only	\$10.10
Retiree + Child(ren)	\$20.20
Retiree + Spouse	\$21.22
Family	\$29.30

VISION

20% contribution	CAREFIRST VISION Monthly
Retiree Only	\$1.00
Retiree + Child(ren)	\$2.00
Retiree + Spouse	\$2.10
Family	\$2.90

Dental and vision rates do not vary by Medicare status.