2027 RATES FOR RETIREES

MEDICAL AND PRESCRIPTION DRUG	KAISER PERMANENTE MEDICAL AND PRESCRIPTION DRUG	CAREFIRST MEDICAL	CAREMARK PRESCRIPTION DRUG
Non-Medicare (20% contribution)	**Monthly**	**Monthly**	**Monthly**
Retiree Only	$156.25	$131.55	$ 51.17
Retiree + Child(ren)	$312.50	$263.11	$102.35
Retiree + Spouse	$328.12	$276.26	$107.46
Family	$406.25	$348.04	$134.73
Medicare[1] (20% contribution)	**Monthly**	**Monthly**	**Monthly**
Medicare – Retiree Only	$ 67.54	$ 57.60	$ 51.17
Medicare – Retiree + Child (one w/Medicare)	$223.79	$189.16	$102.35
Medicare – Retiree + Child (both w/Medicare)	$135.08	$115.21	$102.35
Medicare – Retiree + Children (one w/Medicare)	$380.04	$320.72	$102.35
Medicare – Retiree + Children (two w/Medicare)	$291.33	$246.77	$134.73
Medicare – Retiree + Spouse (one w/Medicare)	$223.79	$189.16	$107.46
Medicare – Retiree + Spouse (both w/Medicare)	$135.08	$115.21	$107.46
Medicare – Retiree + Family[2] (one w/Medicare)	$395.66	$333.87	$134.73
Medicare – Retiree + Family[2] (two w/Medicare)	$291.33	$246.77	$134.73
Medicare – Retiree + Family[2] (three or more w/Medicare)	$202.62	$172.81	$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.

DENTAL AND VISION	AETNA DENTAL PPO	BLUEVISION PLUS
20% contribution	**Monthly**	**Monthly**
Retiree Only	$10.10	$1.00
Retiree + Child(ren)	$20.20	$2.00
Retiree + Spouse	$21.22	$2.10
Family	$29.30	$2.90

Dental and vision rates do not vary by Medicare status.

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