

Uniformed Retiree Cigna Medical Monthly Insurance Premiums for 2025

DFRS Union Retirements on/after 8/01/23 and Sheriff & Corrections Retirements on/after 7/01/24

Plan and Coverage Level	Service Date prior to 7/01/92 15% of premium	25 years of service 45% of premium	20 years of service 50% of premium
High Deductible Plan w/HSA *			
Individual	\$117.67	\$353.00	\$392.23
Retiree + Spouse	\$235.49	\$706.48	\$784.98
Retiree + Child(ren)	\$216.57	\$649.71	\$721.90
Retiree+ Family	\$346.23	\$1,038.70	\$1,154.11
OAP In-Network Plan*			
Individual	\$139.77	\$419.32	\$465.91
Retiree + Spouse	\$278.42	\$835.26	\$928.06
Retiree + Child(ren)	\$256.17	\$768.51	\$853.90
Retiree+ Family	\$408.75	\$1,226.24	\$1,362.48
OAP Grandfathered Plan*			
Individual	\$318.05		\$644.18
Retiree + Spouse	\$625.80		\$1,275.44
Retiree + Child(ren)	\$576.47		\$1,174.20
Retiree+ Family	\$915.22		\$1,868.95

* The OAP In-Network Plan, OAP Grandfathered Plan, and High Deductible Plan w/HSA are available to non-Medicare eligible retirees and spouses/dependents only.

* The County's contribution to the HSA for 2025 is \$1,238 for individual coverage or \$2,475 for family coverage. Retiree HSA contributions are to be done directly with HSA Bank and are post tax.

CareFirst BCBS Group Advantage (PPO) Monthly Insurance Premiums for 2025

Plan and Coverage Level	Service Date prior to 7/01/92 15% of premium	25 years of service 45% of premium	20 years of service 50% of premium
Individual*	\$47.85	\$143.55	\$159.50

*The rates provided are individual monthly premiums. This means that if you and your spouse are both enrolled in this plan, you will both be responsible for the monthly premium listed.

Retiree Cigna Dental Monthly Insurance Premiums for 2025

Plan and Coverage Level	Monthly Premium
ENHANCED PPO	
Individual	\$43.79
Retiree + Spouse	\$95.90
Retiree + Child(ren)	\$70.05
Retiree+ Family	\$126.96
BASIC PPO	
Individual	\$30.68
Retiree + Spouse	\$67.18
Retiree + Child(ren)	\$49.06
Retiree+ Family	\$88.88
DHMO	
Individual	\$10.53
Retiree + Spouse	\$26.42
Retiree + Child(ren)	\$21.10
Retiree+ Family	\$35.07

Retiree VSP Vision Monthly Insurance Premiums for 2025

Coverage Level	Monthly Premium
Individual	\$5.40
Retiree + Spouse	\$10.81
Retiree + Child(ren)	\$11.56
Retiree+ Family	\$18.49