

Retiree Cigna Medical Monthly Insurance Premiums for 2026

Coverage Level	Service Date prior to 7/01/1992 15% of premium	Service Date between 7/01/92 - 7/31/08 and 25 years of service 45% of premium	Service Date between 7/01/92 - 7/31/08 50% of premium	Service Date on or after 8/1/2008 with 15 - 19.99 years of service 65% of premium	Service Date on or after 8/1/2008 with 10 - 14.99 years of service 75% of premium	Age 65 or Greater with 5 - 9.99 years of service 80% of premium
High Deductible Plan w/ HSA *						
Individual	\$126.15	\$378.44	\$420.49	\$546.64	\$630.74	\$672.78
Retiree + Spouse	\$252.46	\$757.39	\$841.54	\$1,094.00	\$1,262.31	\$1,346.46
Retiree + Child(ren)	\$232.17	\$696.52	\$773.92	\$1,006.09	\$1,160.87	\$1,238.26
Retiree+ Family	\$371.18	\$1,113.54	\$1,237.27	\$1,608.45	\$1,855.91	\$1,979.63
OAP In-Network Plan*						
Individual	\$149.84	\$449.53	\$499.48	\$649.32	\$749.22	\$799.17
Retiree + Spouse	\$298.48	\$895.44	\$994.94	\$1,293.42	\$1,492.40	\$1,591.90
Retiree + Child(ren)	\$274.63	\$823.89	\$915.44	\$1,190.07	\$1,373.15	\$1,464.70
Retiree+ Family	\$438.20	\$1,314.59	\$1,460.66	\$1,898.86	\$2,190.99	\$2,337.06
OAP Grandfathered Plan*						
Individual	\$340.96		\$690.60			
Retiree + Spouse	\$670.89		\$1,367.35			
Retiree + Child(ren)	\$618.00		\$1,258.81			
Retiree+ Family	\$981.16		\$2,003.62			

* The Cigna medical plans are only available to non-Medicare eligible retirees, spouses and dependents.

* The County's contribution to the HSA for 2026 is \$1,275 for individual coverage or \$2,550 for family coverage. Retiree HSA contributions are done directly with HSA Bank and are post tax.

CareFirst BCBS Group Advantage (PPO) Monthly Insurance Premiums for 2026

Coverage Level	Service Date prior to 7/01/1992 15% of premium	Service Date between 7/01/92 - 7/31/08 and 25 years of service 45% of premium	Service Date between 7/01/92 - 7/31/08 50% of premium	Service Date on or after 8/1/2008 with 15 - 19.99 years of service 65% of premium	Service Date on or after 8/1/2008 with 10 - 14.99 years of service 75% of premium	Age 65 or Greater with 5 - 9.99 years of service 80% of premium
Individual*	\$47.85	\$143.55	\$159.50	\$207.35	\$239.25	\$255.20

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

Retiree Cigna Dental Monthly Insurance Premiums for 2026

Plan and Coverage Level	Monthly Premium
ENHANCED PPO	
Individual	\$45.54
Retiree + Spouse	\$99.74
Retiree + Child(ren)	\$72.85
Retiree+ Family	\$132.04
BASIC PPO	
Individual	\$31.91
Retiree + Spouse	\$69.87
Retiree + Child(ren)	\$51.02
Retiree+ Family	\$92.44
DHMO	
Individual	\$10.95
Retiree + Spouse	\$27.48
Retiree + Child(ren)	\$21.95
Retiree+ Family	\$36.48

Retiree VSP Vision Monthly Insurance Premiums for 2026

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