

**CECIL COUNTY PUBLIC SCHOOLS**  
**RETIREE MONTHLY RATES EFFECTIVE JANUARY 1, 2025 - DECEMBER 31, 2025**

Monthly rates for non-Medicare plans offered through the Public Exchange will vary per person/family.  
 To view the plans available to you, and their cost, please visit <http://www.healthcare.gov>.

**MEDICAL/DRUG BENEFITS**

Category	CareFirst BCBS Medi-Comp	Aetna Medicare Advantage PPO
<b>Medicare Eligible Retirees</b>		
Individual	\$1,149.59	\$480.32
2-Party	\$2,299.19	\$960.64

**DENTAL BENEFITS**

Category	United Concordia Dental
Individual	\$30.33
Retiree/Spouse	\$60.64
Retiree/Child	\$57.62
Retiree/Children	\$75.81
Family	\$90.97

**VISION BENEFITS**

Category	EyeMed Standard Vision
Individual	\$3.38
Retiree/Spouse	\$6.39
Retiree/Child	\$5.72
Retiree/Children	\$8.41
Family	\$9.41

<b>EXAMPLE: To find the monthly cost</b>	
<small>*Individual plan(s) and 30+ years of service</small>	
Medical Aetna Medicare Advantage PPO	\$480.32
UCCI	\$30.33
EyeMed Standard Vision	\$3.38
<b>Subtotal</b>	<b>\$514.03</b>
<b>BOARD CONTRIBUTION</b>	<b>(\$328.50)</b>
<b>Retiree Cost Share</b>	<b>\$185.53</b>

<b>To find YOUR monthly cost share:</b>	
Enter the cost for each of your selections:	
<i>Add</i>	
Medical	\$ _____
Dental	\$ _____
Vision	\$ _____
	+ _____
<i>Subtotal</i>	\$ _____
<i>Subtract</i>	
Board Contribution	- \$ _____
<b>YOUR Cost Share</b>	<b>\$ _____</b>

**CECIL COUNTY PUBLIC SCHOOLS CONTRIBUTIONS**

YEARS OF SERVICE	MONTHLY CONTRIBUTION	ANNUAL CONTRIBUTION
<b>Non-Medicare Eligible Retirees</b>		
14-17 Years	\$320.17	\$3,842.00
18-23 Years	\$469.08	\$5,629.00
24-29 Years	\$579.17	\$6,950.00
30 + Years	736.08 *	\$8,833.00
<b>Medicare Eligible Retirees</b>		
14-17 Years	\$198.50	\$2,382.00
18-23 Years	\$262.67	\$3,152.00
24-29 Years	\$292.33	\$3,508.00
30 + Years	\$328.50	\$3,942.00

\* Or 85% of retiree's outside plan premium. Proof of individual cost must be provided.