

Pre-Medicare Retiree Monthly Rates

2025 MEDICAL PLANS - UNITEDHEALTHCARE			
		NON-TOBACCO USERS	TOBACCO USERS
HMO - Low (EPO)	Retiree Only	\$726.00	\$776.00
	RT + Child(ren)	\$1,082.00	\$1,132.00
	RT + Spouse/DP*	\$1,199.00	\$1,249.00
	RT + Full Family	\$1,469.00	\$1,519.00
HMO - High	Retiree Only	\$816.00	\$866.00
	RT + Child(ren)	\$1,266.00	\$1,316.00
	RT + Spouse/DP*	\$1,386.00	\$1,436.00
	RT + Full Family	\$1,726.00	\$1,776.00
CDHP Medical Plan (High Deductible Plan)	Retiree Only	\$616.00	\$666.00
	RT + Child(ren)	\$972.00	\$1,022.00
	RT + Spouse/DP*	\$1,054.00	\$1,104.00
	RT + Full Family	\$1,328.00	\$1,378.00

* DP = domestic partner

2025 DENTAL PLANS - HUMANA		
DHMO Enhanced (Florida Dentist)	Retiree Only	\$15.12
	RT + Child(ren)	\$32.13
	RT + Spouse/DP*	\$26.46
	RT + Full Family	\$41.58
DHMO Basic (Florida Dentist)	Retiree Only	\$11.49
	RT + Child(ren)	\$24.57
	RT + Spouse/DP*	\$19.98
	RT + Full Family	\$31.46
PPO High (Orthodontia)	Retiree Only	\$33.56
	RT + Child(ren)	\$92.28
	RT + Spouse/DP*	\$82.23
	RT + Full Family	\$124.18
PPO Low (NO Orthodontia)	Retiree Only	\$26.46
	RT + Child(ren)	\$72.77
	RT + Spouse/DP*	\$64.83
	RT + Full Family	\$97.91

* DP = domestic partner

2025 VISION PLANS - EYEMED	
	COST
Retiree Only	\$5.45
Retiree + Full Family	\$14.00

MEDICARE ELIGIBLE RETIREES

Please contact FSRBC for plan options and rate information

<https://myfsrbc.com>

1-833-686-0983 (TTY 711)