RETIREE HEALTH INSURANCE RATES

Rates for Kaiser Medicare Advantage and UHC Medicare Advantage Effective January 1, 2026- December 31, 2026

All Other Rates Effective July 1, 2025 - June 30, 2026

	KAISER HMO SIGNATURE		
Level of Coverage	**Total Monthly Premium**	**School Board Contribution***	**Retiree Contribution**
Retiree Only	$ 741.55	$ 265.00	$ 476.55
Dependent of Retiree	$ 741.55	$ -	$ 741.55
Retiree plus One	$ 1,422.07	$ 265.00	$ 1,157.07
Retiree plus Family	$ 1,975.04	$ 265.00	$ 1,710.04

	KAISER MEDICARE ADVANTAGE Effective 1/1/2026 - 12/31/2026		
Level of Coverage	**Total Monthly Premium**	**School Board Contribution***	**Retiree Contribution**
Retiree Only	$ 291.75	$ 265.00	$ 26.75
Dependent of Retiree	$ 291.75	$ -	$ 291.75

	UNITED HEALTHCARE CHOICE PLUS - POS		
Level of Coverage	**Total Monthly Premium**	**School Board Contribution***	**Retiree Contribution**
Retiree Only	$ 991.97	$ 265.00	$ 726.97
Dependent of Retiree	$ 991.97	$ -	$ 991.97
Retiree plus One	$ 1,905.10	$ 265.00	$ 1,640.10
Retiree plus Family	$ 2,646.91	$ 265.00	$ 2,381.91

	UNITED HEALTHCARE MEDICARE ADVANTAGE Effective 1/1/2026- 12/31/2026		
Level of Coverage	**Total Monthly Premium**	**School Board Contribution***	**Retiree Contribution**
Retiree Only	$ 587.04	$ 265.00	$ 322.04
Dependent of Retiree	$ 587.04	$ -	$ 587.04

	CAREFIRST BLUEDENTAL PLUS		
Level of Boverage	**Total Monthly Premium**	**School Board Contribution**	**Retiree Contribution**
Retiree Only	$ 47.93	$ -	$ 47.93
Dependent of Retiree	$ 47.93	$ -	$ 47.93
Retiree plus One	$ 78.09	$ -	$ 78.09
Retiree plus Family	$ 125.68	$ -	$ 125.68

	EYEMED VISION		
Level of Coverage	**Total Monthly Premium**	**School Board Contribution**	**Retiree Contribution**
Retiree Only	$ 6.34	$ -	$ 6.34
Dependent of Retiree	$ 6.34	$ -	$ 6.34
Retiree plus One	$ 12.05	$ -	$ 12.05
Retiree plus Family	$ 17.70	$ -	$ 17.70

* School Board Contribution maximum amount is $265 per month. School Board Contributions vary based on date of hire and years of service at retirement.