CECIL COUNTY PUBLIC SCHOOLS

RETIREE MONTHLY RATES EFFECTIVE JANUARY 1, 2027 - DECEMBER 31, 2027

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
Medicare Eligible Retirees		
Individual	$1,281.13	$582.82
2-Party	$2,562.27	$1,165.64

DENTAL BENEFITS

Category	United Concordia Dental (UCCI)
Individual	$36.94
Retiree/Spouse	$73.87
Retiree/Child	$70.18
Retiree/Children	$92.34
Family	$110.81

VISION BENEFITS

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

EXAMPLE: To find the monthly cost

*Individual plan(s) and 30+ years of service

Medical Aetna Medicare Advantage PPO	$582.82
UCCI Dental	$36.94
EyeMed Standard Vision	$3.38
Subtotal	$623.14
BOARD CONTRIBUTION	($328.50)
Retiree Cost Share	$294.64

To find YOUR monthly cost share:

Enter the cost for each of your selections:

Add		
Medical		$_____
Dental		$_____
Vision	+	$_____
Subtotal		$_____
Subtract		
Board Contribution	-	$_____
YOUR Cost Share		**$**_____

CECIL COUNTY PUBLIC SCHOOLS CONTRIBUTIONS

YEARS OF SERVICE	MONTHLY CONTRIBUTION	ANNUAL CONTRIBUTION
Non-Medicare Eligible Retirees		
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
Medicare Eligible Retirees		
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.

Revised 10/2026