Pre-Medicare Retiree Monthly Rates

2027 MEDICAL PLANS - UNITEDHEALTHCARE			
		NON-TOBACCO USERS	TOBACCO USERS
Low Option HMO NHP Network	Retiree Only	$846	$896
	RT + Child(ren)	$1,202	$1,252
	RT + Spouse/Domestic Partner	$1,319	$1,369
	RT + Full Family	$1,589	$1,639
High Option HMO Choice Network	Retiree Only	$936	$986
	RT + Child(ren)	$1,386	$1,436
	RT + Spouse/Domestic Partner	$1,506	$1,556
	RT + Full Family	$1,846	$1,896
CDHP Medical Plan Choice Plus Network	Retiree Only	$736	$786
	RT + Child(ren)	$1,092	$1,142
	RT + Spouse/Domestic Partner	$1,174	$1,224
	RT + Full Family	$1,448	$1,498

2027 DENTAL PLANS - HUMANA		RETIREE
DHMO Enhanced	Retiree Only	$16.18
	RT + Child(ren)	$34.38
	RT + Spouse/Domestic Partner	$28.31
	RT + Full Family	$44.49
DHMO Basic	Retiree Only	$12.29
	RT + Child(ren)	$26.29
	RT + Spouse	$21.38
	RT + Full Family	$33.66
PPO High	Retiree Only	$35.91
	RT + Child(ren)	$98.74
	RT + Spouse/Domestic Partner	$87.99
	RT + Full Family	$132.87
PPO Low	Retiree Only	$28.31
	RT + Child(ren)	$77.86
	RT + Spouse/Domestic Partner	$69.37
	RT + Full Family	$104.76

2027 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

(833) 686-0983 (TTY 711)

Open Enrollment

Oct. 26 - Nov. 13, 2026