

MCGEO RATES EFFECTIVE 1/1/2026	
	Bi-Weekly
SINGLE COVERAGE	
Caremark Prescription	\$ 25.87
Kaiser Permanente HMO with Prescription	\$ 46.85
Kaiser Permanente Medicare Complement	\$ 22.79
UnitedHealthcare Choice Plus POS	\$ 94.94
UHC Medicare Complement Plan	\$ 33.79
UnitedHealthcare Select EPO	\$ 67.89
UHC Select EPO Medicare Eligible	\$ 42.76
Delta Dental PPO	\$ 3.19
Delta Dental HMO	\$ 1.72
EyeMed Vision Plan - Low	\$ 0.35
EyeMed Vision Plan - Moderate	\$ 1.62
EyeMed Vision Plan - High	\$ 3.84
TWO MEMBER COVERAGE	
Caremark Prescription	\$ 51.74
Kaiser Permanente HMO with Prescription	\$ 93.69
Kaiser Permanente Medicare Complement	\$ 45.58
UnitedHealthcare Choice Plus POS	\$ 189.88
UHC Medicare Complement Plan	\$ 67.58
UnitedHealthcare Select EPO	\$ 135.79
UHC Select EPO Medicare Eligible	\$ 85.51
Delta Dental PPO	\$ 6.39
Delta Dental HMO	\$ 3.34
EyeMed Vision Plan - Low	\$ 0.70
EyeMed Vision Plan - Moderate	\$ 3.23
EyeMed Vision Plan - High	\$ 7.66
FAMILY COVERAGE	
Caremark Prescription	\$ 77.62
Kaiser Permanente HMO with Prescription	\$ 140.54
Kaiser Permanente Medicare Complement	\$ 68.36
UnitedHealthcare Choice Plus POS	\$ 284.81
UHC Medicare Complement Plan	\$ 101.37
UnitedHealthcare Select EPO	\$ 203.68
UHC Select EPO Medicare Eligible	\$ 128.27
Delta Dental PPO	\$ 11.82
Delta Dental HMO	\$ 4.84
EyeMed Vision Plan - Low	\$ 1.04
EyeMed Vision Plan - Moderate	\$ 4.85
EyeMed Vision Plan - High	\$ 11.61
OTHER PLANS	
Long-Term Disability (Per \$100 Monthly Benefit)	\$ 0.84
Legal Resources	\$ 8.50
Basic Life Ins. (Per \$1,000 Monthly Benefit)	\$ 0.132
AD&D (Per \$1,000 Monthly Benefit)	\$ 0.025

* Vision - Employer pays 80% of Low Option Plan.

FRATERNAL ORDER OF POLICE RATES EFFECTIVE 1/1/2026	
	Bi-weekly
SINGLE COVERAGE	
Caremark Prescription	\$ 39.67
Kaiser Permanente HMO with Prescription	\$ 71.83
Kaiser Permanente Medicare Complement	\$ 34.94
UnitedHealthcare Choice Plus POS	\$ 109.18
UHC Medicare Complement Plan	\$ 38.86
UnitedHealthcare Select EPO	\$ 78.08
UHC Select EPO Medicare Eligible	\$ 49.17
Delta Dental PPO	\$ 3.67
Delta Dental HMO	\$ 1.97
EyeMed Vision Plan - Low	\$ 0.35
EyeMed Vision Plan - Moderate	\$ 1.62
EyeMed Vision Plan - High	\$ 3.84
TWO MEMBER COVERAGE	
Caremark Prescription	\$ 79.34
Kaiser Permanente HMO with Prescription	\$ 143.66
Kaiser Permanente Medicare Complement	\$ 69.88
UnitedHealthcare Choice Plus POS	\$ 218.36
UHC Medicare Complement Plan	\$ 77.72
UnitedHealthcare Select EPO	\$ 156.15
UHC Select EPO Medicare Eligible	\$ 98.34
Delta Dental PPO	\$ 7.35
Delta Dental HMO	\$ 3.84
EyeMed Vision Plan - Low	\$ 0.70
EyeMed Vision Plan - Moderate	\$ 3.23
EyeMed Vision Plan - High	\$ 7.66
FAMILY COVERAGE	
Caremark Prescription	\$ 119.01
Kaiser Permanente HMO with Prescription	\$ 215.49
Kaiser Permanente Medicare Complement	\$ 104.82
UnitedHealthcare Choice Plus POS	\$ 327.53
UHC Medicare Complement Plan	\$ 116.58
UnitedHealthcare Select EPO	\$ 234.23
UHC Select EPO Medicare Eligible	\$ 147.51
Delta Dental PPO	\$ 13.59
Delta Dental HMO	\$ 5.56
EyeMed Vision Plan - Low	\$ 1.04
EyeMed Vision Plan - Moderate	\$ 4.85
EyeMed Vision Plan - High	\$ 11.61
OTHER PLANS	
Long-Term Disability (Per \$100 Monthly Benefit)	\$ 0.835
Legal Resources (24 pay periods)	\$ 8.50
Basic Life Ins. (Per \$1,000 Monthly Benefit)	\$ 0.132
AD&D (Per \$1,000 Monthly Benefit)	\$ 0.025

* Vision - Employer pays 80% of Low Option Plan.

CONTRACT/SEASONAL RATES EFFECTIVE 1/1/2026	
	Bi-Weekly
SINGLE COVERAGE	
Caremark Prescription	\$ 60.37
Kaiser Permanente HMO with Prescription	\$ 109.31
UnitedHealthcare Select EPO	\$ 118.81
TWO MEMBER COVERAGE	
Caremark Prescription	\$ 120.78
Kaiser Permanente HMO with Prescription	\$ 218.62
UnitedHealthcare Select EPO	\$ 237.63
FAMILY COVERAGE	
Caremark Prescription	\$ 181.10
Kaiser Permanente HMO with Prescription	\$ 327.92
UnitedHealthcare Select EPO	\$ 356.44

MONTHLY RETIREE/SURVIVOR RATES EFFECTIVE 1/1/2026

If hired on or after January 1, 2013 (FOP- July 1, 2014), contact the Health & Benefits Office. Your premium rates will be based on years of eligible service-minimum 10 years.

PLANS

MEDICAL: NON-MEDICARE	Single	Two Member	Family			
Kaiser Permanente HMO with Prescription	\$135.33	\$270.67	\$406.00			
UnitedHealthcare Choice Plus POS	\$205.70	\$411.40	\$617.09			
UnitedHealthcare Select EPO	\$147.10	\$294.20	\$441.31			

MEDICAL: MEDICARE ELIGIBLE	1 Medicare Complement	2 Medicare Complement	Family - 3 or More All Medicare Complement	1 Medicare Complement + 1 Non-Medicare	1 Medicare Complement + 2 or More Non-Medicare	2 Medicare Complement + 1 or More Non-Medicare
UnitedHealthcare Medicare Complement	\$73.21	\$146.43	\$219.64	\$278.91	\$484.61	\$352.13
UnitedHealthcare Select EPO Medicare Eligible	\$92.64	\$185.28	\$277.92	\$239.74	\$386.84	\$332.38
Kaiser Medicare Advantage	\$65.83	\$131.66	\$197.50	\$201.17	\$336.50	\$267.00

PRESCRIPTION PLAN	Single	Two Member	Family			
Caremark/SilverScript	\$74.74	\$149.48	\$224.22			

DENTAL PLANS	Single	Two Member	Family			
Delta Dental PPO	\$6.91	\$13.84	\$25.60			
Delta Dental HMO	\$3.72	\$7.23	\$10.48			

VISION PLAN	Single	Two Member	Family			
EyeMed Vision Plan - Low*	\$0.75	\$1.51	\$2.26			
EyeMed Vision Plan - Moderate*	\$3.50	\$6.99	\$10.51			
EyeMed Vision Plan - High*	\$8.31	\$16.60	\$25.16			

LEGAL PLAN						
Legal Resources			\$17.00			

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