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.**

NON-UNION REPRESENTED RATES FFECTIVE 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**

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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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