

Uniformed Retiree Cigna Medical Monthly Insurance Premiums for 2026

45% applies to DFRS Union Retirements on/after 8/01/23 and Sheriff & Corrections Retirements on/after 7/01/24

30% applies to DFRS Union Retirements on/after 1/01/26

Plan and Coverage Level	Service Date prior to 7/01/92 15% of premium	25 years of service	20 years of service	25 years of service
		45% of premium	50% of premium	30% of premium
High Deductible Plan w/HSA *				
Individual	\$126.15	\$378.44	\$420.49	\$252.29
Retiree + Spouse	\$252.46	\$757.39	\$841.54	\$504.92
Retiree + Child(ren)	\$232.17	\$696.52	\$773.92	\$464.35
Retiree+ Family	\$371.18	\$1,113.54	\$1,237.27	\$742.36
OAP In-Network Plan*				
Individual	\$149.84	\$449.53	\$499.48	\$299.69
Retiree + Spouse	\$298.48	\$895.44	\$994.94	\$596.96
Retiree + Child(ren)	\$274.63	\$823.89	\$915.44	\$549.26
Retiree+ Family	\$438.20	\$1,314.59	\$1,460.66	\$876.40
OAP Grandfathered Plan*				
Individual	\$340.96		\$690.60	
Retiree + Spouse	\$670.89		\$1,367.35	
Retiree + Child(ren)	\$618.00		\$1,258.81	
Retiree+ Family	\$981.16		\$2,003.62	

* The Cigna medical plans are only available to non-Medicare eligible retirees, spouses and dependents.

* The County's contribution to the HSA for 2026 is \$1,275 for individual coverage or \$2,550 for family coverage. Retiree HSA contributions are done directly with HSA Bank and are post tax.

CareFirst BCBS Group Advantage (PPO) Monthly Insurance Premiums for 2026

Plan and Coverage Level	Service Date prior to 7/01/92 15% of premium	25 years of service	20 years of service	25 years of service
		45% of premium	50% of premium	30% of premium
Individual*	\$47.85	\$143.55	\$159.50	\$95.70

*The rates provided are individual monthly premiums. This means that if you and your spouse are both enrolled in this plan, you will both pay the premium listed.

Retiree Cigna Dental Monthly Insurance Premiums for 2026

Plan and Coverage Level	Monthly Premium
ENHANCED PPO	
Individual	\$45.54
Retiree + Spouse	\$99.74
Retiree + Child(ren)	\$72.85
Retiree+ Family	\$132.04
BASIC PPO	
Individual	\$31.91
Retiree + Spouse	\$69.87
Retiree + Child(ren)	\$51.02
Retiree+ Family	\$92.44
DHMO	
Individual	\$10.95
Retiree + Spouse	\$27.48
Retiree + Child(ren)	\$21.95
Retiree+ Family	\$36.48

Retiree VSP Vision Monthly Insurance Premiums for 2026

Coverage Level	Monthly Premium
Individual	\$5.40
Retiree + Spouse	\$10.81
Retiree + Child(ren)	\$11.56
Retiree+ Family	\$18.49