



Retiree Insurance Rates

Effective: January 1, 2026 – December 31, 2026

Medical (PPO) Insurance Rates - Under Age 65

(Retirees who complete the annual Health Risk Assessment (HRA) receive a discounted rate, shown below.*

**Dependent Only coverage is available only if the retiree is 65+ and no longer on Boon Chapman.)*

Coverage Tier	Retiree Monthly (8+ yrs) – With HRA	Retiree Monthly (<8 yrs) – With HRA	Retiree Monthly (8+ yrs) – Without HRA	Retiree Monthly (<8 yrs) – Without HRA	Dependent Only*
Retiree Only	\$328.00	\$561.00	\$428.00	\$661.00	Unavailable
Retiree + Spouse	\$640.00	\$873.00	\$740.00	\$973.00	\$565.00
Retiree + Child	\$625.00	\$858.00	\$725.00	\$958.00	\$550.00
Retiree + Family	\$740.00	\$973.00	\$840.00	\$1,073.00	\$665.00

What is a Health Risk Assessment (HRA)?

The County's **Health Risk Assessment (HRA)** is part of our wellness program and must be completed annually—via a lab draw and medical provider review—**by September 30** to qualify for discounted medical insurance rates. Retirees may complete the HRA at the Employee Primary Health Care Clinic at no cost or through their personal provider with results submitted for confirmation.

Age 65 and Older (Hartford Medicare Supplement via Bay Bridge Administrators)*

(Upon turning 65, retirees “age out” of the under-65 County medical plan and are offered Hartford Medicare Supplement coverage. Payments are made directly to Bay Bridge Administrators.)

Coverage Tier	Monthly Premium	County Contribution	Retiree Contribution
Retiree Only	\$454.82	\$227.41	\$227.41
Retiree Spouse	\$454.82	\$0.00	\$454.82

***NOTE: Prices shown are subject to Hartford's significant increase to premiums in 2026. Plan options are currently under review to determine if savings are available through another provider with same coverage. Final decisions are expected by mid-November. Rate sheets will be updated if needed once a determination is made.**

Dental Insurance Rates

Plan Option	Coverage Tier	Retiree Monthly	Plan Option	Coverage Tier	Retiree Monthly
Low Plan	Employee Only	\$19.35	High Plan	Employee Only	\$42.07
Low Plan	Family	\$55.60	High Plan	Family	\$111.67

Vision Insurance Rates

Plan Option	Coverage Tier	Retiree Monthly	Plan Option	Coverage Tier	Retiree Monthly
Low Plan	Employee Only	\$5.41	High Plan	Employee Only	\$9.80
Low Plan	Family	\$12.79	High Plan	Family	\$26.79