
Medical Coverage and (Gross) Monthly Rates

**Before any applied Subsidies*

January 1, 2026 – December 31, 2026

| <u>Early Retiree Benefit Option(s)</u> | <u>Single</u> | <u>2-Person</u> | <u>Family</u> |
|--|---------------|-----------------|---------------|
| AB20(01L)-RX10/20/45/3K(L) | \$1,334.63 | \$2,669.27 | \$3,603.51 |
| ABSOS20/40/1KDED(01L)-RX10/20/45/5K(L) | \$1,134.96 | \$2,269.91 | \$3,064.38 |
| LUMENOS2500(01L) | \$1,062.74 | \$2,125.49 | \$2,869.40 |

Retirees Age 65+

MCNRX(01L) \$330.92 per retiree / per month
*-Medicomp with **NO** Prescription Drug Coverage*

MAPD \$474.82 per retiree / per month
*-Medicare Advantage Plan **WITH** Prescription Drug Coverage*

Dental Coverage and Monthly Rates

January 1, 2026 – December 31, 2026

| <u>Benefit Option</u> | <u>Single</u> | <u>2-Person</u> | <u>Family</u> |
|-----------------------|---------------|-----------------|---------------|
| OPTION 1S | \$55.35 | \$106.92 | \$191.25 |