

2026 Active Medical Rates

Coverage	Rate
Type	26pp
Employee Only	\$ 110.00
Employee + 1	\$ 245.00
Employee + 2	\$ 281.00
Employee + 3	\$ 331.00
Employee + 4	\$ 345.00
Employee + 5	\$ 359.00
Employee + 6	\$ 373.00
Employee + 7	\$ 387.00
Employee + 8	\$ 401.00
*Overage Dependent	\$184.62
*Overage Dependent: Additional amounts for each dep. end of year age 26 – 30 will be added to rates for other levels of coverage and 100% employee paid on post-tax basis.	

ACTIVE DENTAL PPO LOW

Coverage Type	1/1/2026	Rate/26 PP
Emp	PE1L	\$ 23.31
Emp + Spouse	PESL	\$ 49.09
Emp + Children	PECL	\$ 61.53
Emp + Family	PEFL	\$ 82.32

ACTIVE DENTAL PPO HIGH

Coverage Type	1/1/2026	Rate/26 PP
Emp	PE1H	\$ 28.03
Emp + Spouse	PESH	\$ 59.03
Emp + Children	PECH	\$ 73.99
Emp + Family	PEFH	\$ 99.00

ACTIVE DENTAL HMO

Coverage Type	1/1/2026	Rate/ 26PP
Emp	HE1	\$ 5.86
Emp + Spouse	HES	\$ 10.25
Emp + Children	HEC	\$ 12.69
Emp + Family	HEF	\$ 16.10

2026 Retiree Medical Rates

Coverage	2026
Type	Retiree
	Rate
Retiree Only	\$ 1,068.00
Retiree + 1	\$ 1,539.00
Retiree + 2	\$ 1,629.00
Retiree + 3	\$ 1,723.00
Retiree + 4	\$ 1,755.00
Retiree + 5	\$ 1,787.00
Retiree + 6	\$ 1,819.00
Retiree + 7	\$ 1,851.00
Retiree + 8	\$ 1,883.00
Retiree Only - w/Medicare	\$ 883.00
Retiree + 1 - w/ 1 Medicare	\$ 1,354.00
Retiree + 2 - w/ 1 Medicare	\$ 1,444.00
Retiree + 3 - w/ 1 Medicare	\$ 1,538.00
Retiree + 4 - w/ 1 Medicare	\$ 1,570.00
Retiree + 5 - w/ 1 Medicare	\$ 1,601.00
Retiree + 6 - w/ 1 Medicare	\$ 1,633.00
Retiree + 7 - w/ 1 Medicare	\$ 1,665.00
Retiree + 1 - w/ 2 Medicare	\$ 1,169.00
Retiree + 2 - w/ 2 Medicare	\$ 1,259.00
Retiree + 3 - w/ 2 Medicare	\$ 1,353.00
Retiree + 4 - w/ 2 Medicare	\$ 1,385.00
Retiree + 5 - w/ 2 Medicare	\$ 1,416.00
Retiree + 6 - w/ 2 Medicare	\$ 1,448.00
Retiree + 7 - w/ 2 Medicare	\$ 1,480.00
***Overage Dependent	\$ 400.00
*Overage Dependent: Additional amounts for each dep. end of year age 26 – 30 will be added to rates for other levels of coverage.	

RETIREE DENTAL PPO LOW

Coverage Type	1/1/26	Rate/Month
Retiree Only	PR1L	\$ 50.50
Retiree + Spouse	PRSL	\$ 106.35
Retiree + Children	PRCL	\$ 133.30
Retiree + Family	PRFL	\$ 178.35

RETIREE DENTAL PPO HIGH

Coverage Type	1/1/26	Rate/Month
Retiree Only	PR1H	\$ 60.73
Retiree + Spouse	PRSH	\$ 127.89
Retiree + Children	PRCH	\$ 160.30
Retiree + Family	PRFH	\$ 214.48

RETIREE DENTAL HMO

Coverage Type	1/1/26	Rate/Month
Retiree Only	HR1	\$ 12.69
Retiree + Spouse	HRS	\$ 22.19
Retiree + Children	HRC	\$ 27.48
Retiree + Family	HRF	\$ 34.88

Humana Vision

Active Employee (26 PP)

****Plan 1 Buy Up**

Single	\$2.48
Family	\$7.09

Plan 2 Basic (included in the Medical Premium)

Single	No Charge Included in your Medical Premium
Family	No Charge Included in your Medical Premium

Humana Vision

Retiree Monthly

****Plan 1 Buy Up**

Single	\$5.37
Family	\$15.36

Plan 2 Basic (included in the Medical Premium)

Single	No Charge Included in your Medical Premium
Family	No Charge Included in your Medical Premium

**** You must be enrolled in the Firefighters Medical Insurance for this benefit**

**PALM BEACH COUNTY FIREFIGHTERS EMPLOYEE BENEFITS FUND
2026 COBRA RATES**

		4-Tier Cobra Rates - 2026*
Medical*	SINGLE	
	+ Spouse	TBD
	+Child(ren	
	Family	

*Rates include vision, clinic, administrative costs, reinsurance as well as projected costs for medical and prescription drugs.

Includes 2% administrative fee as allowed for COBRA rates

COBRA DENTAL PPO LOW

Coverage Type	1/1/26	COBRA Rate
Retiree Only	PC1L	\$ 51.51
Retiree + Spouse	PCSL	\$ 108.48
Retiree + Children	PCCL	\$ 135.97
Retiree + Family	PCFL	\$ 181.92

COBRA DENTAL PPO HIGH

Coverage Type	1/1/26	COBRA Rate
Retiree Only	PC1H	\$ 61.95
Retiree + Spouse	PCSH	\$ 130.45
Retiree + Children	PCCH	\$ 163.51
Retiree + Family	PCFH	\$ 218.77

COBRA DENTAL HMO

Coverage Type	1/1/26	COBRA Rate
Retiree Only	HC1	\$ 12.95
Retiree + Spouse	HCS	\$ 22.64
Retiree + Children	HCC	\$ 28.03
Retiree + Family	HCF	\$ 35.58