RETIREE RATES FOR HEALTH CARE COVERAGE

These rates are effective January 1, 2027 through December 31, 2027:

CHP/FL BLUE - RETIREE			
Coverage	**2027**	**2026**	**Difference**
Individual	850.24	780.48	69.76
2 Party	1755.71	1614.75	140.96
Family	2374.38	2182.64	191.74

CHP MEDICARE ADVANTAGE PLAN			
Coverage	**2027**	**2026**	**Difference**
Individual (Medicare)	269.14	251.77	17.37
2 Party (Both Medicare)	542.06	507.32	34.74
2 Party (One Medicare)	1101.36	1028.64	72.72
Family (Medicare)	1816.70	1696.95	119.75

FL BLUE MEDICARE ADVANTAGE PLAN – POST 65			
Coverage	**2027**	**2026**	**Difference**
Individual (Medicare)	319.91	293.42	26.49
2 Party (Both Medicare)	643.60	590.62	52.98
2 Party (One Medicare)	1220.57	1122.88	97.69
Family (One Medicare)	1851.33	1702.86	148.47
Family (Both Medicare) + 1 Dep	1462.82	1338.64	124.18
Family (Both Medicare) + 2/More Dep	2209.00	2034.04	174.96