

2026



Retiree Benefit Rate Schedules

EFFECTIVE JANUARY 1, 2026

MONTHLY BENEFIT RATES FOR:

- Non-Medicare-eligible retirees and their non-Medicare-eligible spouses/dependents
- Medicare-eligible retirees and their Medicare-eligible spouses/dependents
- Non-Medicare-eligible retirees and their Medicare-eligible spouses/dependents
- Medicare-eligible retirees and their non-Medicare-eligible spouses/dependents





VALUES

*Learning
Respect
Relationships
Excellence
Equity*

VISION

Future Ready

All students will graduate ready to thrive in a changing world—with the knowledge, skills, and confidence necessary to lead, adapt, and make a positive impact in their communities and beyond..

MISSION

To Unleash Potential

All students will receive a solid academic foundation, grounded in strong critical thinking skills, with opportunities to enhance and enrich their learning. All students will develop resilience, be adaptable, and have a lifelong passion for learning. All students will become effective communicators and collaborators predicated on meaningful relationships. All students will make a positive impact in their community and be ready for success in their personal and professional life.

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2026

Retiree Benefit Rate Schedules

Effective January 1, 2026

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Monthly Rates for

Non-Medicare-Eligible Retirees

and their

Non-Medicare-Eligible Spouses/Dependents

Non-Medicare-Eligible Individuals Monthly Rate Schedule
100% Cost for Medical, Prescription, Dental, and Vision Coverage
Retiree Cost = 100%

Effective January 1, 2026

Completed Neither Health Risk Assessment nor Biometric Health Screening

	Medical				Prescription				Dental/ Vision			
	Cigna Indemnity	Cigna OAP	Cigna OAP w/o Care Management	Cigna OAPIN	Cigna OAPIN w/o Care Management	Kaiser Permanente HMO	Caremark Prescription Option A	Caremark Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
Individual	1,008.51	923.98	919.87	640.41	637.56	760.70	439.59	232.34	96.59	36.82	21.87	0.88
2-PARTY	2,017.05	1,847.98	1,839.75	1,203.69	1,198.33	1,518.13	879.16	464.63	192.76	73.67	43.77	1.61
FAMILY	2,744.27	2,514.15	2,502.95	1,971.99	1,963.21	2,199.79	1,098.97	580.82	279.32	108.33	64.33	2.05

Non-Medicare-Eligible Individuals Monthly Rate Schedule
100% Cost for Medical, Prescription, Dental, and Vision Coverage
COBRA Retiree Cost = 102%
Effective January 1, 2026

	Medical						Prescription			Dental/ Vision		
	Cigna Indemnity	Cigna OAP	Cigna OAP w/o Care Management	Cigna OAPIN	Cigna OAPIN w/o Care Management	Kaiser Permanente HMO	Caremark Prescription Option A	Caremark Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
Individual	1,028.68	942.46	938.27	653.22	650.31	775.91	448.38	236.99	98.52	37.56	22.31	0.90
2-PARTY	2,057.39	1,884.94	1,876.55	1,227.76	1,222.30	1,548.49	896.74	473.92	196.62	75.14	44.65	1.64
FAMILY	2,799.16	2,564.43	2,553.01	2,011.43	2,002.47	2,243.79	1,120.95	592.44	284.91	110.50	65.62	2.09

Non-Medicare-Eligible Individuals Monthly Rate Schedule
Retiree Contribution for Medical, Prescription, Dental, Vision, and Life Coverage
Effective January 1, 2026
Completed Neither Health Risk Assessment nor Biometric Health Screening

Retiree Cost Sharing = 61% (Ten up to Fifteen Years of Active Employment)

	Medical				Prescription				Dental/ Vision		
	Cigna Indemnity	Cigna OAP	Cigna OAP w/o Care Management	Cigna OAPIN	Kaiser Permanente HMO	Caremark Prescription Option A	Caremark Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
Individual	615.19	563.63	625.51	433.54	464.03	268.15	141.73	58.92	22.46	13.34	0.54
2-PARTY	1,230.40	1,127.27	1,251.03	874.86	926.06	536.29	283.43	117.58	44.94	26.70	0.99
FAMILY	1,674.00	1,533.63	1,702.01	1,334.98	1,341.87	670.37	354.31	170.38	66.08	39.24	1.26

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 10 up to 15 years of service	1.01

Retiree Cost Sharing = 51% (Fifteen up to Twenty Years of Active Employment)

	Medical				Prescription				Dental/ Vision		
	Cigna Indemnity	Cigna OAP	Cigna OAP w/o Care Management	Cigna OAPIN	Kaiser Permanente HMO	Caremark Prescription Option A	Caremark Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
Individual	514.34	471.23	533.52	369.78	387.96	224.19	118.49	49.26	18.78	11.15	0.45
2-PARTY	1,028.70	942.47	1,067.05	695.03	774.25	448.37	236.96	98.31	37.57	22.32	0.82
FAMILY	1,399.58	1,282.22	1,451.71	1,138.66	1,121.90	560.47	296.22	142.46	55.25	32.81	1.04

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 15 up to 20 years of service	0.85

Retiree Cost Sharing = 37% (Twenty or More Years of Active Employment)

	Medical				Prescription				Dental/ Vision		
	Cigna Indemnity	Cigna OAP	Cigna OAP w/o Care Management	Cigna OAPIN	Kaiser Permanente HMO	Caremark Prescription Option A	Caremark Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
Individual	373.15	341.87	404.74	280.53	281.46	162.65	85.97	35.74	13.62	8.09	0.33
2-PARTY	746.31	683.75	809.49	445.36	561.71	325.29	171.92	71.32	27.25	16.19	0.60
FAMILY	1,015.38	930.23	1,101.30	729.63	813.92	406.62	214.91	103.35	40.07	23.80	0.76

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 20 or more years of service	0.61

Non-Medicare-Eligible Individuals Monthly Rate Schedule
Retiree Contribution for Medical, Prescription, Dental, Vision, and Life Coverage
Effective January 1, 2026
Completed Both Health Risk Assessment and Biometric Health Screening

Retiree Cost Sharing = 59% (Ten up to Fifteen Years of Active Employment)

	Medical				Prescription				Dental/ Vision		
	Cigna Indemnity	Cigna OAP	Cigna OAP w/o Care Management	Cigna OAPIN	Kaiser Permanente HMO	Caremark Prescription Option A	Caremark Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
Individual	595.02	545.15	607.11	420.79	448.81	259.36	137.08	56.99	21.72	12.90	0.52
2-PARTY	1,190.06	1,090.31	1,214.23	790.90	895.69	518.71	274.13	113.73	43.46	25.82	0.95
FAMILY	1,619.12	1,483.35	1,651.94	1,295.72	1,297.87	648.40	342.68	164.80	63.91	37.95	1.21

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 10 up to 15 years of service	1.01

Retiree Cost Sharing = 49% (Fifteen up to Twenty Years of Active Employment)

	Medical				Prescription				Dental/ Vision		
	Cigna Indemnity	Cigna OAP	Cigna OAP w/o Care Management	Cigna OAPIN	Kaiser Permanente HMO	Caremark Prescription Option A	Caremark Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
Individual	494.17	452.75	515.13	357.03	372.74	215.40	113.85	47.33	18.04	10.72	0.43
2-PARTY	988.35	905.51	1,030.26	671.06	743.88	430.79	227.67	94.45	36.10	21.45	0.79
FAMILY	1,344.69	1,231.93	1,401.65	1,099.39	1,077.89	538.50	284.60	136.86	53.08	31.52	1.01

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 15 up to 20 years of service	0.85

Retiree Cost Sharing = 35% (Twenty or More Years of Active Employment)

	Medical				Prescription				Dental/ Vision		
	Cigna Indemnity	Cigna OAP	Cigna OAP w/o Care Management	Cigna OAPIN	Kaiser Permanente HMO	Caremark Prescription Option A	Caremark Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
Individual	352.98	323.39	386.35	267.78	266.25	153.86	81.32	33.81	12.89	7.65	0.31
2-PARTY	705.97	646.79	772.70	503.30	531.35	307.71	162.62	67.47	25.79	15.32	0.57
FAMILY	960.50	879.95	1,051.24	824.55	769.93	384.64	203.29	97.77	37.92	22.52	0.72

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 20 or more years of service	0.61

Non-Medicare-Eligible Individuals Monthly Rate Schedule
Retiree Contribution for Medical, Prescription, Dental, Vision, and Life Coverage
Effective January 1, 2026
Completed Either Health Risk Assessment or Biometric Health Screening

Retiree Cost Sharing = 60% (Ten up to Fifteen Years of Active Employment)

	Medical				Prescription				Dental/ Vision		
	Cigna Indemnity	Cigna OAP	Cigna OAP w/o Care Management	Cigna OAPIN	Kaiser Permanente HMO	Caremark Prescription Option A	Caremark Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
Individual	605.11	554.39	616.31	427.17	456.42	263.75	139.40	57.95	22.09	13.12	0.53
2-PARTY	1,210.23	1,106.79	1,232.63	802.89	910.88	527.49	278.77	115.65	44.20	26.26	0.97
FAMILY	1,646.56	1,508.49	1,676.97	1,315.36	1,319.88	659.38	348.48	167.59	65.00	38.60	1.23

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 10 up to 15 years of service	1.01

Retiree Cost Sharing = 50% (Fifteen up to Twenty Years of Active Employment)

	Medical				Prescription				Dental/ Vision		
	Cigna Indemnity	Cigna OAP	Cigna OAP w/o Care Management	Cigna OAPIN	Kaiser Permanente HMO	Caremark Prescription Option A	Caremark Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
Individual	504.26	461.99	524.33	363.41	380.35	219.80	116.17	48.30	18.41	10.84	0.44
2-PARTY	1,008.53	923.99	1,048.66	683.06	759.07	439.69	232.32	96.39	36.84	21.89	0.81
FAMILY	1,372.14	1,257.08	1,426.68	1,119.03	1,099.90	549.50	290.42	139.67	54.17	32.17	1.03

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 15 up to 20 years of service	0.85

Retiree Cost Sharing = 36% (Twenty or More Years of Active Employment)

	Medical				Prescription				Dental/ Vision		
	Cigna Indemnity	Cigna OAP	Cigna OAP w/o Care Management	Cigna OAPIN	Kaiser Permanente HMO	Caremark Prescription Option A	Caremark Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
Individual	363.06	332.63	395.54	274.15	273.85	158.25	83.64	34.77	13.26	7.87	0.32
2-PARTY	726.13	665.27	791.09	515.28	546.52	316.50	167.26	69.39	26.53	15.75	0.58
FAMILY	987.93	905.09	1,076.27	844.18	791.92	395.63	209.09	100.55	39.01	23.15	0.74

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 20 or more years of service	0.61

Monthly Rates for
Medicare-Eligible Retirees
and their
Medicare-Eligible Spouses/Dependents

Medicare-Eligible Individuals Monthly Rate Schedule
100% Cost for Medical, Prescription, Dental, and Vision Coverage
Retiree Cost = 100%
Effective January 1, 2026

	Medical				Prescription				Dental/ Vision			
	Cigna Medicare Supp	Cigna OAP	Cigna OAP w/o Care Management	Cigna OAPIN	Cigna OAPIN w/o Care Management	Kaiser Permanente HMO	SilverScript Prescription Option A	SilverScript Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
INDIVIDUAL Medicare	303.98	N/A	N/A	351.36	349.80	354.23	439.59	232.34		36.82	21.87	0.88
2- PARTY Medicare	607.96	N/A	N/A	702.72	699.60	708.46	879.16	464.63	included in medical	73.67	43.77	1.61
FAMILY Medicare	911.94	N/A	N/A	1,054.08	1,049.40	1,062.69	1,098.97	580.82		108.33	64.33	2.05

Medicare-Eligible Individuals Monthly Rate Schedule
100% Cost for Medical, Prescription, Dental, and Vision Coverage
COBRA Retiree Cost = 102%
Effective January 1, 2026

	Medical				Prescription				Dental/ Vision			
	Cigna Medicare Supp	Cigna OAP	Cigna OAP w/o Care Management	Cigna OAPIN	Cigna OAPIN w/o Care Management	Kaiser Permanente HMO	SilverScript Prescription Option A	SilverScript Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
INDIVIDUAL Medicare	310.06	N/A	N/A	358.39	356.80	361.31	448.38	236.99		37.56	22.31	0.90
2- PARTY Medicare	620.12	N/A	N/A	716.77	713.59	722.63	896.74	473.92	included in medical	75.14	44.65	1.64
FAMILY Medicare	930.18	N/A	N/A	1,075.16	1,070.39	1,083.94	1,120.95	592.44		110.50	65.62	2.09

**Medicare-Eligible Individuals Monthly Rate Schedule
Retiree Contribution for Medical, Prescription, Dental, Vision, and Life Coverage
Effective January 1, 2026**

Retiree Cost Sharing = 61% (Ten up to Fifteen Years of Active Employment)

	Medical				Prescription				Dental/ Vision		
	Cigna Medicare Supp	Cigna OAP	Cigna OAP w/o Care Management	Cigna OAPIN	Kaiser Permanente HMO	SilverScript Prescription Option A	SilverScript Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
	INDIVIDUAL Medicare	185.43	N/A	N/A	214.33	237.86	216.08	141.73	included in medical	22.46	13.34
2- PARTY Medicare	370.86	N/A	N/A	428.66	475.72	432.16	283.43		44.94	26.70	0.99
FAMILY Medicare	556.29	N/A	N/A	642.99	713.58	648.24	354.31		66.08	39.24	1.26

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 10 up to 15 years of service	1.01

Retiree Cost Sharing = 51% (Fifteen up to Twenty Years of Active Employment)

	Medical				Prescription				Dental/ Vision		
	Cigna Medicare Supp	Cigna OAP	Cigna OAP w/o Care Management	Cigna OAPIN	Kaiser Permanente HMO	SilverScript Prescription Option A	SilverScript Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
	INDIVIDUAL	155.03	N/A	N/A	179.19	202.88	180.66	118.49	included in medical	18.78	11.15
2- PARTY	310.06	N/A	N/A	358.38	405.76	361.32	236.96		37.57	22.32	0.82
FAMILY	465.09	N/A	N/A	537.57	608.64	541.98	296.22		55.25	32.81	1.04

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 15 up to 20 years of service	0.85

Retiree Cost Sharing = 37% (Twenty or More Years of Active Employment)

	Medical				Prescription				Dental/ Vision		
	Cigna Medicare Supp	Cigna OAP	Cigna OAP w/o Care Management	Cigna OAPIN	Kaiser Permanente HMO	SilverScript Prescription Option A	SilverScript Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
	INDIVIDUAL	112.47	N/A	N/A	130.00	153.91	131.07	85.97	included in medical	13.62	8.09
2- PARTY	224.94	N/A	N/A	260.00	307.82	262.14	171.92		27.25	16.19	0.60
FAMILY	337.41	N/A	N/A	390.00	467.73	393.21	214.91		40.07	23.80	0.76

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 20 or more years of service	0.61

Monthly Rates for

Medicare-Eligible Retirees and their
Non-Medicare-Eligible Spouses/Dependents

and

Non-Medicare-Eligible Retirees and their
Medicare-Eligible Spouses/Dependents

Split-Family Monthly Rate Schedule
100% Cost for Medical, Prescription, Dental, and Vision Coverage
Retiree Cost = 100%
Effective January 1, 2026
Completed Neither Health Risk Assessment nor Biometric Health Screening

	2- PARTY Retiree Medicare Spouse Non-Medicare	2- PARTY Retiree Non-Medicare Spouse/Child Medicare	2- PARTY Retiree Medicare Spouse Medicare Non-Medicare	FAMILY Retiree Medicare Spouse Medicare Non-Medicare	FAMILY Retiree Medicare, Dependent Medicare, Non-Medicare	FAMILY Retiree Medicare, Dependent Medicare, Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Medicare	FAMILY Retiree Non-Medicare, Spouse Non-Medicare, Dependent Medicare	FAMILY Retiree Non-Medicare, Spouse Non-Medicare, Dependent Medicare
Medical											
Cigna Indemnity/Medicare Supp	1,312.49	1,312.49	1,616.47	1,616.47	1,616.47	1,616.47	1,616.47	1,616.47	1,616.47	2,321.03	2,321.03
Cigna OAP	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Cigna OAP w/o Care Management	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Cigna OAPIN	991.77	991.77	1,343.13	1,343.13	1,343.13	1,343.13	1,343.13	1,343.13	1,343.13	1,555.05	1,555.05
Cigna OAPIN w/o Care Management	987.36	987.36	1,337.16	1,337.16	1,337.16	1,337.16	1,337.16	1,337.16	1,337.16	1,548.13	1,548.13
Kaiser Permanente HMO	1,114.93	1,114.93	1,469.16	1,469.16	1,469.16	1,469.16	1,469.16	1,469.16	1,469.16	1,872.36	1,872.36

Prescription Drugs, Dental, and Vision

Caremark/SilverScript Option A	879.16	879.16	1,098.97	1,098.97	1,098.97	1,098.97	1,098.97	1,098.97	1,098.97	1,098.97	1,098.97
Caremark/SilverScript Option B	464.63	464.63	580.82	580.82	580.82	580.82	580.82	580.82	580.82	580.82	580.82
Kaiser Permanente Prescription	96.59	96.59	96.59	96.59	96.59	96.59	96.59	96.59	96.59	192.76	192.76
CareFirst Dental PPO	73.67	73.67	108.33	108.33	108.33	108.33	108.33	108.33	108.33	108.33	108.33
Aetna Dental DMO	43.77	43.77	64.33	64.33	64.33	64.33	64.33	64.33	64.33	64.33	64.33
Davis Vision	1.61	1.61	2.05	2.05	2.05	2.05	2.05	2.05	2.05	2.05	2.05

Split-Family Monthly Rate Schedule
100% Cost for Medical, Prescription, Dental, and Vision Coverage
COBRA Retiree Cost = 102%
Effective January 1, 2026

	2- PARTY Retiree Medicare Spouse Non-Medicare	2- PARTY Retiree Non-Spouse/Child Medicare	2- PARTY Retiree Medicare Spouse Medicare Dependent Non-Medicare	FAMILY Retiree Medicare Spouse Non-Medicare Dependent Non-Medicare	FAMILY Retiree Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare
Medical											
Cigna Indemnity/Medicare Supp	1,338.74	1,338.74	1,338.74	1,648.80	1,648.80	1,648.80	2,367.45	2,367.45	2,367.45	2,367.45	2,367.45
Cigna OAP	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Cigna OAP w/o Care Management	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Cigna OAPIN	1,011.61	1,011.61	1,011.61	1,369.99	1,369.99	1,369.99	1,586.15	1,586.15	1,586.15	1,586.15	1,586.15
Cigna OAPIN w/o Care Management	1,007.11	1,007.11	1,007.11	1,363.90	1,363.90	1,363.90	1,579.09	1,579.09	1,579.09	1,579.09	1,579.09
Kaiser Permanente HMO	1,137.23	1,137.23	1,137.23	1,498.54	1,498.54	1,498.54	1,909.81	1,909.81	1,909.81	1,909.81	1,909.81

Prescription Drugs, Dental, and Vision

Caremark/SilverScript Option A	896.74	896.74	896.74	1,120.95	1,120.95	1,120.95	1,120.95	1,120.95	1,120.95	1,120.95	1,120.95
Caremark/SilverScript Option B	473.92	473.92	473.92	592.44	592.44	592.44	592.44	592.44	592.44	592.44	592.44
Kaiser Permanente Prescription	98.52	98.52	98.52	98.52	98.52	98.52	196.62	196.62	196.62	196.62	196.62
CareFirst Dental PPO	75.14	75.14	75.14	110.50	110.50	110.50	110.50	110.50	110.50	110.50	110.50
Aetna Dental DMO	44.65	44.65	44.65	65.62	65.62	65.62	65.62	65.62	65.62	65.62	65.62
Davis Vision	1.64	1.64	1.64	2.09	2.09	2.09	2.09	2.09	2.09	2.09	2.09

Split-Family Monthly Rate Schedule
Retiree Contribution for Medical, Prescription, Dental, Vision, and Life Coverage
Ten up to Fifteen Years of Active Employment
Medicare-Eligible Individuals Cost Sharing = 61%
Non-Medicare-Eligible Individuals Cost Sharing = 61%
Effective January 1, 2026

Retiree Completed Neither Health Risk Assessment nor Biometric Health Screening*

	2- PARTY Retiree Medicare Spouse Non-Medicare	2- PARTY Retiree Non-Medicare Spouse/Child Medicare	2- PARTY Retiree Medicare Spouse Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare
Medical										
Cigna Indemnity/Medicare Supp	800.62	800.62	800.62	986.05	986.05	986.05	986.05	1,415.83	1,415.83	1,415.83
Cigna OAP	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Cigna OAP w/o Care Management	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Cigna OAPIN	604.98	604.98	604.98	819.31	819.31	819.31	819.31	948.58	948.58	948.58
Cigna OAPIN w/o Care Management	671.40	671.40	671.40	909.26	909.26	909.26	909.26	1,052.72	1,052.72	1,052.72
Kaiser Permanente HMO	680.11	680.11	680.11	896.19	896.19	896.19	896.19	1,142.14	1,142.14	1,142.14

Prescription Drugs, Dental, and Vision

Caremark/SilverScript Option A	536.29	536.29	536.29	670.37	670.37	670.37	670.37	670.37	670.37	670.37
Caremark/SilverScript Option B	283.43	283.43	283.43	354.31	354.31	354.31	354.31	354.31	354.31	354.31
Kaiser Permanente Prescription	58.92	58.92	58.92	58.92	58.92	58.92	58.92	117.58	117.58	117.58
CareFirst Dental PPO	44.94	44.94	44.94	66.08	66.08	66.08	66.08	66.08	66.08	66.08
Aetna Dental DMO	26.70	26.70	26.70	39.24	39.24	39.24	39.24	39.24	39.24	39.24
Davis Vision	0.99	0.99	0.99	1.26	1.26	1.26	1.26	1.26	1.26	1.26

*Health Risk Assessment and Biometric Health Screening credits only apply to non-Medicare retiree.

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 10 up to 15 years of service	1.01

Split-Family Monthly Rate Schedule
Retiree Contribution for Medical, Prescription, Dental, Vision, and Life Coverage
Ten up to Fifteen Years of Active Employment
Medicare-Eligible Individuals Cost Sharing = 61%
Non-Medicare-Eligible Individuals Cost Sharing = 59%
Effective January 1, 2026

Retiree Completed Both Health Risk Assessment and Biometric Health Screening*

	2- PARTY Retiree Medicare Spouse Non-Medicare	2- PARTY Retiree Non-Medicare Spouse/Child Medicare	2- PARTY Retiree Medicare Spouse Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare
Medical										
Cigna Indemnity/Medicare Supp	800.62	780.45	800.62	986.05	986.05	1,415.83	1,415.83	1,415.83	1,415.83	1,375.49
Cigna OAP	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Cigna OAP w/o Care Management	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Cigna OAPIN	604.98	592.17	604.98	819.31	819.31	948.58	948.58	948.58	924.51	924.51
Cigna OAPIN w/o Care Management	658.65	658.65	671.40	909.26	896.51	1,052.72	1,039.97	1,028.76	1,028.76	1,028.76
Kaiser Permanente HMO	680.11	664.89	680.11	896.19	896.19	1,142.14	1,142.14	1,142.14	1,111.77	1,111.77

Prescription Drugs, Dental, and Vision

Caremark/SilverScript Option A	536.29	527.50	536.29	670.37	670.37	670.37	670.37	670.37	652.79	652.79
Caremark/SilverScript Option B	283.43	278.78	283.43	354.31	354.31	354.31	354.31	354.31	345.01	345.01
Kaiser Permanente Prescription	58.92	56.99	58.92	58.92	58.92	117.58	117.58	117.58	113.73	113.73
CareFirst Dental PPO	44.94	44.20	44.94	66.08	66.08	66.08	66.08	66.08	64.60	64.60
Aetna Dental DMO	26.70	26.26	26.70	39.24	39.24	39.24	39.24	39.24	38.36	38.36
Davis Vision	0.99	0.97	0.99	1.26	1.26	1.26	1.26	1.26	1.22	1.22

*Health Risk Assessment and Biometric Health Screening credits only apply to non-Medicare retiree.

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 10 up to 15 years of service	1.01

Split-Family Monthly Rate Schedule
Retiree Contribution for Medical, Prescription, Dental, Vision, and Life Coverage
Ten up to Fifteen Years of Active Employment
Medicare-Eligible Individuals Cost Sharing = 61%
Non-Medicare-Eligible Individuals Cost Sharing = 60%
Effective January 1, 2026

Retiree Completed Either Health Risk Assessment or Biometric Health Screening*

	2- PARTY Retiree Medicare Spouse Non-Medicare	2- PARTY Retiree Non-Medicare Spouse/Child Medicare	2- PARTY Retiree Medicare Spouse Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare
Medical										
Cigna Indemnity/Medicare Supp	800.62	790.54	800.62	986.05	986.05	1,415.83	1,415.83	1,415.83	1,395.66	1,395.66
Cigna OAP	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Cigna OAP w/o Care Management	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Cigna OAPIN	604.98	598.58	604.98	819.31	819.31	948.58	948.58	936.55	936.55	936.55
Cigna OAPIN w/o Care Management	665.03	665.03	671.40	909.26	909.26	1,052.72	1,046.35	1,040.75	1,040.75	1,040.75
Kaiser Permanente HMO	680.11	672.50	680.11	896.19	896.19	1,142.14	1,142.14	1,126.96	1,126.96	1,126.96

Prescription Drugs, Dental, and Vision

Caremark/SilverScript Option A	536.29	531.89	536.29	670.37	670.37	670.37	670.37	661.57	661.57	661.57
Caremark/SilverScript Option B	283.43	281.10	283.43	354.31	354.31	354.31	354.31	349.65	349.65	349.65
Kaiser Permanente Prescription	58.92	57.95	58.92	58.92	58.92	117.58	117.58	115.65	115.65	115.65
CareFirst Dental PPO	44.94	44.57	44.94	66.08	66.08	66.08	66.08	65.34	65.34	65.34
Aetna Dental DMO	26.70	26.48	26.70	39.24	39.24	39.24	39.24	38.80	38.80	38.80
Davis Vision	0.99	0.98	0.99	1.26	1.26	1.26	1.26	1.24	1.24	1.24

*Health Risk Assessment and Biometric Health Screening credits only apply to non-Medicare retiree.

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 10 up to 15 years of service	1.01

Split-Family Monthly Rate Schedule
Retiree Contribution for Medical, Prescription, Dental, Vision, and Life Coverage
Fifteen up to Twenty Years of Active Employment
Medicare-Eligible Individuals Cost Sharing = 51%
Non-Medicare-Eligible Individuals Cost Sharing = 51%
Effective January 1, 2026

Retiree Completed Neither Health Risk Assessment nor Biometric Health Screening*

	2- PARTY Retiree Medicare Spouse Non-Medicare	2- PARTY Retiree Non-Medicare Spouse/Child Medicare	2- PARTY Retiree Medicare Spouse Non-Medicare Dependent Non-Medicare	FAMILY Retiree Medicare Spouse Non-Medicare Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Non-Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Non-Medicare, Spouse Non-Medicare, Dependent Non-Medicare
Medical										
Cigna Indemnity/Medicare Supp	669.37	669.37	669.37	824.40	824.40	824.40	824.40	824.40	1,183.73	1,183.73
Cigna OAP	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Cigna OAP w/o Care Management	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Cigna OAPIN	505.80	505.80	505.80	684.99	684.99	684.99	684.99	684.99	793.07	793.07
Cigna OAPIN w/o Care Management	572.66	572.66	572.66	775.54	775.54	775.54	775.54	775.54	897.91	897.91
Kaiser Permanente HMO	568.62	568.62	568.62	749.28	749.28	749.28	749.28	749.28	954.91	954.91

Prescription Drugs, Dental, and Vision

Caremark/SilverScript Option A	448.37	448.37	448.37	560.47	560.47	560.47	560.47	560.47	560.47	560.47
Caremark/SilverScript Option B	236.96	236.96	236.96	296.22	296.22	296.22	296.22	296.22	296.22	296.22
Kaiser Permanente Prescription	49.26	49.26	49.26	49.26	49.26	49.26	49.26	49.26	98.31	98.31
CareFirst Dental PPO	37.57	37.57	37.57	55.25	55.25	55.25	55.25	55.25	55.25	55.25
Aetna Dental DMO	22.32	22.32	22.32	32.81	32.81	32.81	32.81	32.81	32.81	32.81
Davis Vision	0.82	0.82	0.82	1.04	1.04	1.04	1.04	1.04	1.04	1.04

*Health Risk Assessment and Biometric Health Screening credits only apply to non-Medicare retiree.

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 15 up to 20 years of service	0.85

Split-Family Monthly Rate Schedule
Retiree Contribution for Medical, Prescription, Dental, Vision, and Life Coverage
Fifteen up to Twenty Years of Active Employment
Medicare-Eligible Individuals Cost Sharing = 51%
Non-Medicare-Eligible Individuals Cost Sharing = 49%
Effective January 1, 2026

Retiree Completed Both Health Risk Assessment and Biometric Health Screening*

	2- PARTY Retiree Medicare Spouse Non-Medicare	2- PARTY Retiree Non-Medicare Spouse/Child Medicare	2- PARTY Retiree Medicare Spouse Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare
Medical										
Cigna Indemnity/Medicare Supp	669.37	649.20	669.37	824.40	824.40	824.40	1,183.73	1,183.73	1,183.73	1,143.38
Cigna OAP	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Cigna OAP w/o Care Management	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Cigna OAPIN	505.80	492.99	505.80	684.99	684.99	684.99	793.07	793.07	769.00	769.00
Cigna OAPIN w/o Care Management	559.91	559.91	572.66	775.54	775.54	775.54	897.91	897.91	873.94	873.94
Kaiser Permanente HMO	568.62	553.40	568.62	749.28	749.28	749.28	954.91	954.91	924.54	924.54

Prescription Drugs, Dental, and Vision

Caremark/SilverScript Option A	448.37	439.58	448.37	560.47	560.47	560.47	560.47	560.47	542.89	542.89
Caremark/SilverScript Option B	236.96	232.32	236.96	296.22	296.22	296.22	296.22	296.22	286.93	286.93
Kaiser Permanente Prescription	49.26	47.33	49.26	49.26	49.26	49.26	98.31	98.31	94.45	94.45
CareFirst Dental PPO	37.57	36.83	37.57	55.25	55.25	55.25	55.25	55.25	53.78	53.78
Aetna Dental DMO	22.32	21.89	22.32	32.81	32.81	32.81	32.81	32.81	31.94	31.94
Davis Vision	0.82	0.80	0.82	1.04	1.04	1.04	1.04	1.04	1.01	1.01

*Health Risk Assessment and Biometric Health Screening credits only apply to non-Medicare retiree.

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 15 up to 20 years of service	0.85

Split-Family Monthly Rate Schedule
Retiree Contribution for Medical, Prescription, Dental, Vision, and Life Coverage
Fifteen up to Twenty Years of Active Employment
Medicare-Eligible Individuals Cost Sharing = 51%
Non-Medicare-Eligible Individuals Cost Sharing = 50%
Effective January 1, 2026

Retiree Completed Either Health Risk Assessment or Biometric Health Screening*

	2- PARTY Retiree Medicare Spouse Non-Medicare	2- PARTY Retiree Non-Medicare Spouse/Child Medicare	2- PARTY Retiree Medicare Spouse Non-Medicare Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare
Medical										
Cigna Indemnity/Medicare Supp	669.37	659.29	669.37	824.40	824.40	824.40	1,183.73	1,183.73	1,183.73	1,163.56
Cigna OAP	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Cigna OAP w/o Care Management	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Cigna OAPIN	505.80	499.40	505.80	684.99	684.99	684.99	793.07	793.07	781.04	781.04
Cigna OAPIN w/o Care Management	566.29	566.29	572.66	775.54	775.54	775.54	897.91	891.54	885.93	885.93
Kaiser Permanente HMO	568.62	561.01	568.62	749.28	749.28	749.28	954.91	954.91	939.73	939.73

Prescription Drugs, Dental, and Vision

Caremark/SilverScript Option A	448.37	443.98	448.37	560.47	560.47	560.47	560.47	560.47	551.69	551.69
Caremark/SilverScript Option B	236.96	234.64	236.96	296.22	296.22	296.22	296.22	296.22	291.58	291.58
Kaiser Permanente Prescription	49.26	48.30	49.26	49.26	49.26	49.26	98.31	98.31	96.39	96.39
CareFirst Dental PPO	37.57	37.20	37.57	55.25	55.25	55.25	55.25	55.25	54.52	54.52
Aetna Dental DMO	22.32	22.11	22.32	32.81	32.81	32.81	32.81	32.81	32.38	32.38
Davis Vision	0.82	0.81	0.82	1.04	1.04	1.04	1.04	1.04	1.03	1.03

*Health Risk Assessment and Biometric Health Screening credits only apply to non-Medicare retiree.

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 15 up to 20 years of service	0.85

Split-Family Monthly Rate Schedule
Retiree Contribution for Medical, Prescription, Dental, Vision, and Life Coverage
Twenty or More Years of Active Employment
Medicare-Eligible Individuals Cost Sharing = 37%
Non-Medicare-Eligible Individuals Cost Sharing = 35%
Effective January 1, 2026

Retiree Completed Both Health Risk Assessment and Biometric Health Screening*

	2- PARTY Retiree Medicare Spouse Non-Medicare	2- PARTY Retiree Non-Medicare Spouse/Child Medicare	2- PARTY Retiree Medicare Spouse Non-Medicare Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Medicare, Dependent Non-Medicare
Medical										
Cigna Indemnity/Medicare Supp	485.62	465.45	485.62	598.09	598.09	858.78	858.78	858.78	858.78	818.44
Cigna OAP	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Cigna OAP w/o Care Management	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Cigna OAPIN	366.95	354.14	366.95	496.95	496.95	575.36	575.36	575.36	575.36	551.29
Cigna OAPIN w/o Care Management	421.69	421.69	434.44	588.35	588.35	681.18	681.18	688.43	688.43	657.21
Kaiser Permanente HMO	412.53	397.32	412.53	543.60	543.60	692.78	692.78	692.78	692.78	662.42

Prescription Drugs, Dental, and Vision

Caremark/SilverScript Option A	325.29	316.50	325.29	406.62	406.62	406.62	406.62	406.62	406.62	389.04
Caremark/SilverScript Option B	171.92	167.27	171.92	214.91	214.91	214.91	214.91	214.91	214.91	205.61
Kaiser Permanente Prescription	35.74	33.81	35.74	35.74	35.74	71.32	71.32	71.32	71.32	67.47
CareFirst Dental PPO	27.25	26.52	27.25	40.07	40.07	40.07	40.07	40.07	40.07	38.61
Aetna Dental DMO	16.19	15.75	16.19	23.80	23.80	23.80	23.80	23.80	23.80	22.93
Davis Vision	0.60	0.58	0.60	0.76	0.76	0.76	0.76	0.76	0.76	0.73

*Health Risk Assessment and Biometric Health Screening credits only apply to non-Medicare retiree.

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 20 or more years of service	0.61

Split-Family Monthly Rate Schedule
Retiree Contribution for Medical, Prescription, Dental, Vision, and Life Coverage
Twenty or More Years of Active Employment
Medicare-Eligible Individuals Cost Sharing = 37%
Non-Medicare-Eligible Individuals Cost Sharing = 36%
Effective January 1, 2026

Retiree Completed Either Health Risk Assessment or Biometric Health Screening*

	2- PARTY Retiree Medicare Spouse Non-Medicare	2- PARTY Retiree Non-Medicare Spouse/Child Medicare	2- PARTY Retiree Medicare Spouse Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare
Medical										
Cigna Indemnity/Medicare Supp	485.62	475.53	485.62	598.09	598.09	858.78	858.78	858.78	858.78	838.60
Cigna OAP	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Cigna OAP w/o Care Management	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Cigna OAPIN	366.95	360.55	366.95	496.95	496.95	575.36	575.36	575.36	575.36	563.33
Cigna OAPIN w/o Care Management	428.06	428.06	434.44	588.35	581.97	681.18	674.80	674.80	674.80	669.19
Kaiser Permanente HMO	412.53	404.92	412.53	543.60	543.60	692.78	692.78	692.78	692.78	677.59

Prescription Drugs, Dental, and Vision

Caremark/SilverScript Option A	325.29	320.89	325.29	406.62	406.62	406.62	406.62	406.62	406.62	397.83
Caremark/SilverScript Option B	171.92	169.59	171.92	214.91	214.91	214.91	214.91	214.91	214.91	210.25
Kaiser Permanente Prescription	35.74	34.77	35.74	35.74	35.74	71.32	71.32	71.32	71.32	69.39
CareFirst Dental PPO	27.25	26.89	27.25	40.07	40.07	40.07	40.07	40.07	40.07	39.35
Aetna Dental DMO	16.19	15.97	16.19	23.80	23.80	23.80	23.80	23.80	23.80	23.36
Davis Vision	0.60	0.59	0.60	0.76	0.76	0.76	0.76	0.76	0.76	0.74

*Health Risk Assessment and Biometric Health Screening credits only apply to non-Medicare retiree.

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 20 or more years of service	0.61

MCPS NONDISCRIMINATION STATEMENT

Montgomery County Public Schools (MCPS) prohibits illegal discrimination based on race, ethnicity, color, ancestry, national origin, nationality, religion, immigration status, sex, gender, gender identity, gender expression, sexual orientation, family structure/parental status, marital status, age, ability (cognitive, social/emotional, and physical), poverty and socioeconomic status, language, or other legally or constitutionally protected attributes or affiliations. Discrimination undermines our community's long-standing efforts to create, foster, and promote equity, inclusion, and acceptance for all. The Board prohibits the use of language and/or the display of images and symbols that promote hate and can be reasonably expected to cause substantial disruption to school or district operations or activities. For more information, please review Montgomery County Board of Education Policy ACA, *Nondiscrimination, Equity, and Cultural Proficiency*. This Policy affirms the Board's belief that each and every student matters, and in particular, that educational outcomes should never be predictable by any individual's actual or perceived personal characteristics. The Policy also recognizes that equity requires proactive steps to identify and redress implicit biases, practices that have an unjustified disparate impact, and structural and institutional barriers that impede equality of educational or employment opportunities. MCPS also provides equal access to the Boy/Girl Scouts and other designated youth groups.*

It is the policy of the state of Maryland that all public and publicly funded schools and school programs operate in compliance with:

- (1) Title VI of the federal *Civil Rights Act of 1964*; and
- (2) Title 26, Subtitle 7 of the Education Article of the Maryland Code, which states that public and publicly funded schools and programs may not
 - (a) discriminate against a current student, a prospective student, or the parent or guardian of a current or prospective student on the basis of race, ethnicity, color, religion, sex, age, national origin, marital status, sexual orientation, gender identity, or disability;
 - (b) refuse enrollment of a prospective student, expel a current student, or withhold privileges from a current student, a prospective student, or the parent or guardian of a current or prospective student because of an individual's race, ethnicity, color, religion, sex, age, national origin, marital status, sexual orientation, gender identity, or disability; or
 - (c) discipline, invoke a penalty against, or take any other retaliatory action against a student or parent or guardian of a student who files a complaint alleging that the program or school discriminated against the student, regardless of the outcome of the complaint.**

Please note that contact information and federal, state, or local content requirements may change between editions of this document and shall supersede the statements and references contained in this version. Please see the online version for the most up-to-date information at www.montgomeryschoolsmd.org/info/nondiscrimination.

For inquiries or complaints about discrimination against MCPS students***	For inquiries or complaints about discrimination against MCPS staff***
Director of Student Compliance and Appeals Division of Equity and Organizational Development 850 Hungerford Drive, Suite 200, Rockville, MD 20850 240-740-3215 SWC@mcpsmd.org	Human Resource Compliance Officer Division of Human Resources and Talent Management Department of Compliance and Investigations 15 West Gude Drive, Suite B400, Rockville, MD 20850 240-740-2888 DCI@mcpsmd.org
For student requests for accommodations under Section 504 of the Rehabilitation Act of 1973	For staff requests for accommodations under the Americans with Disabilities Act
Section 504 Coordinator Division of Specialized Support Services, School Counseling Services Unit 850 Hungerford Drive, Room 257, Rockville, MD 20850 240-987-8031 504@mcpsmd.org	ADA Compliance Coordinator Division of Human Resources and Talent Management Department of Compliance and Investigations 15 West Gude Drive, Suite B400, Rockville, MD 20850 240-740-2888 DCI@mcpsmd.org
For inquiries or complaints about sex discrimination under Title IX, including sexual harassment, against students or staff***	
Title IX Coordinator Division of Equity and Organizational Development, Student Compliance and Appeals 850 Hungerford Drive, Suite 200, Rockville, MD 20850 240-740-3215 TitleIX@mcpsmd.org	

*This notification complies with the federal *Elementary and Secondary Education Act, as amended*.

**This notification complies with the *Code of Maryland Regulations Section 13A.01.07*.

***Discrimination complaints may be filed with other agencies, such as the following: U.S. Equal Employment Opportunity Commission (EEOC), Baltimore Field Office, GH Fallon Federal Building, 31 Hopkins Plaza, Suite 1432, Baltimore, MD 21201, 1-800-669-4000, 1-800-669-6820 (TTY); Maryland Commission on Civil Rights (MCCR), William Donald Schaefer Tower, 6 Saint Paul Street, Suite 900, Baltimore, MD 21202, 410-767-8600, 1-800-637-6247, mccr@maryland.gov; Agency Equity Officer, Office of Equity Assurance and Compliance, Office of the Deputy State Superintendent of Operations, Maryland State Department of Education, 200 West Baltimore Street, Baltimore, MD 21201-2595, oeac.msde@maryland.gov; or U.S. Department of Education, Office for Civil Rights (OCR), 61 Forsyth St. S.W., Suite 19T10, Atlanta, GA 30303, 404-974-9406 and TDD: 800-877-8339, OCR.Atlanta@ed.gov, 1-800-421-3481, 1-800-877-8339 (TDD), OCR@ed.gov, or www2.ed.gov/about/offices/list/ocr/complaintintro.html.

This document is available, upon request, in languages other than English and in an alternate format under the *Americans with Disabilities Act*, by contacting the MCPS Office of Communications at 240-740-2837, 1-800-735-2258 (Maryland Relay), or PIO@mcpsmd.org. Individuals who need sign language interpretation or cued speech transliteration may contact the MCPS Office of Interpreting Services at 240-740-1800, 301-637-2958 (mcpsinterpreting@mcpsmd.org), or MCPSInterpretingServices@mcpsmd.org.

Montgomery County Public Schools
Employee and Retiree Service Center (ERSC)
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Published by the Division of Communications for the Employee and Retiree Service Center
0255.26 • Editorial, Graphics & Publishing Services • 8/25 • 15,585
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