

## RETIREE GROUP INSURANCE RATES

### 20.00% Cost Share

Effective January 1, 2017

HEALTH PLANS	Non-Medicare			Medicare Only			Non-Medicare & Medicare Split <sup>1</sup>	
	Self	Self + 1	Family	Self	Self + 1	Family	Self + 1	Family
	20.00%	20.00%	20.00%	20.00%	20.00%	20.00%	20.00%	20.00%
<b>MEDICAL:</b>								
CareFirst High Option POS (medical only)	\$ 109.81	\$ 189.96	\$ 319.86	\$ 59.17	\$ 109.67	\$ 121.94	\$ 139.32	\$ 269.21
CareFirst Standard Option POS (medical only)	\$ 102.12	\$ 176.66	\$ 297.47	\$ 55.03	\$ 101.99	\$ 113.40	\$ 129.57	\$ 250.37
UnitedHealthcare Select HMO (medical only)	\$ 96.15	\$ 184.83	\$ 293.84	\$ 84.57	\$ 172.47	\$ 273.72	\$ 173.25	\$ 282.26
Kaiser HMO (medical with Rx)	\$ 111.51	\$ 209.63	\$ 330.06	\$ 70.67	\$ 141.34	\$ 212.00	\$ 168.79	\$ 289.22
CareFirst Indemnity (medical with Rx discount) <sup>2</sup>	\$ 228.40	\$ 486.46	\$ 729.73	\$ 117.92	\$ 245.51	\$ 304.39	\$ 375.99	\$ 619.26
<b>PRESCRIPTION:</b>								
Caremark Standard Option \$10/\$20/\$35	\$ 34.83	\$ 64.44	\$ 99.86	N/A	N/A	N/A	\$ 71.96	\$ 107.38
Caremark High Option \$5/\$10	\$ 216.24	\$ 400.10	\$ 620.01	N/A	N/A	N/A	\$ 447.67	\$ 667.58
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 42.36	\$ 84.71	\$ 127.07	\$ 71.96	\$ 107.38
SilverScript High Option \$5/\$10	N/A	N/A	N/A	\$ 263.82	\$ 527.67	\$ 791.49	\$ 447.67	\$ 667.58
<b>DENTAL:</b>								
Dental PPO (Traditional Dental Plan)	\$ 6.94	\$ 15.45	\$ 22.23	\$ 6.94	\$ 15.45	\$ 22.23	\$ 15.45	\$ 22.23
<b>VISION:</b>								
Opti-Vision Discount Plan	\$ 0.08	\$ 0.08	\$ 0.08	\$ 0.08	\$ 0.08	\$ 0.08	\$ 0.08	\$ 0.08

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
		Age	100% Monthly Rates
<b>Dependent Life Insurance</b>		<25	\$0.044
\$2,000/\$1,000	\$0.313	25-29	\$0.049
\$4,000/\$2,000	\$1.349	30-34	\$0.060
\$10,000/\$5,000	\$3.076	35-39	\$0.066
		40-44	\$0.071
<b>Basic Term Life Insurance</b>		45-49	\$0.100
per \$1,000 coverage		50-54	\$0.145
		55-59	\$0.258
		60-64	\$0.388
		65-69	\$0.732
		70-74	\$1.293
		75-79	\$2.086
		80-84	\$3.370
		85-89	\$5.450
		90-94	\$8.819
		95+	\$14.277

To determine your total monthly premium, enter the costs for each of your plans

Medical	\$ _____
Prescription	\$ _____
Dental	\$ _____
Vision	\$ _____
Basic Life <sup>3</sup>	\$ _____
Dep Life <sup>3</sup>	\$ _____
Opt Life <sup>3</sup>	\$ _____
<b>TOTAL</b>	<b>\$ 0.00</b>

1 Non-Medicare and Medicare Split rates apply when (at least) one member is Medicare eligible and (at least) one member is non-Medicare eligible. Proof of under age 65 Medicare is required.

2 Only available to retirees who are currently enrolled in the CareFirst BCBS Indemnity Plan (closed to new members). Prescription (Rx) plans (High and Standard Options) are not available to Indemnity Plan participants.

3 Basic Life only available to eligible retirees (not surviving dependents). Optional and Dependent Life insurance are only available to Retirees who had coverage as of the day prior to retirement. Optional and Dependent Life can only be maintained or cancelled completely. Retiree Optional Life Insurance available after age 69 only for individuals who retired on or after January 1, 2016.

## RETIREE GROUP INSURANCE RATES

**25.00% Cost Share**

Effective January 1, 2017

HEALTH PLANS	Non-Medicare			Medicare Only			Non-Medicare & Medicare Split <sup>1</sup>	
	Self	Self + 1	Family	Self	Self + 1	Family	Self + 1	Family
	25.00%	25.00%	25.00%	25.00%	25.00%	25.00%	25.00%	25.00%
<b>MEDICAL:</b>								
CareFirst High Option POS (medical only)	\$ 137.27	\$ 237.45	\$ 399.82	\$ 73.96	\$ 137.08	\$ 152.42	\$ 174.15	\$ 336.52
CareFirst Standard Option POS (medical only)	\$ 127.66	\$ 220.83	\$ 371.84	\$ 68.79	\$ 127.49	\$ 141.75	\$ 161.96	\$ 312.97
UnitedHealthcare Select HMO (medical only)	\$ 120.19	\$ 231.04	\$ 367.30	\$ 105.71	\$ 215.59	\$ 342.15	\$ 216.57	\$ 352.82
Kaiser HMO (medical with Rx)	\$ 139.38	\$ 262.04	\$ 412.58	\$ 88.34	\$ 176.67	\$ 265.00	\$ 210.99	\$ 361.53
CareFirst Indemnity (medical with Rx discount) <sup>2</sup>	\$ 285.50	\$ 608.08	\$ 912.16	\$ 147.41	\$ 306.89	\$ 380.49	\$ 469.99	\$ 774.07
<b>PRESCRIPTION:</b>								
Caremark Standard Option \$10/\$20/\$35	\$ 43.54	\$ 80.55	\$ 124.82	N/A	N/A	N/A	\$ 89.95	\$ 134.23
Caremark High Option \$5/\$10	\$ 224.95	\$ 416.21	\$ 644.97	N/A	N/A	N/A	\$ 465.66	\$ 694.43
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 52.95	\$ 105.89	\$ 158.84	\$ 89.95	\$ 134.23
SilverScript High Option \$5/\$10	N/A	N/A	N/A	\$ 274.41	\$ 548.85	\$ 823.26	\$ 465.66	\$ 694.43
<b>DENTAL:</b>								
Dental PPO (Traditional Dental Plan)	\$ 8.67	\$ 19.32	\$ 27.79	\$ 8.67	\$ 19.32	\$ 27.79	\$ 19.32	\$ 27.79
<b>VISION:</b>								
Opti-Vision Discount Plan	\$ 0.10	\$ 0.10	\$ 0.10	\$ 0.10	\$ 0.10	\$ 0.10	\$ 0.10	\$ 0.10

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
		Age	100% Monthly Rates
<b>Dependent Life Insurance</b>		<25	\$0.044
\$2,000/\$1,000	\$0.391	25-29	\$0.049
\$4,000/\$2,000	\$1.349	30-34	\$0.060
\$10,000/\$5,000	\$3.076	35-39	\$0.066
		40-44	\$0.071
<b>Basic Term Life Insurance</b>		45-49	\$0.100
per \$1,000 coverage	\$0.073	50-54	\$0.145
		55-59	\$0.258
		60-64	\$0.388
		65-69	\$0.732
		70-74	\$1.293
		75-79	\$2.086
		80-84	\$3.370
		85-89	\$5.450
		90-94	\$8.819
		95+	\$14.277

To determine your total monthly premium, enter the costs for each of your plans

Medical	\$ _____
Prescription	\$ _____
Dental	\$ _____
Vision	\$ _____
Basic Life <sup>3</sup>	\$ _____
Dep Life <sup>3</sup>	\$ _____
Opt Life <sup>3</sup>	\$ _____
<b>TOTAL</b>	<b>\$ 0.00</b>

1 Non-Medicare and Medicare Split rates apply when (at least) one member is Medicare eligible and (at least) one member is non-Medicare eligible. Proof of under age 65 Medicare is required.

2 Only available to retirees who are currently enrolled in the CareFirst BCBS Indemnity Plan (closed to new members). Prescription (Rx) plans (High and Standard Options) are not available to Indemnity Plan participants.

3 Basic Life only available to eligible retirees (not surviving dependents). Optional and Dependent Life insurance are only available to Retirees who had coverage as of the day prior to retirement. Optional and Dependent Life can only be maintained or cancelled completely. Retiree Optional Life Insurance available after age 69 only for individuals who retired on or after January 1, 2016.

## RETIREE GROUP INSURANCE RATES

### 30.00% Cost Share

Effective January 1, 2017

HEALTH PLANS	Non-Medicare			Medicare Only			Non-Medicare & Medicare Split <sup>1</sup>	
	Self	Self + 1	Family	Self	Self + 1	Family	Self + 1	Family
	30.00%	30.00%	30.00%	30.00%	30.00%	30.00%	30.00%	30.00%
<b>MEDICAL:</b>								
CareFirst High Option POS (medical only)	\$ 164.72	\$ 284.94	\$ 479.78	\$ 88.76	\$ 164.50	\$ 182.90	\$ 208.98	\$ 403.82
CareFirst Standard Option POS (medical only)	\$ 153.19	\$ 264.99	\$ 446.20	\$ 82.55	\$ 152.99	\$ 170.10	\$ 194.35	\$ 375.56
UnitedHealthcare Select HMO (medical only)	\$ 144.22	\$ 277.25	\$ 440.75	\$ 126.85	\$ 258.70	\$ 410.57	\$ 259.88	\$ 423.38
Kaiser HMO (medical with Rx)	\$ 167.26	\$ 314.45	\$ 495.09	\$ 106.00	\$ 212.00	\$ 318.00	\$ 253.19	\$ 433.84
CareFirst Indemnity (medical with Rx discount) <sup>2</sup>	\$ 342.59	\$ 729.69	\$ 1,094.59	\$ 176.89	\$ 368.27	\$ 456.59	\$ 563.98	\$ 928.88
<b>PRESCRIPTION:</b>								
Caremark Standard Option \$10/\$20/\$35	\$ 52.25	\$ 96.65	\$ 149.78	N/A	N/A	N/A	\$ 107.94	\$ 161.07
Caremark High Option \$5/\$10	\$ 233.66	\$ 432.31	\$ 669.93	N/A	N/A	N/A	\$ 483.65	\$ 721.27
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 63.53	\$ 127.07	\$ 190.61	\$ 107.94	\$ 161.07
SilverScript High Option \$5/\$10	N/A	N/A	N/A	\$ 284.99	\$ 570.03	\$ 855.03	\$ 483.65	\$ 721.27
<b>DENTAL:</b>								
Dental PPO (Traditional Dental Plan)	\$ 10.40	\$ 23.18	\$ 33.35	\$ 10.40	\$ 23.18	\$ 33.35	\$ 23.18	\$ 33.35
<b>VISION:</b>								
Opti-Vision Discount Plan	\$ 0.12	\$ 0.12	\$ 0.12	\$ 0.12	\$ 0.12	\$ 0.12	\$ 0.12	\$ 0.12

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
		Age	100% Monthly Rates
<b>Dependent Life Insurance</b>		<25	\$0.044
\$2,000/\$1,000	\$0.470	25-29	\$0.049
\$4,000/\$2,000	\$1.349	30-34	\$0.060
\$10,000/\$5,000	\$3.076	35-39	\$0.066
<b>Basic Term Life Insurance</b>		40-44	\$0.071
per \$1,000 coverage	\$0.088	45-49	\$0.100
		50-54	\$0.145
		55-59	\$0.258
		60-64	\$0.388
		65-69	\$0.732
		70-74	\$1.293
		75-79	\$2.086
		80-84	\$3.370
		85-89	\$5.450
		90-94	\$8.819
		95+	\$14.277

To determine your total monthly premium, enter the costs for each of your plans

Medical	\$ _____
Prescription	\$ _____
Dental	\$ _____
Vision	\$ _____
Basic Life <sup>3</sup>	\$ _____
Dep Life <sup>3</sup>	\$ _____
Opt Life <sup>3</sup>	\$ _____
<b>TOTAL</b>	<b>\$ 0.00</b>

1 Non-Medicare and Medicare Split rates apply when (at least) one member is Medicare eligible and (at least) one member is non-Medicare eligible. Proof of under age 65 Medicare is required.

2 Only available to retirees who are currently enrolled in the CareFirst BCBS Indemnity Plan (closed to new members). Prescription (Rx) plans (High and Standard Options) are not available to Indemnity Plan participants.

3 Basic Life only available to eligible retirees (not surviving dependents). Optional and Dependent Life insurance are only available to Retirees who had coverage as of the day prior to retirement. Optional and Dependent Life can only be maintained or cancelled completely. Retiree Optional Life Insurance available after age 69 only for individuals who retired on or after January 1, 2016.

## RETIREE GROUP INSURANCE RATES

### 32.00% Cost Share

Effective January 1, 2017

HEALTH PLANS	Non-Medicare			Medicare Only			Non-Medicare & Medicare Split <sup>1</sup>	
	Self	Self + 1	Family	Self	Self + 1	Family	Self + 1	Family
	32.00%	32.00%	32.00%	32.00%	32.00%	32.00%	32.00%	32.00%
<b>MEDICAL:</b>								
CareFirst High Option POS (medical only)	\$ 175.70	\$ 303.94	\$ 511.77	\$ 94.67	\$ 175.47	\$ 195.10	\$ 222.91	\$ 430.74
CareFirst Standard Option POS (medical only)	\$ 163.40	\$ 282.66	\$ 475.95	\$ 88.05	\$ 163.19	\$ 181.44	\$ 207.31	\$ 400.60
UnitedHealthcare Select HMO (medical only)	\$ 153.84	\$ 295.73	\$ 470.14	\$ 135.31	\$ 275.95	\$ 437.95	\$ 277.21	\$ 451.61
Kaiser HMO (medical with Rx)	\$ 178.41	\$ 335.41	\$ 528.10	\$ 113.07	\$ 226.14	\$ 339.20	\$ 270.07	\$ 462.76
CareFirst Indemnity (medical with Rx discount) <sup>2</sup>	\$ 365.43	\$ 778.34	\$ 1,167.56	\$ 188.68	\$ 392.82	\$ 487.03	\$ 601.58	\$ 990.81
<b>PRESCRIPTION:</b>								
Caremark Standard Option \$10/\$20/\$35	\$ 55.73	\$ 103.10	\$ 159.77	N/A	N/A	N/A	\$ 115.14	\$ 171.81
Caremark High Option \$5/\$10	\$ 237.14	\$ 438.76	\$ 679.92	N/A	N/A	N/A	\$ 490.85	\$ 732.01
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 67.77	\$ 135.54	\$ 203.31	\$ 115.14	\$ 171.81
SilverScript High Option \$5/\$10	N/A	N/A	N/A	\$ 289.23	\$ 578.50	\$ 867.73	\$ 490.85	\$ 732.01
<b>DENTAL:</b>								
Dental PPO (Traditional Dental Plan)	\$ 11.10	\$ 24.72	\$ 35.57	\$ 11.10	\$ 24.72	\$ 35.57	\$ 24.72	\$ 35.57
<b>VISION:</b>								
Opti-Vision Discount Plan	\$ 0.13	\$ 0.13	\$ 0.13	\$ 0.13	\$ 0.13	\$ 0.13	\$ 0.13	\$ 0.13

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
		Age	100% Monthly Rates
<b>Dependent Life Insurance</b>		<25	\$0.044
\$2,000/\$1,000	\$0.501	25-29	\$0.049
\$4,000/\$2,000	\$1.349	30-34	\$0.060
\$10,000/\$5,000	\$3.076	35-39	\$0.066
		40-44	\$0.071
<b>Basic Term Life Insurance</b>		45-49	\$0.100
per \$1,000 coverage		50-54	\$0.145
		55-59	\$0.258
		60-64	\$0.388
		65-69	\$0.732
		70-74	\$1.293
		75-79	\$2.086
		80-84	\$3.370
		85-89	\$5.450
		90-94	\$8.819
		95+	\$14.277

To determine your total monthly premium, enter the costs for each of your plans

Medical	\$ _____
Prescription	\$ _____
Dental	\$ _____
Vision	\$ _____
Basic Life <sup>3</sup>	\$ _____
Dep Life <sup>3</sup>	\$ _____
Opt Life <sup>3</sup>	\$ _____
<b>TOTAL</b>	<b>\$ 0.00</b>

1 Non-Medicare and Medicare Split rates apply when (at least) one member is Medicare eligible and (at least) one member is non-Medicare eligible. Proof of under age 65 Medicare is required.

2 Only available to retirees who are currently enrolled in the CareFirst BCBS Indemnity Plan (closed to new members). Prescription (Rx) plans (High and Standard Options) are not available to Indemnity Plan participants.

3 Basic Life only available to eligible retirees (not surviving dependents). Optional and Dependent Life insurance are only available to Retirees who had coverage as of the day prior to retirement. Optional and Dependent Life can only be maintained or cancelled completely. Retiree Optional Life Insurance available after age 69 only for individuals who retired on or after January 1, 2016.

## RETIREE GROUP INSURANCE RATES

### 34.00% Cost Share

Effective January 1, 2017

HEALTH PLANS	Non-Medicare			Medicare Only			Non-Medicare & Medicare Split <sup>1</sup>	
	Self	Self + 1	Family	Self	Self + 1	Family	Self + 1	Family
	34.00%	34.00%	34.00%	34.00%	34.00%	34.00%	34.00%	34.00%
<b>MEDICAL:</b>								
CareFirst High Option POS (medical only)	\$ 186.68	\$ 322.93	\$ 543.76	\$ 100.59	\$ 186.43	\$ 207.29	\$ 236.84	\$ 457.66
CareFirst Standard Option POS (medical only)	\$ 173.61	\$ 300.33	\$ 505.70	\$ 93.55	\$ 173.39	\$ 192.78	\$ 220.27	\$ 425.64
UnitedHealthcare Select HMO (medical only)	\$ 163.45	\$ 314.22	\$ 499.52	\$ 143.77	\$ 293.20	\$ 465.32	\$ 294.53	\$ 479.84
Kaiser HMO (medical with Rx)	\$ 189.56	\$ 356.37	\$ 561.11	\$ 120.14	\$ 240.27	\$ 360.40	\$ 286.95	\$ 491.68
CareFirst Indemnity (medical with Rx discount) <sup>2</sup>	\$ 388.27	\$ 826.98	\$ 1,240.54	\$ 200.47	\$ 417.37	\$ 517.47	\$ 639.18	\$ 1,052.74
<b>PRESCRIPTION:</b>								
Caremark Standard Option \$10/\$20/\$35	\$ 59.21	\$ 109.54	\$ 169.76	N/A	N/A	N/A	\$ 122.33	\$ 182.55
Caremark High Option \$5/\$10	\$ 240.62	\$ 445.20	\$ 689.91	N/A	N/A	N/A	\$ 498.04	\$ 742.75
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 72.01	\$ 144.01	\$ 216.02	\$ 122.33	\$ 182.55
SilverScript High Option \$5/\$10	N/A	N/A	N/A	\$ 293.47	\$ 586.97	\$ 880.44	\$ 498.04	\$ 742.75
<b>DENTAL:</b>								
Dental PPO (Traditional Dental Plan)	\$ 11.79	\$ 26.27	\$ 37.80	\$ 11.79	\$ 26.27	\$ 37.80	\$ 26.27	\$ 37.80
<b>VISION:</b>								
Opti-Vision Discount Plan	\$ 0.14	\$ 0.14	\$ 0.14	\$ 0.14	\$ 0.14	\$ 0.14	\$ 0.14	\$ 0.14

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
		Age	100% Monthly Rates
<b>Dependent Life Insurance</b>		<25	\$0.044
\$2,000/\$1,000	\$0.532	25-29	\$0.049
\$4,000/\$2,000	\$1.349	30-34	\$0.060
\$10,000/\$5,000	\$3.076	35-39	\$0.066
		40-44	\$0.071
<b>Basic Term Life Insurance</b>		45-49	\$0.100
per \$1,000 coverage	\$0.099	50-54	\$0.145
		55-59	\$0.258
		60-64	\$0.388
		65-69	\$0.732
		70-74	\$1.293
		75-79	\$2.086
		80-84	\$3.370
		85-89	\$5.450
		90-94	\$8.819
		95+	\$14.277

To determine your total monthly premium, enter the costs for each of your plans

Medical	\$ _____
Prescription	\$ _____
Dental	\$ _____
Vision	\$ _____
Basic Life <sup>3</sup>	\$ _____
Dep Life <sup>3</sup>	\$ _____
Opt Life <sup>3</sup>	\$ _____
<b>TOTAL</b>	<b>\$ 0.00</b>

1 Non-Medicare and Medicare Split rates apply when (at least) one member is Medicare eligible and (at least) one member is non-Medicare eligible. Proof of under age 65 Medicare is required.

2 Only available to retirees who are currently enrolled in the CareFirst BCBS Indemnity Plan (closed to new members). Prescription (Rx) plans (High and Standard Options) are not available to Indemnity Plan participants.

3 Basic Life only available to eligible retirees (not surviving dependents). Optional and Dependent Life insurance are only available to Retirees who had coverage as of the day prior to retirement. Optional and Dependent Life can only be maintained or cancelled completely. Retiree Optional Life Insurance available after age 69 only for individuals who retired on or after January 1, 2016.

## RETIREE GROUP INSURANCE RATES

### 35.00% Cost Share

Effective January 1, 2017

HEALTH PLANS	Non-Medicare			Medicare Only			Non-Medicare & Medicare Split <sup>1</sup>	
	Self	Self + 1	Family	Self	Self + 1	Family	Self + 1	Family
	35.00%	35.00%	35.00%	35.00%	35.00%	35.00%	35.00%	35.00%
<b>MEDICAL:</b>								
CareFirst High Option POS (medical only)	\$ 192.17	\$ 332.43	\$ 559.75	\$ 103.55	\$ 191.92	\$ 213.39	\$ 243.81	\$ 471.12
CareFirst Standard Option POS (medical only)	\$ 178.72	\$ 309.16	\$ 520.57	\$ 96.30	\$ 178.49	\$ 198.45	\$ 226.74	\$ 438.15
UnitedHealthcare Select HMO (medical only)	\$ 168.26	\$ 323.46	\$ 514.21	\$ 147.99	\$ 301.82	\$ 479.00	\$ 303.19	\$ 493.95
Kaiser HMO (medical with Rx)	\$ 195.14	\$ 366.86	\$ 577.61	\$ 123.67	\$ 247.34	\$ 371.00	\$ 295.39	\$ 506.14
CareFirst Indemnity (medical with Rx discount) <sup>2</sup>	\$ 399.69	\$ 851.31	\$ 1,277.02	\$ 206.37	\$ 429.64	\$ 532.69	\$ 657.98	\$ 1,083.70
<b>PRESCRIPTION:</b>								
Caremark Standard Option \$10/\$20/\$35	\$ 60.96	\$ 112.76	\$ 174.75	N/A	N/A	N/A	\$ 125.93	\$ 187.92
Caremark High Option \$5/\$10	\$ 242.37	\$ 448.42	\$ 694.90	N/A	N/A	N/A	\$ 501.64	\$ 748.12
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 74.12	\$ 148.25	\$ 222.37	\$ 125.93	\$ 187.92
SilverScript High Option \$5/\$10	N/A	N/A	N/A	\$ 295.58	\$ 591.21	\$ 886.79	\$ 501.64	\$ 748.12
<b>DENTAL:</b>								
Dental PPO (Traditional Dental Plan)	\$ 12.14	\$ 27.04	\$ 38.91	\$ 12.14	\$ 27.04	\$ 38.91	\$ 27.04	\$ 38.91
<b>VISION:</b>								
Opti-Vision Discount Plan	\$ 0.14	\$ 0.14	\$ 0.14	\$ 0.14	\$ 0.14	\$ 0.14	\$ 0.14	\$ 0.14

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
		Age	100% Monthly Rates
<b>Dependent Life Insurance</b>		<25	\$0.044
\$2,000/\$1,000	\$0.548	25-29	\$0.049
\$4,000/\$2,000	\$1.349	30-34	\$0.060
\$10,000/\$5,000	\$3.076	35-39	\$0.066
		40-44	\$0.071
<b>Basic Term Life Insurance</b>		45-49	\$0.100
per \$1,000 coverage	\$0.102	50-54	\$0.145
		55-59	\$0.258
		60-64	\$0.388
		65-69	\$0.732
		70-74	\$1.293
		75-79	\$2.086
		80-84	\$3.370
		85-89	\$5.450
		90-94	\$8.819
		95+	\$14.277

To determine your total monthly premium, enter the costs for each of your plans

Medical	\$ _____
Prescription	\$ _____
Dental	\$ _____
Vision	\$ _____
Basic Life <sup>3</sup>	\$ _____
Dep Life <sup>3</sup>	\$ _____
Opt Life <sup>3</sup>	\$ _____
<b>TOTAL</b>	<b>\$ 0.00</b>

1 Non-Medicare and Medicare Split rates apply when (at least) one member is Medicare eligible and (at least) one member is non-Medicare eligible. Proof of under age 65 Medicare is required.

2 Only available to retirees who are currently enrolled in the CareFirst BCBS Indemnity Plan (closed to new members). Prescription (Rx) plans (High and Standard Options) are not available to Indemnity Plan participants.

3 Basic Life only available to eligible retirees (not surviving dependents). Optional and Dependent Life insurance are only available to Retirees who had coverage as of the day prior to retirement. Optional and Dependent Life can only be maintained or cancelled completely. Retiree Optional Life Insurance available after age 69 only for individuals who retired on or after January 1, 2016.

## RETIREE GROUP INSURANCE RATES

**36.00% Cost Share**

*Effective January 1, 2017*

HEALTH PLANS	Non-Medicare			Medicare Only			Non-Medicare & Medicare Split <sup>1</sup>	
	Self	Self + 1	Family	Self	Self + 1	Family	Self + 1	Family
	36.00%	36.00%	36.00%	36.00%	36.00%	36.00%	36.00%	36.00%
<b>MEDICAL:</b>								
CareFirst High Option POS (medical only)	\$ 197.66	\$ 341.93	\$ 575.74	\$ 106.51	\$ 197.40	\$ 219.48	\$ 250.77	\$ 484.59
CareFirst Standard Option POS (medical only)	\$ 183.82	\$ 317.99	\$ 535.44	\$ 99.05	\$ 183.59	\$ 204.12	\$ 233.22	\$ 450.67
UnitedHealthcare Select HMO (medical only)	\$ 173.07	\$ 332.70	\$ 528.90	\$ 152.22	\$ 310.44	\$ 492.69	\$ 311.86	\$ 508.06
Kaiser HMO (medical with Rx)	\$ 200.71	\$ 377.34	\$ 594.11	\$ 127.20	\$ 254.40	\$ 381.60	\$ 303.83	\$ 520.60
CareFirst Indemnity (medical with Rx discount) <sup>2</sup>	\$ 411.11	\$ 875.63	\$ 1,313.51	\$ 212.26	\$ 441.92	\$ 547.91	\$ 676.78	\$ 1,114.66
<b>PRESCRIPTION:</b>								
Caremark Standard Option \$10/\$20/\$35	\$ 62.70	\$ 115.98	\$ 179.74	N/A	N/A	N/A	\$ 129.53	\$ 193.28
Caremark High Option \$5/\$10	\$ 244.11	\$ 451.64	\$ 699.89	N/A	N/A	N/A	\$ 505.24	\$ 753.48
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 76.24	\$ 152.49	\$ 228.73	\$ 129.53	\$ 193.28
SilverScript High Option \$5/\$10	N/A	N/A	N/A	\$ 297.70	\$ 595.45	\$ 893.15	\$ 505.24	\$ 753.48
<b>DENTAL:</b>								
Dental PPO (Traditional Dental Plan)	\$ 12.48	\$ 27.81	\$ 40.02	\$ 12.48	\$ 27.81	\$ 40.02	\$ 27.81	\$ 40.02
<b>VISION:</b>								
Opti-Vision Discount Plan	\$ 0.15	\$ 0.15	\$ 0.15	\$ 0.15	\$ 0.15	\$ 0.15	\$ 0.15	\$ 0.15

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
		Age	100% Monthly Rates
<b>Dependent Life Insurance</b>		<25	\$0.044
\$2,000/\$1,000	\$0.563	25-29	\$0.049
\$4,000/\$2,000	\$1.349	30-34	\$0.060
\$10,000/\$5,000	\$3.076	35-39	\$0.066
		40-44	\$0.071
<b>Basic Term Life Insurance</b>		45-49	\$0.100
per \$1,000 coverage	\$0.105	50-54	\$0.145
		55-59	\$0.258
		60-64	\$0.388
		65-69	\$0.732
		70-74	\$1.293
		75-79	\$2.086
		80-84	\$3.370
		85-89	\$5.450
		90-94	\$8.819
		95+	\$14.277

To determine your total monthly premium, enter the costs for each of your plans

Medical	\$ _____
Prescription	\$ _____
Dental	\$ _____
Vision	\$ _____
Basic Life <sup>3</sup>	\$ _____
Dep Life <sup>3</sup>	\$ _____
Opt Life <sup>3</sup>	\$ _____
<b>TOTAL</b>	<b>\$ 0.00</b>

1 Non-Medicare and Medicare Split rates apply when (at least) one member is Medicare eligible and (at least) one member is non-Medicare eligible. Proof of under age 65 Medicare is required.

2 Only available to retirees who are currently enrolled in the CareFirst BCBS Indemnity Plan (closed to new members). Prescription (Rx) plans (High and Standard Options) are not available to Indemnity Plan participants.

3 Basic Life only available to eligible retirees (not surviving dependents). Optional and Dependent Life insurance are only available to Retirees who had coverage as of the day prior to retirement. Optional and Dependent Life can only be maintained or cancelled completely. Retiree Optional Life Insurance available after age 69 only for individuals who retired on or after January 1, 2016.

## RETIREE GROUP INSURANCE RATES

### 38.00% Cost Share

Effective January 1, 2017

HEALTH PLANS	Non-Medicare			Medicare Only			Non-Medicare & Medicare Split <sup>1</sup>	
	Self	Self + 1	Family	Self	Self + 1	Family	Self + 1	Family
	38.00%	38.00%	38.00%	38.00%	38.00%	38.00%	38.00%	38.00%
<b>MEDICAL:</b>								
CareFirst High Option POS (medical only)	\$ 208.64	\$ 360.92	\$ 607.73	\$ 112.42	\$ 208.37	\$ 231.68	\$ 264.70	\$ 511.51
CareFirst Standard Option POS (medical only)	\$ 194.04	\$ 335.66	\$ 565.19	\$ 104.56	\$ 193.78	\$ 215.46	\$ 246.18	\$ 475.71
UnitedHealthcare Select HMO (medical only)	\$ 182.68	\$ 351.18	\$ 558.29	\$ 160.68	\$ 327.69	\$ 520.06	\$ 329.18	\$ 536.29
Kaiser HMO (medical with Rx)	\$ 211.86	\$ 398.30	\$ 627.12	\$ 134.27	\$ 268.54	\$ 402.80	\$ 320.71	\$ 549.53
CareFirst Indemnity (medical with Rx discount) <sup>2</sup>	\$ 433.95	\$ 924.27	\$ 1,386.48	\$ 224.06	\$ 466.47	\$ 578.35	\$ 714.38	\$ 1,176.59
<b>PRESCRIPTION:</b>								
Caremark Standard Option \$10/\$20/\$35	\$ 66.18	\$ 122.43	\$ 189.73	N/A	N/A	N/A	\$ 136.72	\$ 204.02
Caremark High Option \$5/\$10	\$ 247.59	\$ 458.09	\$ 709.88	N/A	N/A	N/A	\$ 512.43	\$ 764.22
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 80.48	\$ 160.96	\$ 241.43	\$ 136.72	\$ 204.02
SilverScript High Option \$5/\$10	N/A	N/A	N/A	\$ 301.94	\$ 603.92	\$ 905.85	\$ 512.43	\$ 764.22
<b>DENTAL:</b>								
Dental PPO (Traditional Dental Plan)	\$ 13.18	\$ 29.36	\$ 42.24	\$ 13.18	\$ 29.36	\$ 42.24	\$ 29.36	\$ 42.24
<b>VISION:</b>								
Opti-Vision Discount Plan	\$ 0.16	\$ 0.16	\$ 0.16	\$ 0.16	\$ 0.16	\$ 0.16	\$ 0.16	\$ 0.16

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
		Age	100% Monthly Rates
<b>Dependent Life Insurance</b>		<25	\$0.044
\$2,000/\$1,000	\$0.595	25-29	\$0.049
\$4,000/\$2,000	\$1.349	30-34	\$0.060
\$10,000/\$5,000	\$3.076	35-39	\$0.066
		40-44	\$0.071
<b>Basic Term Life Insurance</b>		45-49	\$0.100
per \$1,000 coverage		50-54	\$0.145
		55-59	\$0.258
		60-64	\$0.388
		65-69	\$0.732
		70-74	\$1.293
		75-79	\$2.086
		80-84	\$3.370
		85-89	\$5.450
		90-94	\$8.819
		95+	\$14.277

To determine your total monthly premium, enter the costs for each of your plans

Medical	\$ _____
Prescription	\$ _____
Dental	\$ _____
Vision	\$ _____
Basic Life <sup>3</sup>	\$ _____
Dep Life <sup>3</sup>	\$ _____
Opt Life <sup>3</sup>	\$ _____
<b>TOTAL</b>	<b>\$ 0.00</b>

1 Non-Medicare and Medicare Split rates apply when (at least) one member is Medicare eligible and (at least) one member is non-Medicare eligible. Proof of under age 65 Medicare is required.

2 Only available to retirees who are currently enrolled in the CareFirst BCBS Indemnity Plan (closed to new members). Prescription (Rx) plans (High and Standard Options) are not available to Indemnity Plan participants.

3 Basic Life only available to eligible retirees (not surviving dependents). Optional and Dependent Life insurance are only available to Retirees who had coverage as of the day prior to retirement. Optional and Dependent Life can only be maintained or cancelled completely. Retiree Optional Life Insurance available after age 69 only for individuals who retired on or after January 1, 2016.

## RETIREE GROUP INSURANCE RATES

### 40.00% Cost Share

Effective January 1, 2017

HEALTH PLANS	Non-Medicare			Medicare Only			Non-Medicare & Medicare Split <sup>1</sup>	
	Self	Self + 1	Family	Self	Self + 1	Family	Self + 1	Family
	40.00%	40.00%	40.00%	40.00%	40.00%	40.00%	40.00%	40.00%
<b>MEDICAL:</b>								
CareFirst High Option POS (medical only)	\$ 219.62	\$ 379.92	\$ 639.71	\$ 118.34	\$ 219.33	\$ 243.87	\$ 278.64	\$ 538.43
CareFirst Standard Option POS (medical only)	\$ 204.25	\$ 353.32	\$ 594.94	\$ 110.06	\$ 203.98	\$ 226.80	\$ 259.14	\$ 500.75
UnitedHealthcare Select HMO (medical only)	\$ 192.30	\$ 369.67	\$ 587.67	\$ 169.14	\$ 344.94	\$ 547.43	\$ 346.51	\$ 564.51
Kaiser HMO (medical with Rx)	\$ 223.01	\$ 419.26	\$ 660.12	\$ 141.34	\$ 282.67	\$ 424.00	\$ 337.59	\$ 578.45
CareFirst Indemnity (medical with Rx discount) <sup>2</sup>	\$ 456.79	\$ 972.92	\$ 1,459.46	\$ 235.85	\$ 491.02	\$ 608.79	\$ 751.98	\$ 1,238.51
<b>PRESCRIPTION:</b>								
Caremark Standard Option \$10/\$20/\$35	\$ 69.66	\$ 128.87	\$ 199.71	N/A	N/A	N/A	\$ 143.92	\$ 214.76
Caremark High Option \$5/\$10	\$ 251.07	\$ 464.53	\$ 719.86	N/A	N/A	N/A	\$ 519.63	\$ 774.96
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 84.71	\$ 169.43	\$ 254.14	\$ 143.92	\$ 214.76
SilverScript High Option \$5/\$10	N/A	N/A	N/A	\$ 306.17	\$ 612.39	\$ 918.56	\$ 519.63	\$ 774.96
<b>DENTAL:</b>								
Dental PPO (Traditional Dental Plan)	\$ 13.87	\$ 30.90	\$ 44.47	\$ 13.87	\$ 30.90	\$ 44.47	\$ 30.90	\$ 44.47
<b>VISION:</b>								
Opti-Vision Discount Plan	\$ 0.16	\$ 0.16	\$ 0.16	\$ 0.16	\$ 0.16	\$ 0.16	\$ 0.16	\$ 0.16

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
		Age	100% Monthly Rates
<b>Dependent Life Insurance</b>		<25	\$0.044
\$2,000/\$1,000	\$0.626	25-29	\$0.049
\$4,000/\$2,000	\$1.349	30-34	\$0.060
\$10,000/\$5,000	\$3.076	35-39	\$0.066
		40-44	\$0.071
<b>Basic Term Life Insurance</b>		45-49	\$0.100
per \$1,000 coverage		50-54	\$0.145
		55-59	\$0.258
		60-64	\$0.388
		65-69	\$0.732
		70-74	\$1.293
		75-79	\$2.086
		80-84	\$3.370
		85-89	\$5.450
		90-94	\$8.819
		95+	\$14.277

To determine your total monthly premium, enter the costs for each of your plans

Medical	\$ _____
Prescription	\$ _____
Dental	\$ _____
Vision	\$ _____
Basic Life <sup>3</sup>	\$ _____
Dep Life <sup>3</sup>	\$ _____
Opt Life <sup>3</sup>	\$ _____
<b>TOTAL</b>	<b>\$ 0.00</b>

1 Non-Medicare and Medicare Split rates apply when (at least) one member is Medicare eligible and (at least) one member is non-Medicare eligible. Proof of under age 65 Medicare is required.

2 Only available to retirees who are currently enrolled in the CareFirst BCBS Indemnity Plan (closed to new members). Prescription (Rx) plans (High and Standard Options) are not available to Indemnity Plan participants.

3 Basic Life only available to eligible retirees (not surviving dependents). Optional and Dependent Life insurance are only available to Retirees who had coverage as of the day prior to retirement. Optional and Dependent Life can only be maintained or cancelled completely. Retiree Optional Life Insurance available after age 69 only for individuals who retired on or after January 1, 2016.

## RETIREE GROUP INSURANCE RATES

### 42.00% Cost Share

Effective January 1, 2017

HEALTH PLANS	Non-Medicare			Medicare Only			Non-Medicare & Medicare Split <sup>1</sup>	
	Self	Self + 1	Family	Self	Self + 1	Family	Self + 1	Family
	42.00%	42.00%	42.00%	42.00%	42.00%	42.00%	42.00%	42.00%
<b>MEDICAL:</b>								
CareFirst High Option POS (medical only)	\$ 230.61	\$ 398.92	\$ 671.70	\$ 124.26	\$ 230.30	\$ 256.07	\$ 292.57	\$ 565.35
CareFirst Standard Option POS (medical only)	\$ 214.46	\$ 370.99	\$ 624.68	\$ 115.56	\$ 214.18	\$ 238.14	\$ 272.09	\$ 525.79
UnitedHealthcare Select HMO (medical only)	\$ 201.91	\$ 388.15	\$ 617.06	\$ 177.59	\$ 362.18	\$ 574.80	\$ 363.83	\$ 592.74
Kaiser HMO (medical with Rx)	\$ 234.16	\$ 440.23	\$ 693.13	\$ 148.40	\$ 296.81	\$ 445.20	\$ 354.47	\$ 607.37
CareFirst Indemnity (medical with Rx discount) <sup>2</sup>	\$ 479.63	\$ 1,021.57	\$ 1,532.43	\$ 247.64	\$ 515.57	\$ 639.23	\$ 789.57	\$ 1,300.44
<b>PRESCRIPTION:</b>								
Caremark Standard Option \$10/\$20/\$35	\$ 73.15	\$ 135.32	\$ 209.70	N/A	N/A	N/A	\$ 151.12	\$ 225.50
Caremark High Option \$5/\$10	\$ 254.56	\$ 470.98	\$ 729.85	N/A	N/A	N/A	\$ 526.83	\$ 785.70
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 88.95	\$ 177.90	\$ 266.85	\$ 151.12	\$ 225.50
SilverScript High Option \$5/\$10	N/A	N/A	N/A	\$ 310.41	\$ 620.86	\$ 931.27	\$ 526.83	\$ 785.70
<b>DENTAL:</b>								
Dental PPO (Traditional Dental Plan)	\$ 14.57	\$ 32.45	\$ 46.69	\$ 14.57	\$ 32.45	\$ 46.69	\$ 32.45	\$ 46.69
<b>VISION:</b>								
Opti-Vision Discount Plan	\$ 0.17	\$ 0.17	\$ 0.17	\$ 0.17	\$ 0.17	\$ 0.17	\$ 0.17	\$ 0.17

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
		Age	100% Monthly Rates
<b>Dependent Life Insurance</b>		<25	\$0.044
\$2,000/\$1,000	\$0.657	25-29	\$0.049
\$4,000/\$2,000	\$1.349	30-34	\$0.060
\$10,000/\$5,000	\$3.076	35-39	\$0.066
		40-44	\$0.071
<b>Basic Term Life Insurance</b>		45-49	\$0.100
per \$1,000 coverage		50-54	\$0.145
		55-59	\$0.258
		60-64	\$0.388
		65-69	\$0.732
		70-74	\$1.293
		75-79	\$2.086
		80-84	\$3.370
		85-89	\$5.450
		90-94	\$8.819
		95+	\$14.277

To determine your total monthly premium, enter the costs for each of your plans

Medical	\$ _____
Prescription	\$ _____
Dental	\$ _____
Vision	\$ _____
Basic Life <sup>3</sup>	\$ _____
Dep Life <sup>3</sup>	\$ _____
Opt Life <sup>3</sup>	\$ _____
<b>TOTAL</b>	<b>\$ 0.00</b>

1 Non-Medicare and Medicare Split rates apply when (at least) one member is Medicare eligible and (at least) one member is non-Medicare eligible. Proof of under age 65 Medicare is required.

2 Only available to retirees who are currently enrolled in the CareFirst BCBS Indemnity Plan (closed to new members). Prescription (Rx) plans (High and Standard Options) are not available to Indemnity Plan participants.

3 Basic Life only available to eligible retirees (not surviving dependents). Optional and Dependent Life insurance are only available to Retirees who had coverage as of the day prior to retirement. Optional and Dependent Life can only be maintained or cancelled completely. Retiree Optional Life Insurance available after age 69 only for individuals who retired on or after January 1, 2016.

## RETIREE GROUP INSURANCE RATES

**44.00% Cost Share**

*Effective January 1, 2017*

HEALTH PLANS	Non-Medicare			Medicare Only			Non-Medicare & Medicare Split <sup>1</sup>	
	Self	Self + 1	Family	Self	Self + 1	Family	Self + 1	Family
	44.00%	44.00%	44.00%	44.00%	44.00%	44.00%	44.00%	44.00%
<b>MEDICAL:</b>								
CareFirst High Option POS (medical only)	\$ 241.59	\$ 417.91	\$ 703.68	\$ 130.17	\$ 241.27	\$ 268.26	\$ 306.50	\$ 592.27
CareFirst Standard Option POS (medical only)	\$ 224.67	\$ 388.66	\$ 654.43	\$ 121.07	\$ 224.38	\$ 249.48	\$ 285.05	\$ 550.82
UnitedHealthcare Select HMO (medical only)	\$ 211.53	\$ 406.63	\$ 646.44	\$ 186.05	\$ 379.43	\$ 602.18	\$ 381.16	\$ 620.96
Kaiser HMO (medical with Rx)	\$ 245.31	\$ 461.19	\$ 726.14	\$ 155.47	\$ 310.94	\$ 466.40	\$ 371.35	\$ 636.29
CareFirst Indemnity (medical with Rx discount) <sup>2</sup>	\$ 502.47	\$ 1,070.21	\$ 1,605.40	\$ 259.43	\$ 540.12	\$ 669.67	\$ 827.17	\$ 1,362.36
<b>PRESCRIPTION:</b>								
Caremark Standard Option \$10/\$20/\$35	\$ 76.63	\$ 141.76	\$ 219.68	N/A	N/A	N/A	\$ 158.31	\$ 236.24
Caremark High Option \$5/\$10	\$ 258.04	\$ 477.42	\$ 739.83	N/A	N/A	N/A	\$ 534.02	\$ 796.44
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 93.18	\$ 186.37	\$ 279.55	\$ 158.31	\$ 236.24
SilverScript High Option \$5/\$10	N/A	N/A	N/A	\$ 314.64	\$ 629.33	\$ 943.97	\$ 534.02	\$ 796.44
<b>DENTAL:</b>								
Dental PPO (Traditional Dental Plan)	\$ 15.26	\$ 33.99	\$ 48.91	\$ 15.26	\$ 33.99	\$ 48.91	\$ 33.99	\$ 48.91
<b>VISION:</b>								
Opti-Vision Discount Plan	\$ 0.18	\$ 0.18	\$ 0.18	\$ 0.18	\$ 0.18	\$ 0.18	\$ 0.18	\$ 0.18

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
		Age	100% Monthly Rates
<b>Dependent Life Insurance</b>		<25	\$0.044
\$2,000/\$1,000	\$0.689	25-29	\$0.049
\$4,000/\$2,000	\$1.349	30-34	\$0.060
\$10,000/\$5,000	\$3.076	35-39	\$0.066
		40-44	\$0.071
<b>Basic Term Life Insurance</b>		45-49	\$0.100
per \$1,000 coverage	\$0.128	50-54	\$0.145
		55-59	\$0.258
		60-64	\$0.388
		65-69	\$0.732
		70-74	\$1.293
		75-79	\$2.086
		80-84	\$3.370
		85-89	\$5.450
		90-94	\$8.819
		95+	\$14.277

To determine your total monthly premium, enter the costs for each of your plans

Medical	\$ _____
Prescription	\$ _____
Dental	\$ _____
Vision	\$ _____
Basic Life <sup>3</sup>	\$ _____
Dep Life <sup>3</sup>	\$ _____
Opt Life <sup>3</sup>	\$ _____
<b>TOTAL</b>	<b>\$ 0.00</b>

1 Non-Medicare and Medicare Split rates apply when (at least) one member is Medicare eligible and (at least) one member is non-Medicare eligible. Proof of under age 65 Medicare is required.

2 Only available to retirees who are currently enrolled in the CareFirst BCBS Indemnity Plan (closed to new members). Prescription (Rx) plans (High and Standard Options) are not available to Indemnity Plan participants.

3 Basic Life only available to eligible retirees (not surviving dependents). Optional and Dependent Life insurance are only available to Retirees who had coverage as of the day prior to retirement. Optional and Dependent Life can only be maintained or cancelled completely. Retiree Optional Life Insurance available after age 69 only for individuals who retired on or after January 1, 2016.

## RETIREE GROUP INSURANCE RATES

### 45.00% Cost Share

Effective January 1, 2017

HEALTH PLANS	Non-Medicare			Medicare Only			Non-Medicare & Medicare Split <sup>1</sup>	
	Self	Self + 1	Family	Self	Self + 1	Family	Self + 1	Family
	45.00%	45.00%	45.00%	45.00%	45.00%	45.00%	45.00%	45.00%
<b>MEDICAL:</b>								
CareFirst High Option POS (medical only)	\$ 247.08	\$ 427.41	\$ 719.68	\$ 133.13	\$ 246.75	\$ 274.36	\$ 313.47	\$ 605.73
CareFirst Standard Option POS (medical only)	\$ 229.78	\$ 397.49	\$ 669.30	\$ 123.82	\$ 229.48	\$ 255.15	\$ 291.53	\$ 563.34
UnitedHealthcare Select HMO (medical only)	\$ 216.33	\$ 415.88	\$ 661.13	\$ 190.28	\$ 388.05	\$ 615.86	\$ 389.82	\$ 635.08
Kaiser HMO (medical with Rx)	\$ 250.89	\$ 471.67	\$ 742.64	\$ 159.00	\$ 318.01	\$ 477.00	\$ 379.79	\$ 650.75
CareFirst Indemnity (medical with Rx discount) <sup>2</sup>	\$ 513.89	\$ 1,094.54	\$ 1,641.89	\$ 265.33	\$ 552.40	\$ 684.89	\$ 845.97	\$ 1,393.33
<b>PRESCRIPTION:</b>								
Caremark Standard Option \$10/\$20/\$35	\$ 78.37	\$ 144.98	\$ 224.68	N/A	N/A	N/A	\$ 161.91	\$ 241.61
Caremark High Option \$5/\$10	\$ 259.78	\$ 480.64	\$ 744.83	N/A	N/A	N/A	\$ 537.62	\$ 801.81
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 95.30	\$ 190.61	\$ 285.91	\$ 161.91	\$ 241.61
SilverScript High Option \$5/\$10	N/A	N/A	N/A	\$ 316.76	\$ 633.57	\$ 950.33	\$ 537.62	\$ 801.81
<b>DENTAL:</b>								
Dental PPO (Traditional Dental Plan)	\$ 15.61	\$ 34.77	\$ 50.03	\$ 15.61	\$ 34.77	\$ 50.03	\$ 34.77	\$ 50.03
<b>VISION:</b>								
Opti-Vision Discount Plan	\$ 0.18	\$ 0.18	\$ 0.18	\$ 0.18	\$ 0.18	\$ 0.18	\$ 0.18	\$ 0.18

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
		Age	100% Monthly Rates
<b>Dependent Life Insurance</b>		<25	\$0.044
\$2,000/\$1,000	\$0.704	25-29	\$0.049
\$4,000/\$2,000	\$1.349	30-34	\$0.060
\$10,000/\$5,000	\$3.076	35-39	\$0.066
		40-44	\$0.071
<b>Basic Term Life Insurance</b>		45-49	\$0.100
per \$1,000 coverage	\$0.131	50-54	\$0.145
		55-59	\$0.258
		60-64	\$0.388
		65-69	\$0.732
		70-74	\$1.293
		75-79	\$2.086
		80-84	\$3.370
		85-89	\$5.450
		90-94	\$8.819
		95+	\$14.277

To determine your total monthly premium, enter the costs for each of your plans

Medical	\$ _____
Prescription	\$ _____
Dental	\$ _____
Vision	\$ _____
Basic Life <sup>3</sup>	\$ _____
Dep Life <sup>3</sup>	\$ _____
Opt Life <sup>3</sup>	\$ _____
<b>TOTAL</b>	<b>\$ 0.00</b>

1 Non-Medicare and Medicare Split rates apply when (at least) one member is Medicare eligible and (at least) one member is non-Medicare eligible. Proof of under age 65 Medicare is required.

2 Only available to retirees who are currently enrolled in the CareFirst BCBS Indemnity Plan (closed to new members). Prescription (Rx) plans (High and Standard Options) are not available to Indemnity Plan participants.

3 Basic Life only available to eligible retirees (not surviving dependents). Optional and Dependent Life insurance are only available to Retirees who had coverage as of the day prior to retirement. Optional and Dependent Life can only be maintained or cancelled completely. Retiree Optional Life Insurance available after age 69 only for individuals who retired on or after January 1, 2016.

## RETIREE GROUP INSURANCE RATES

**46.00% Cost Share**

*Effective January 1, 2017*

HEALTH PLANS	Non-Medicare			Medicare Only			Non-Medicare & Medicare Split <sup>1</sup>	
	Self	Self + 1	Family	Self	Self + 1	Family	Self + 1	Family
	46.00%	46.00%	46.00%	46.00%	46.00%	46.00%	46.00%	46.00%
<b>MEDICAL:</b>								
CareFirst High Option POS (medical only)	\$ 252.57	\$ 436.91	\$ 735.67	\$ 136.09	\$ 252.23	\$ 280.45	\$ 320.43	\$ 619.19
CareFirst Standard Option POS (medical only)	\$ 234.89	\$ 406.32	\$ 684.18	\$ 126.57	\$ 234.58	\$ 260.82	\$ 298.01	\$ 575.86
UnitedHealthcare Select HMO (medical only)	\$ 221.14	\$ 425.12	\$ 675.82	\$ 194.51	\$ 396.68	\$ 629.55	\$ 398.48	\$ 649.19
Kaiser HMO (medical with Rx)	\$ 256.46	\$ 482.15	\$ 759.14	\$ 162.54	\$ 325.07	\$ 487.60	\$ 388.23	\$ 665.22
CareFirst Indemnity (medical with Rx discount) <sup>2</sup>	\$ 525.31	\$ 1,118.86	\$ 1,678.37	\$ 271.23	\$ 564.67	\$ 700.11	\$ 864.77	\$ 1,424.29
<b>PRESCRIPTION:</b>								
Caremark Standard Option \$10/\$20/\$35	\$ 80.11	\$ 148.20	\$ 229.67	N/A	N/A	N/A	\$ 165.51	\$ 246.97
Caremark High Option \$5/\$10	\$ 261.52	\$ 483.86	\$ 749.82	N/A	N/A	N/A	\$ 541.22	\$ 807.17
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 97.42	\$ 194.84	\$ 292.26	\$ 165.51	\$ 246.97
SilverScript High Option \$5/\$10	N/A	N/A	N/A	\$ 318.88	\$ 637.80	\$ 956.68	\$ 541.22	\$ 807.17
<b>DENTAL:</b>								
Dental PPO (Traditional Dental Plan)	\$ 15.95	\$ 35.54	\$ 51.14	\$ 15.95	\$ 35.54	\$ 51.14	\$ 35.54	\$ 51.14
<b>VISION:</b>								
Opti-Vision Discount Plan	\$ 0.19	\$ 0.19	\$ 0.19	\$ 0.19	\$ 0.19	\$ 0.19	\$ 0.19	\$ 0.19

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
		Age	100% Monthly Rates
<b>Dependent Life Insurance</b>		<25	\$0.044
\$2,000/\$1,000	\$0.720	25-29	\$0.049
\$4,000/\$2,000	\$1.349	30-34	\$0.060
\$10,000/\$5,000	\$3.076	35-39	\$0.066
<b>Basic Term Life Insurance</b>		40-44	\$0.071
per \$1,000 coverage     \$0.134		45-49	\$0.100
		50-54	\$0.145
		55-59	\$0.258
		60-64	\$0.388
		65-69	\$0.732
		70-74	\$1.293
		75-79	\$2.086
		80-84	\$3.370
		85-89	\$5.450
		90-94	\$8.819
95+	\$14.277		

*To determine your total monthly premium, enter the costs for each of your plans*

Medical	\$ _____
Prescription	\$ _____
Dental	\$ _____
Vision	\$ _____
Basic Life <sup>3</sup>	\$ _____
Dep Life <sup>3</sup>	\$ _____
Opt Life <sup>3</sup>	\$ _____
<b>TOTAL</b>	<b>\$ 0.00</b>

1 Non-Medicare and Medicare Split rates apply when (at least) one member is Medicare eligible and (at least) one member is non-Medicare eligible. Proof of under age 65 Medicare is required.

2 Only available to retirees who are currently enrolled in the CareFirst BCBS Indemnity Plan (closed to new members). Prescription (Rx) plans (High and Standard Options) are not available to Indemnity Plan participants.

3 Basic Life only available to eligible retirees (not surviving dependents). Optional and Dependent Life insurance are only available to Retirees who had coverage as of the day prior to retirement. Optional and Dependent Life can only be maintained or cancelled completely. Retiree Optional Life Insurance available after age 69 only for individuals who retired on or after January 1, 2016.

## RETIREE GROUP INSURANCE RATES

**48.00% Cost Share**

*Effective January 1, 2017*

HEALTH PLANS	Non-Medicare			Medicare Only			Non-Medicare & Medicare Split <sup>1</sup>	
	Self	Self + 1	Family	Self	Self + 1	Family	Self + 1	Family
	48.00%	48.00%	48.00%	48.00%	48.00%	48.00%	48.00%	48.00%
<b>MEDICAL:</b>								
CareFirst High Option POS (medical only)	\$ 263.55	\$ 455.90	\$ 767.65	\$ 142.01	\$ 263.20	\$ 292.65	\$ 334.36	\$ 646.11
CareFirst Standard Option POS (medical only)	\$ 245.10	\$ 423.99	\$ 713.92	\$ 132.07	\$ 244.78	\$ 272.16	\$ 310.96	\$ 600.90
UnitedHealthcare Select HMO (medical only)	\$ 230.76	\$ 443.60	\$ 705.21	\$ 202.96	\$ 413.92	\$ 656.92	\$ 415.81	\$ 677.41
Kaiser HMO (medical with Rx)	\$ 267.61	\$ 503.12	\$ 792.15	\$ 169.60	\$ 339.21	\$ 508.80	\$ 405.11	\$ 694.14
CareFirst Indemnity (medical with Rx discount) <sup>2</sup>	\$ 548.15	\$ 1,167.50	\$ 1,751.35	\$ 283.02	\$ 589.22	\$ 730.55	\$ 902.37	\$ 1,486.21
<b>PRESCRIPTION:</b>								
Caremark Standard Option \$10/\$20/\$35	\$ 83.60	\$ 154.65	\$ 239.65	N/A	N/A	N/A	\$ 172.70	\$ 257.71
Caremark High Option \$5/\$10	\$ 265.01	\$ 490.31	\$ 759.80	N/A	N/A	N/A	\$ 548.41	\$ 817.91
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 101.65	\$ 203.31	\$ 304.97	\$ 172.70	\$ 257.71
SilverScript High Option \$5/\$10	N/A	N/A	N/A	\$ 323.11	\$ 646.27	\$ 969.39	\$ 548.41	\$ 817.91
<b>DENTAL:</b>								
Dental PPO (Traditional Dental Plan)	\$ 16.65	\$ 37.08	\$ 53.36	\$ 16.65	\$ 37.08	\$ 53.36	\$ 37.08	\$ 53.36
<b>VISION:</b>								
Opti-Vision Discount Plan	\$ 0.20	\$ 0.20	\$ 0.20	\$ 0.20	\$ 0.20	\$ 0.20	\$ 0.20	\$ 0.20

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
		Age	100% Monthly Rates
<b>Dependent Life Insurance</b>		<25	\$0.044
\$2,000/\$1,000	\$0.751	25-29	\$0.049
\$4,000/\$2,000	\$1.349	30-34	\$0.060
\$10,000/\$5,000	\$3.076	35-39	\$0.066
<b>Basic Term Life Insurance</b>		40-44	\$0.071
per \$1,000 coverage     \$0.140		45-49	\$0.100
		50-54	\$0.145
		55-59	\$0.258
		60-64	\$0.388
		65-69	\$0.732
		70-74	\$1.293
		75-79	\$2.086
		80-84	\$3.370
		85-89	\$5.450
		90-94	\$8.819
		95+	\$14.277

*To determine your total monthly premium, enter the costs for each of your plans*

Medical	\$ _____
Prescription	\$ _____
Dental	\$ _____
Vision	\$ _____
Basic Life <sup>3</sup>	\$ _____
Dep Life <sup>3</sup>	\$ _____
Opt Life <sup>3</sup>	\$ _____
<b>TOTAL</b>	<b>\$ 0.00</b>

1 Non-Medicare and Medicare Split rates apply when (at least) one member is Medicare eligible and (at least) one member is non-Medicare eligible. Proof of under age 65 Medicare is required.

2 Only available to retirees who are currently enrolled in the CareFirst BCBS Indemnity Plan (closed to new members). Prescription (Rx) plans (High and Standard Options) are not available to Indemnity Plan participants.

3 Basic Life only available to eligible retirees (not surviving dependents). Optional and Dependent Life insurance are only available to Retirees who had coverage as of the day prior to retirement. Optional and Dependent Life can only be maintained or cancelled completely. Retiree Optional Life Insurance available after age 69 only for individuals who retired on or after January 1, 2016.

## RETIREE GROUP INSURANCE RATES

### 50.00% Cost Share

Effective January 1, 2017

HEALTH PLANS	Non-Medicare			Medicare Only			Non-Medicare & Medicare Split <sup>1</sup>	
	Self	Self + 1	Family	Self	Self + 1	Family	Self + 1	Family
	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%
<b>MEDICAL:</b>								
CareFirst High Option POS (medical only)	\$ 274.53	\$ 474.90	\$ 799.64	\$ 147.93	\$ 274.17	\$ 304.84	\$ 348.30	\$ 673.04
CareFirst Standard Option POS (medical only)	\$ 255.31	\$ 441.66	\$ 743.67	\$ 137.58	\$ 254.98	\$ 283.50	\$ 323.92	\$ 625.94
UnitedHealthcare Select HMO (medical only)	\$ 240.37	\$ 462.09	\$ 734.59	\$ 211.42	\$ 431.17	\$ 684.29	\$ 433.14	\$ 705.64
Kaiser HMO (medical with Rx)	\$ 278.77	\$ 524.08	\$ 825.16	\$ 176.67	\$ 353.34	\$ 530.01	\$ 421.99	\$ 723.06
CareFirst Indemnity (medical with Rx discount) <sup>2</sup>	\$ 570.99	\$ 1,216.15	\$ 1,824.32	\$ 294.81	\$ 613.78	\$ 760.99	\$ 939.97	\$ 1,548.14
<b>PRESCRIPTION:</b>								
Caremark Standard Option \$10/\$20/\$35	\$ 87.08	\$ 161.09	\$ 249.64	N/A	N/A	N/A	\$ 179.90	\$ 268.45
Caremark High Option \$5/\$10	\$ 268.49	\$ 496.75	\$ 769.79	N/A	N/A	N/A	\$ 555.61	\$ 828.65
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 105.89	\$ 211.79	\$ 317.68	\$ 179.90	\$ 268.45
SilverScript High Option \$5/\$10	N/A	N/A	N/A	\$ 327.35	\$ 654.75	\$ 982.10	\$ 555.61	\$ 828.65
<b>DENTAL:</b>								
Dental PPO (Traditional Dental Plan)	\$ 17.34	\$ 38.63	\$ 55.59	\$ 17.34	\$ 38.63	\$ 55.59	\$ 38.63	\$ 55.59
<b>VISION:</b>								
Opti-Vision Discount Plan	\$ 0.21	\$ 0.21	\$ 0.21	\$ 0.21	\$ 0.21	\$ 0.21	\$ 0.21	\$ 0.21

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
		Age	100% Monthly Rates
<b>Dependent Life Insurance</b>		<25	\$0.044
\$2,000/\$1,000	\$0.783	25-29	\$0.049
\$4,000/\$2,000	\$1.349	30-34	\$0.060
\$10,000/\$5,000	\$3.076	35-39	\$0.066
		40-44	\$0.071
<b>Basic Term Life Insurance</b>		45-49	\$0.100
per \$1,000 coverage	\$0.146	50-54	\$0.145
		55-59	\$0.258
		60-64	\$0.388
		65-69	\$0.732
		70-74	\$1.293
		75-79	\$2.086
		80-84	\$3.370
		85-89	\$5.450
		90-94	\$8.819
		95+	\$14.277

To determine your total monthly premium, enter the costs for each of your plans

Medical	\$ _____
Prescription	\$ _____
Dental	\$ _____
Vision	\$ _____
Basic Life <sup>3</sup>	\$ _____
Dep Life <sup>3</sup>	\$ _____
Opt Life <sup>3</sup>	\$ _____
<b>TOTAL</b>	<b>\$ 0.00</b>

1 Non-Medicare and Medicare Split rates apply when (at least) one member is Medicare eligible and (at least) one member is non-Medicare eligible. Proof of under age 65 Medicare is required.

2 Only available to retirees who are currently enrolled in the CareFirst BCBS Indemnity Plan (closed to new members). Prescription (Rx) plans (High and Standard Options) are not available to Indemnity Plan participants.

3 Basic Life only available to eligible retirees (not surviving dependents). Optional and Dependent Life insurance are only available to Retirees who had coverage as of the day prior to retirement. Optional and Dependent Life can only be maintained or cancelled completely. Retiree Optional Life Insurance available after age 69 only for individuals who retired on or after January 1, 2016.

**MONTGOMERY COUNTY RETIREE GROUP HEALTH PLAN & LIFE RATES**  
**100% Cost Share Rates - Effective January 1, 2017**

HEALTH PLANS	Non-Medicare 100% Monthly Rates			Medicare 100% Monthly Rates <sup>2</sup>			Non-Medicare & Medicare Split Rates <sup>2,3</sup>	
	SELF	SELF+1	FAMILY	SELF	SELF+1	FAMILY	SELF+1	FAMILY
<b>MEDICAL:</b>								
Carefirst High Option POS (medical only)	\$549.06	\$949.80	\$1,599.28	\$295.85	\$548.33	\$609.68	\$696.59	\$1,346.07
Carefirst Standard Option POS (medical only)	\$510.62	\$883.31	\$1,487.34	\$275.15	\$509.96	\$567.00	\$647.84	\$1,251.87
UnitedHealthcare Select HMO (medical only)	\$480.74	\$924.17	\$1,469.18	\$422.84	\$862.34	\$1,368.58	\$866.27	\$1,411.28
Kaiser HMO (medical with Rx)	\$557.53	\$1,048.16	\$1,650.31	\$353.34	\$706.68	\$1,060.01	\$843.97	\$1,446.12
Carefirst Indemnity (medical with Rx discount) <sup>1</sup>	\$1,141.98	\$2,432.30	\$3,648.64	\$539.05	\$1,126.41	\$1,370.27	\$1,829.37	\$3,045.71
<b>PRESCRIPTION:</b>								
Caremark Standard Option \$10/\$20/\$35	\$174.16	\$322.18	\$499.28	N/A	N/A	N/A	\$359.80	\$536.90
Caremark High Option \$5/\$10	\$355.57	\$657.84	\$1,019.43	N/A	N/A	N/A	\$646.74	\$1,008.33
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$211.78	\$423.57	\$635.35	\$359.80	\$536.90
SilverScript High Option \$5/\$10	N/A	N/A	N/A	\$344.47	\$688.93	\$1,033.40	\$646.74	\$1,008.33
<b>DENTAL:</b>								
Dental PPO (Traditional Dental Plan)	\$34.68	\$77.26	\$111.17	\$34.68	\$77.26	\$111.17	\$77.26	\$111.17
<b>VISION:</b>								
Discount Vision Plan	\$0.41	\$0.41	\$0.41	\$0.41	\$0.41	\$0.41	\$0.41	\$0.41

LIFE INSURANCE:	100% Monthly Rates	Optional Life Insurance (per \$1,000 coverage)	
		AGE	100% Monthly Rates
		<25	\$0.044
<b>Dependent Life Insurance</b>		25-29	\$0.049
\$2,000/\$1,000	\$1.565	30-34	\$0.060
\$4,000/\$2,000	\$1.349	35-39	\$0.066
\$10,000/\$5,000	\$3.076	40-44	\$0.071
		45-49	\$0.100
<b>Term Life Insurance</b> (per \$1,000 coverage)	\$0.292	50-54	\$0.145
		55-59	\$0.258
		60-64	\$0.388
		65-69	\$0.732
		70-74	\$1.293
		75-79	\$2.086
		80-84	\$3.370
		85-89	\$5.450
		90-94	\$8.819
		95+	\$14.277

**NOTES:**

1 The Indemnity plan is closed to new participants. Caremark Rx plans are not available to Indemnity plan participants other than the discount card.

2 Medicare rates for retirees with 100% cost share are 2x the self rate for self+1 and 3x the self rate for family. (This note only applies to the SilverScript Rx plans and the Rx portion of the CareFirst Indemnity plan)

3 Non-Medicare/Medicare Split Rates apply when (at least) one member is Medicare Eligible and (at least) one member is Non -Medicare Eligible. Proof of under age 65 Medicare is required.