

102% MONTHLY HEALTH RATES <i>(with additional 2% COBRA admin fee)</i> Effective January 1, 2024	ACTIVE AND RETIREE NON-MEDICARE			RETIREE MEDICARE*			RETIREE NON-MEDICARE & MEDICARE SPLIT*	
	SELF	SELF+1	FAMILY	SELF	SELF+1	FAMILY	SELF+1	FAMILY
HEALTH PLANS								
MEDICAL:								
Carefirst High Option POS (medical only)	\$767.13	\$1,327.05	\$2,234.48	\$413.36	\$766.12	\$851.84	\$973.27	\$1,880.71
Carefirst Standard Option POS (medical only)	\$713.44	\$1,234.14	\$2,078.08	\$384.44	\$712.50	\$792.20	\$905.14	\$1,749.08
UnitedHealthcare Select HMO (medical only)	\$627.97	\$1,207.20	\$1,919.11	\$338.36	\$690.06	\$1,095.16	\$917.59	\$1,629.50
Kaiser HMO (medical with Rx)	\$781.53	\$1,469.31	\$2,313.37	\$346.10	\$692.19	\$1,038.29	\$1,033.87	\$1,877.93
1/ Carefirst Indemnity (medical with Rx)	\$1,317.72	\$2,806.60	\$4,210.12	\$680.36	\$1,416.45	\$1,756.19	\$2,169.24	\$3,572.76
PRESCRIPTION:								
Caremark Standard Option \$10/\$20/\$35 Rx Plan	\$281.59	\$520.93	\$807.28	N/A	N/A	N/A	\$578.95	\$865.30
SilverScript Standard Option \$10/\$20/\$35 Rx Plan	N/A	N/A	N/A	\$339.61	\$679.24	\$1,018.84	\$578.95	\$865.30
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$43.76	\$97.49	\$140.29	\$43.76	\$97.49	\$140.29	\$97.49	\$140.29
Dental HMO (DHMO)	\$14.94	\$28.28	\$41.38	N/A	N/A	N/A	N/A	N/A
VISION:								
Vision Plan	\$4.83	\$7.65	\$11.61	N/A	N/A	N/A	N/A	N/A
Discount Vision Plan	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Vision Insured Plan	\$2.79	\$5.31	\$8.23	\$2.79	\$5.31	\$8.23	\$5.31	\$8.23

* Rates may be lower for individual retirees with 100% cost share factor

1/ Only available to COBRA participants who are currently enrolled in the Carefirst Indemnity Plan.

Direct Bill Additional Coverage determined per individual:

Basic Life
Optional Life
Dependent Life