

RETIREE GROUP INSURANCE RATES

20.00% Cost Share

Effective January 1, 2016

HEALTH PLANS	Non-Medicare			Medicare Only			Non-Medicare & Medicare Split ¹	
	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%
MEDICAL:								
CareFirst High Option POS (medical only)	\$ 108.42	\$ 187.56	\$ 315.81	\$ 58.42	\$ 108.28	\$ 120.39	\$ 137.56	\$ 265.81
CareFirst Standard Option POS (medical only)	\$ 100.83	\$ 174.43	\$ 293.70	\$ 54.33	\$ 100.70	\$ 111.97	\$ 127.93	\$ 247.21
UnitedHealthcare Select HMO (medical only)	\$ 94.84	\$ 182.32	\$ 289.84	\$ 83.42	\$ 170.12	\$ 269.99	\$ 170.90	\$ 278.42
Kaiser HMO (medical with Rx)	\$ 106.81	\$ 200.80	\$ 316.16	\$ 68.16	\$ 136.32	\$ 204.48	\$ 162.15	\$ 277.51
CareFirst Indemnity (medical with Rx discount) ²	\$ 228.40	\$ 486.46	\$ 729.73	\$ 117.92	\$ 245.51	\$ 304.39	\$ 375.99	\$ 619.26
PRESCRIPTION:								
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
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 6.94	\$ 15.45	\$ 22.23	\$ 6.94	\$ 15.45	\$ 22.23	\$ 15.45	\$ 22.23
VISION:								
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	
Dependent Life Insurance		Age	100% Monthly Rates
\$2,000/\$1,000	\$0.309	<25	\$0.044
\$4,000/\$2,000	\$1.269	25-29	\$0.049
\$10,000/\$5,000	\$3.055	30-34	\$0.060
		35-39	\$0.066
		40-44	\$0.071
		45-49	\$0.100
		50-54	\$0.145
		55-59	\$0.258
		60-64	\$0.388
		65-69	\$0.732
per \$1,000 coverage	\$0.060		

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

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

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 GROUP INSURANCE RATES

30.00% Cost Share

Effective January 1, 2016

HEALTH PLANS	Non-Medicare			Medicare Only			Non-Medicare & Medicare Split ¹	
	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%
MEDICAL:								
CareFirst High Option POS (medical only)	\$ 162.63	\$ 281.33	\$ 473.71	\$ 87.63	\$ 162.42	\$ 180.59	\$ 206.33	\$ 398.71
CareFirst Standard Option POS (medical only)	\$ 151.25	\$ 261.64	\$ 440.56	\$ 81.50	\$ 151.05	\$ 167.95	\$ 191.89	\$ 370.81
UnitedHealthcare Select HMO (medical only)	\$ 142.26	\$ 273.48	\$ 434.76	\$ 125.13	\$ 255.18	\$ 404.99	\$ 256.35	\$ 417.62
Kaiser HMO (medical with Rx)	\$ 160.22	\$ 301.20	\$ 474.23	\$ 102.24	\$ 204.48	\$ 306.72	\$ 243.23	\$ 416.26
CareFirst Indemnity (medical with Rx discount) ²	\$ 342.59	\$ 729.69	\$ 1,094.59	\$ 176.89	\$ 368.27	\$ 456.59	\$ 563.98	\$ 928.88
PRESCRIPTION:								
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
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 10.40	\$ 23.18	\$ 33.35	\$ 10.40	\$ 23.18	\$ 33.35	\$ 23.18	\$ 33.35
VISION:								
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
Dependent Life Insurance		<25	\$0.044
\$2,000/\$1,000	\$0.464	25-29	\$0.049
\$4,000/\$2,000	\$1.269	30-34	\$0.060
\$10,000/\$5,000	\$3.055	35-39	\$0.066
		40-44	\$0.071
Basic Term Life Insurance		45-49	\$0.100
		50-54	\$0.145
per \$1,000 coverage	\$0.089	55-59	\$0.258
		60-64	\$0.388
		65-69	\$0.732

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

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

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 GROUP INSURANCE RATES

31.34% Cost Share

Effective January 1, 2016

HEALTH PLANS	Non-Medicare			Medicare Only			Non-Medicare & Medicare Split ¹	
	Self	Self + 1	Family	Self	Self + 1	Family	Self + 1	Family
	31.34%	31.34%	31.34%	31.34%	31.34%	31.34%	31.34%	31.34%
MEDICAL:								
CareFirst High Option POS (medical only)	\$ 169.90	\$ 293.90	\$ 494.87	\$ 91.55	\$ 169.67	\$ 188.66	\$ 215.55	\$ 416.52
CareFirst Standard Option POS (medical only)	\$ 158.00	\$ 273.33	\$ 460.23	\$ 85.14	\$ 157.80	\$ 175.45	\$ 200.46	\$ 387.37
UnitedHealthcare Select HMO (medical only)	\$ 148.61	\$ 285.70	\$ 454.18	\$ 130.72	\$ 266.58	\$ 423.08	\$ 267.80	\$ 436.28
Kaiser HMO (medical with Rx)	\$ 167.37	\$ 314.66	\$ 495.42	\$ 106.81	\$ 213.61	\$ 320.42	\$ 254.09	\$ 434.85
CareFirst Indemnity (medical with Rx discount) ²	\$ 357.90	\$ 762.28	\$ 1,143.48	\$ 184.79	\$ 384.71	\$ 476.99	\$ 589.17	\$ 970.37
PRESCRIPTION:								
Caremark Standard Option \$10/\$20/\$35	\$ 54.58	\$ 100.97	\$ 156.47	N/A	N/A	N/A	\$ 112.76	\$ 168.26
Caremark High Option \$5/\$10	\$ 235.99	\$ 436.63	\$ 676.62	N/A	N/A	N/A	\$ 488.47	\$ 728.46
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 66.37	\$ 132.75	\$ 199.12	\$ 112.76	\$ 168.26
SilverScript High Option \$5/\$10	N/A	N/A	N/A	\$ 287.83	\$ 575.71	\$ 863.54	\$ 488.47	\$ 728.46
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 10.87	\$ 24.21	\$ 34.84	\$ 10.87	\$ 24.21	\$ 34.84	\$ 24.21	\$ 34.84
VISION:								
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	
Dependent Life Insurance	Age	100% Monthly Rates	
\$2,000/\$1,000	<25	\$0.044	
\$4,000/\$2,000	25-29	\$0.049	
\$10,000/\$5,000	30-34	\$0.060	
	35-39	\$0.066	
	40-44	\$0.071	
	45-49	\$0.100	
	50-54	\$0.145	
	55-59	\$0.258	
	60-64	\$0.388	
	65-69	\$0.732	
per \$1,000 coverage	\$0.093		

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

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

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 GROUP INSURANCE RATES

32.00% Cost Share

Effective January 1, 2016

HEALTH PLANS	Non-Medicare			Medicare Only			Non-Medicare & Medicare Split ¹	
	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%
MEDICAL:								
CareFirst High Option POS (medical only)	\$ 173.48	\$ 300.09	\$ 505.29	\$ 93.48	\$ 173.24	\$ 192.63	\$ 220.09	\$ 425.29
CareFirst Standard Option POS (medical only)	\$ 161.33	\$ 279.08	\$ 469.93	\$ 86.93	\$ 161.12	\$ 179.15	\$ 204.68	\$ 395.53
UnitedHealthcare Select HMO (medical only)	\$ 151.74	\$ 291.71	\$ 463.74	\$ 133.47	\$ 272.20	\$ 431.99	\$ 273.44	\$ 445.47
Kaiser HMO (medical with Rx)	\$ 170.90	\$ 321.28	\$ 505.85	\$ 109.06	\$ 218.11	\$ 327.17	\$ 259.44	\$ 444.01
CareFirst Indemnity (medical with Rx discount) ²	\$ 365.43	\$ 778.34	\$ 1,167.56	\$ 188.68	\$ 392.82	\$ 487.03	\$ 601.58	\$ 990.81
PRESCRIPTION:								
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
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 11.10	\$ 24.72	\$ 35.57	\$ 11.10	\$ 24.72	\$ 35.57	\$ 24.72	\$ 35.57
VISION:								
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	
Dependent Life Insurance		Age	100% Monthly Rates
\$2,000/\$1,000	\$0.495	<25	\$0.044
\$4,000/\$2,000	\$1.269	25-29	\$0.049
\$10,000/\$5,000	\$3.055	30-34	\$0.060
		35-39	\$0.066
		40-44	\$0.071
		45-49	\$0.100
		50-54	\$0.145
		55-59	\$0.258
		60-64	\$0.388
		65-69	\$0.732
per \$1,000 coverage	\$0.095		

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

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

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 GROUP INSURANCE RATES

32.67% Cost Share

Effective January 1, 2016

HEALTH PLANS	Non-Medicare			Medicare Only			Non-Medicare & Medicare Split ¹	
	Self	Self + 1	Family	Self	Self + 1	Family	Self + 1	Family
	32.67%	32.67%	32.67%	32.67%	32.67%	32.67%	32.67%	32.67%
MEDICAL:								
CareFirst High Option POS (medical only)	\$ 177.11	\$ 306.37	\$ 515.87	\$ 95.43	\$ 176.87	\$ 196.66	\$ 224.70	\$ 434.20
CareFirst Standard Option POS (medical only)	\$ 164.71	\$ 284.92	\$ 479.77	\$ 88.75	\$ 164.50	\$ 182.90	\$ 208.97	\$ 403.81
UnitedHealthcare Select HMO (medical only)	\$ 154.92	\$ 297.82	\$ 473.45	\$ 136.26	\$ 277.89	\$ 441.03	\$ 279.16	\$ 454.79
Kaiser HMO (medical with Rx)	\$ 174.47	\$ 328.01	\$ 516.44	\$ 111.34	\$ 222.68	\$ 334.02	\$ 264.88	\$ 453.31
CareFirst Indemnity (medical with Rx discount) ²	\$ 373.08	\$ 794.63	\$ 1,192.01	\$ 192.63	\$ 401.04	\$ 497.23	\$ 614.18	\$ 1,011.55
PRESCRIPTION:								
Caremark Standard Option \$10/\$20/\$35	\$ 56.90	\$ 105.26	\$ 163.11	N/A	N/A	N/A	\$ 117.55	\$ 175.41
Caremark High Option \$5/\$10	\$ 238.31	\$ 440.92	\$ 683.26	N/A	N/A	N/A	\$ 493.26	\$ 735.61
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 69.19	\$ 138.38	\$ 207.57	\$ 117.55	\$ 175.41
SilverScript High Option \$5/\$10	N/A	N/A	N/A	\$ 290.65	\$ 581.34	\$ 871.99	\$ 493.26	\$ 735.61
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 11.33	\$ 25.24	\$ 36.32	\$ 11.33	\$ 25.24	\$ 36.32	\$ 25.24	\$ 36.32
VISION:								
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	
Dependent Life Insurance	Age	100% Monthly Rates	
\$2,000/\$1,000	<25	\$0.044	
\$4,000/\$2,000	25-29	\$0.049	
\$10,000/\$5,000	30-34	\$0.060	
	35-39	\$0.066	
	40-44	\$0.071	
	45-49	\$0.100	
	50-54	\$0.145	
	55-59	\$0.258	
	60-64	\$0.388	
	65-69	\$0.732	
per \$1,000 coverage	\$0.097		

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

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

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 GROUP INSURANCE RATES

34.00% Cost Share

Effective January 1, 2016

HEALTH PLANS	Non-Medicare			Medicare Only			Non-Medicare & Medicare Split ¹	
	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%
MEDICAL:								
CareFirst High Option POS (medical only)	\$ 184.32	\$ 318.85	\$ 536.87	\$ 99.32	\$ 184.07	\$ 204.67	\$ 233.85	\$ 451.87
CareFirst Standard Option POS (medical only)	\$ 171.41	\$ 296.52	\$ 499.30	\$ 92.37	\$ 171.19	\$ 190.34	\$ 217.48	\$ 420.25
UnitedHealthcare Select HMO (medical only)	\$ 161.23	\$ 309.94	\$ 492.72	\$ 141.81	\$ 289.21	\$ 458.99	\$ 290.53	\$ 473.31
Kaiser HMO (medical with Rx)	\$ 181.58	\$ 341.36	\$ 537.47	\$ 115.87	\$ 231.74	\$ 347.62	\$ 275.66	\$ 471.76
CareFirst Indemnity (medical with Rx discount) ²	\$ 388.27	\$ 826.98	\$ 1,240.54	\$ 200.47	\$ 417.37	\$ 517.47	\$ 639.18	\$ 1,052.74
PRESCRIPTION:								
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
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 11.79	\$ 26.27	\$ 37.80	\$ 11.79	\$ 26.27	\$ 37.80	\$ 26.27	\$ 37.80
VISION:								
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	
Dependent Life Insurance	Age	100% Monthly Rates	
\$2,000/\$1,000	<25	\$0.044	
\$4,000/\$2,000	25-29	\$0.049	
\$10,000/\$5,000	30-34	\$0.060	
	35-39	\$0.066	
	40-44	\$0.071	
	45-49	\$0.100	
	50-54	\$0.145	
	55-59	\$0.258	
	60-64	\$0.388	
	65-69	\$0.732	
per \$1,000 coverage	\$0.101		

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

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

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 GROUP INSURANCE RATES

35.00% Cost Share

Effective January 1, 2016

HEALTH PLANS	Non-Medicare			Medicare Only			Non-Medicare & Medicare Split ¹	
	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%
MEDICAL:								
CareFirst High Option POS (medical only)	\$ 189.74	\$ 328.22	\$ 552.66	\$ 102.24	\$ 189.49	\$ 210.69	\$ 240.72	\$ 465.16
CareFirst Standard Option POS (medical only)	\$ 176.46	\$ 305.25	\$ 513.98	\$ 95.08	\$ 176.23	\$ 195.94	\$ 223.87	\$ 432.61
UnitedHealthcare Select HMO (medical only)	\$ 165.97	\$ 319.06	\$ 507.22	\$ 145.98	\$ 297.71	\$ 472.49	\$ 299.07	\$ 487.23
Kaiser HMO (medical with Rx)	\$ 186.92	\$ 351.40	\$ 553.27	\$ 119.28	\$ 238.56	\$ 357.84	\$ 283.77	\$ 485.64
CareFirst Indemnity (medical with Rx discount) ²	\$ 399.69	\$ 851.31	\$ 1,277.02	\$ 206.37	\$ 429.64	\$ 532.69	\$ 657.98	\$ 1,083.70
PRESCRIPTION:								
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
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 12.14	\$ 27.04	\$ 38.91	\$ 12.14	\$ 27.04	\$ 38.91	\$ 27.04	\$ 38.91
VISION:								
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	
Dependent Life Insurance		Age	100% Monthly Rates
		<25	\$0.044
\$2,000/\$1,000	\$0.541	25-29	\$0.049
\$4,000/\$2,000	\$1.269	30-34	\$0.060
\$10,000/\$5,000	\$3.055	35-39	\$0.066
		40-44	\$0.071
Basic Term Life Insurance		45-49	\$0.100
per \$1,000 coverage	\$0.104	50-54	\$0.145
		55-59	\$0.258
		60-64	\$0.388
		65-69	\$0.732

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

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

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 GROUP INSURANCE RATES

35.34% Cost Share

Effective January 1, 2016

HEALTH PLANS	Non-Medicare			Medicare Only			Non-Medicare & Medicare Split ¹	
	Self	Self + 1	Family	Self	Self + 1	Family	Self + 1	Family
	35.34%	35.34%	35.34%	35.34%	35.34%	35.34%	35.34%	35.34%
MEDICAL:								
CareFirst High Option POS (medical only)	\$ 191.58	\$ 331.41	\$ 558.03	\$ 103.23	\$ 191.33	\$ 212.74	\$ 243.06	\$ 469.68
CareFirst Standard Option POS (medical only)	\$ 178.17	\$ 308.21	\$ 518.97	\$ 96.01	\$ 177.94	\$ 197.84	\$ 226.05	\$ 436.81
UnitedHealthcare Select HMO (medical only)	\$ 167.58	\$ 322.16	\$ 512.14	\$ 147.40	\$ 300.61	\$ 477.08	\$ 301.98	\$ 491.96
Kaiser HMO (medical with Rx)	\$ 188.73	\$ 354.82	\$ 558.65	\$ 120.44	\$ 240.88	\$ 361.32	\$ 286.52	\$ 490.35
CareFirst Indemnity (medical with Rx discount) ²	\$ 403.58	\$ 859.57	\$ 1,289.43	\$ 208.37	\$ 433.82	\$ 537.86	\$ 664.37	\$ 1,094.23
PRESCRIPTION:								
Caremark Standard Option \$10/\$20/\$35	\$ 61.55	\$ 113.86	\$ 176.45	N/A	N/A	N/A	\$ 127.15	\$ 189.74
Caremark High Option \$5/\$10	\$ 242.96	\$ 449.52	\$ 696.60	N/A	N/A	N/A	\$ 502.86	\$ 749.94
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 74.84	\$ 149.69	\$ 224.53	\$ 127.15	\$ 189.74
SilverScript High Option \$5/\$10	N/A	N/A	N/A	\$ 296.30	\$ 592.65	\$ 888.95	\$ 502.86	\$ 749.94
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 12.26	\$ 27.30	\$ 39.29	\$ 12.26	\$ 27.30	\$ 39.29	\$ 27.30	\$ 39.29
VISION:								
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	
Dependent Life Insurance		Age	100% Monthly Rates
\$2,000/\$1,000	\$0.547	<25	\$0.044
\$4,000/\$2,000	\$1.269	25-29	\$0.049
\$10,000/\$5,000	\$3.055	30-34	\$0.060
		35-39	\$0.066
		40-44	\$0.071
		45-49	\$0.100
		50-54	\$0.145
		55-59	\$0.258
		60-64	\$0.388
		65-69	\$0.732
Basic Term Life Insurance			
per \$1,000 coverage	\$0.105		

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

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

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 GROUP INSURANCE RATES

36.00% Cost Share

Effective January 1, 2016

HEALTH PLANS	Non-Medicare			Medicare Only			Non-Medicare & Medicare Split ¹	
	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%
MEDICAL:								
CareFirst High Option POS (medical only)	\$ 195.16	\$ 337.60	\$ 568.45	\$ 105.16	\$ 194.90	\$ 216.71	\$ 247.60	\$ 478.45
CareFirst Standard Option POS (medical only)	\$ 181.50	\$ 313.97	\$ 528.67	\$ 97.80	\$ 181.26	\$ 201.54	\$ 230.27	\$ 444.97
UnitedHealthcare Select HMO (medical only)	\$ 170.71	\$ 328.18	\$ 521.71	\$ 150.15	\$ 306.22	\$ 485.99	\$ 307.62	\$ 501.15
Kaiser HMO (medical with Rx)	\$ 192.26	\$ 361.44	\$ 569.08	\$ 122.69	\$ 245.38	\$ 368.07	\$ 291.87	\$ 499.51
CareFirst Indemnity (medical with Rx discount) ²	\$ 411.11	\$ 875.63	\$ 1,313.51	\$ 212.26	\$ 441.92	\$ 547.91	\$ 676.78	\$ 1,114.66
PRESCRIPTION:								
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
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 12.48	\$ 27.81	\$ 40.02	\$ 12.48	\$ 27.81	\$ 40.02	\$ 27.81	\$ 40.02
VISION:								
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	
Dependent Life Insurance		Age	100% Monthly Rates
\$2,000/\$1,000	\$0.557	<25	\$0.044
\$4,000/\$2,000	\$1.269	25-29	\$0.049
\$10,000/\$5,000	\$3.055	30-34	\$0.060
		35-39	\$0.066
		40-44	\$0.071
		45-49	\$0.100
		50-54	\$0.145
		55-59	\$0.258
		60-64	\$0.388
		65-69	\$0.732
per \$1,000 coverage	\$0.107		

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

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

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 GROUP INSURANCE RATES

36.67% Cost Share

Effective January 1, 2016

HEALTH PLANS	Non-Medicare			Medicare Only			Non-Medicare & Medicare Split ¹	
	Self	Self + 1	Family	Self	Self + 1	Family	Self + 1	Family
	36.67%	36.67%	36.67%	36.67%	36.67%	36.67%	36.67%	36.67%
MEDICAL:								
CareFirst High Option POS (medical only)	\$ 198.79	\$ 343.88	\$ 579.03	\$ 107.12	\$ 198.53	\$ 220.74	\$ 252.21	\$ 487.36
CareFirst Standard Option POS (medical only)	\$ 184.88	\$ 319.81	\$ 538.51	\$ 99.62	\$ 184.64	\$ 205.29	\$ 234.56	\$ 453.25
UnitedHealthcare Select HMO (medical only)	\$ 173.89	\$ 334.28	\$ 531.42	\$ 152.95	\$ 311.92	\$ 495.03	\$ 313.34	\$ 510.48
Kaiser HMO (medical with Rx)	\$ 195.84	\$ 368.17	\$ 579.67	\$ 124.97	\$ 249.94	\$ 374.92	\$ 297.31	\$ 508.81
CareFirst Indemnity (medical with Rx discount) ²	\$ 418.76	\$ 891.92	\$ 1,337.96	\$ 216.21	\$ 450.14	\$ 558.11	\$ 689.37	\$ 1,135.41
PRESCRIPTION:								
Caremark Standard Option \$10/\$20/\$35	\$ 63.86	\$ 118.14	\$ 183.09	N/A	N/A	N/A	\$ 131.94	\$ 196.88
Caremark High Option \$5/\$10	\$ 245.27	\$ 453.80	\$ 703.24	N/A	N/A	N/A	\$ 507.65	\$ 757.08
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 77.66	\$ 155.32	\$ 232.98	\$ 131.94	\$ 196.88
SilverScript High Option \$5/\$10	N/A	N/A	N/A	\$ 299.12	\$ 598.28	\$ 897.40	\$ 507.65	\$ 757.08
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 12.72	\$ 28.33	\$ 40.77	\$ 12.72	\$ 28.33	\$ 40.77	\$ 28.33	\$ 40.77
VISION:								
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	
Dependent Life Insurance	Age	100% Monthly Rates	
\$2,000/\$1,000	<25	\$0.044	
\$4,000/\$2,000	25-29	\$0.049	
\$10,000/\$5,000	30-34	\$0.060	
	35-39	\$0.066	
	40-44	\$0.071	
	45-49	\$0.100	
	50-54	\$0.145	
	55-59	\$0.258	
	60-64	\$0.388	
	65-69	\$0.732	
Basic Term Life Insurance			
per \$1,000 coverage	\$0.109		

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

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

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 GROUP INSURANCE RATES

38.00% Cost Share

Effective January 1, 2016

HEALTH PLANS	Non-Medicare			Medicare Only			Non-Medicare & Medicare Split ¹	
	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%
MEDICAL:								
CareFirst High Option POS (medical only)	\$ 206.00	\$ 356.36	\$ 600.04	\$ 111.00	\$ 205.73	\$ 228.75	\$ 261.36	\$ 505.04
CareFirst Standard Option POS (medical only)	\$ 191.58	\$ 331.41	\$ 558.04	\$ 103.23	\$ 191.33	\$ 212.74	\$ 243.06	\$ 469.69
UnitedHealthcare Select HMO (medical only)	\$ 180.20	\$ 346.41	\$ 550.69	\$ 158.49	\$ 323.23	\$ 512.98	\$ 324.71	\$ 528.99
Kaiser HMO (medical with Rx)	\$ 202.94	\$ 381.52	\$ 600.70	\$ 129.50	\$ 259.01	\$ 388.52	\$ 308.09	\$ 527.26
CareFirst Indemnity (medical with Rx discount) ²	\$ 433.95	\$ 924.27	\$ 1,386.48	\$ 224.06	\$ 466.47	\$ 578.35	\$ 714.38	\$ 1,176.59
PRESCRIPTION:								
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
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 13.18	\$ 29.36	\$ 42.24	\$ 13.18	\$ 29.36	\$ 42.24	\$ 29.36	\$ 42.24
VISION:								
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	
Dependent Life Insurance		Age	100% Monthly Rates
\$2,000/\$1,000	\$0.588	<25	\$0.044
\$4,000/\$2,000	\$1.269	25-29	\$0.049
\$10,000/\$5,000	\$3.055	30-34	\$0.060
		35-39	\$0.066
		40-44	\$0.071
		45-49	\$0.100
		50-54	\$0.145
		55-59	\$0.258
		60-64	\$0.388
		65-69	\$0.732
per \$1,000 coverage	\$0.113		

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

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

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 GROUP INSURANCE RATES

39.34% Cost Share

Effective January 1, 2016

HEALTH PLANS	Non-Medicare			Medicare Only			Non-Medicare & Medicare Split ¹	
	Self	Self + 1	Family	Self	Self + 1	Family	Self + 1	Family
	39.34%	39.34%	39.34%	39.34%	39.34%	39.34%	39.34%	39.34%
MEDICAL:								
CareFirst High Option POS (medical only)	\$ 213.27	\$ 368.92	\$ 621.19	\$ 114.92	\$ 212.98	\$ 236.81	\$ 270.57	\$ 522.84
CareFirst Standard Option POS (medical only)	\$ 198.34	\$ 343.10	\$ 577.72	\$ 106.87	\$ 198.08	\$ 220.24	\$ 251.63	\$ 486.25
UnitedHealthcare Select HMO (medical only)	\$ 186.55	\$ 358.62	\$ 570.11	\$ 164.08	\$ 334.63	\$ 531.07	\$ 336.16	\$ 547.64
Kaiser HMO (medical with Rx)	\$ 210.10	\$ 394.98	\$ 621.88	\$ 134.07	\$ 268.14	\$ 402.22	\$ 318.95	\$ 545.85
CareFirst Indemnity (medical with Rx discount) ²	\$ 449.25	\$ 956.87	\$ 1,435.37	\$ 231.96	\$ 482.92	\$ 598.74	\$ 739.57	\$ 1,218.08
PRESCRIPTION:								
Caremark Standard Option \$10/\$20/\$35	\$ 68.51	\$ 126.75	\$ 196.42	N/A	N/A	N/A	\$ 141.55	\$ 211.22
Caremark High Option \$5/\$10	\$ 249.92	\$ 462.41	\$ 716.57	N/A	N/A	N/A	\$ 517.26	\$ 771.42
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 83.31	\$ 166.63	\$ 249.95	\$ 141.55	\$ 211.22
SilverScript High Option \$5/\$10	N/A	N/A	N/A	\$ 304.77	\$ 609.59	\$ 914.37	\$ 517.26	\$ 771.42
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 13.64	\$ 30.39	\$ 43.73	\$ 13.64	\$ 30.39	\$ 43.73	\$ 30.39	\$ 43.73
VISION:								
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	
Dependent Life Insurance		Age	100% Monthly Rates
		<25	\$0.044
\$2,000/\$1,000	\$0.609	25-29	\$0.049
\$4,000/\$2,000	\$1.269	30-34	\$0.060
\$10,000/\$5,000	\$3.055	35-39	\$0.066
		40-44	\$0.071
		45-49	\$0.100
		50-54	\$0.145
		55-59	\$0.258
		60-64	\$0.388
		65-69	\$0.732
per \$1,000 coverage	\$0.117		

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

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

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 GROUP INSURANCE RATES

40.00% Cost Share

Effective January 1, 2016

HEALTH PLANS	Non-Medicare			Medicare Only			Non-Medicare & Medicare Split ¹	
	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%
MEDICAL:								
CareFirst High Option POS (medical only)	\$ 216.84	\$ 375.11	\$ 631.62	\$ 116.84	\$ 216.56	\$ 240.79	\$ 275.11	\$ 531.62
CareFirst Standard Option POS (medical only)	\$ 201.66	\$ 348.85	\$ 587.41	\$ 108.67	\$ 201.40	\$ 223.93	\$ 255.86	\$ 494.41
UnitedHealthcare Select HMO (medical only)	\$ 189.68	\$ 364.64	\$ 579.68	\$ 166.84	\$ 340.24	\$ 539.98	\$ 341.80	\$ 556.83
Kaiser HMO (medical with Rx)	\$ 213.62	\$ 401.60	\$ 632.31	\$ 136.32	\$ 272.64	\$ 408.96	\$ 324.30	\$ 555.01
CareFirst Indemnity (medical with Rx discount) ²	\$ 456.79	\$ 972.92	\$ 1,459.46	\$ 235.85	\$ 491.02	\$ 608.79	\$ 751.98	\$ 1,238.51
PRESCRIPTION:								
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
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 13.87	\$ 30.90	\$ 44.47	\$ 13.87	\$ 30.90	\$ 44.47	\$ 30.90	\$ 44.47
VISION:								
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	
Dependent Life Insurance		Age	100% Monthly Rates
		<25	\$0.044
\$2,000/\$1,000	\$0.619	25-29	\$0.049
\$4,000/\$2,000	\$1.269	30-34	\$0.060
\$10,000/\$5,000	\$3.055	35-39	\$0.066
		40-44	\$0.071
		45-49	\$0.100
		50-54	\$0.145
		55-59	\$0.258
		60-64	\$0.388
		65-69	\$0.732
per \$1,000 coverage	\$0.119		

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

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

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 GROUP INSURANCE RATES

40.67% Cost Share

Effective January 1, 2016

HEALTH PLANS	Non-Medicare			Medicare Only			Non-Medicare & Medicare Split ¹	
	Self	Self + 1	Family	Self	Self + 1	Family	Self + 1	Family
	40.67%	40.67%	40.67%	40.67%	40.67%	40.67%	40.67%	40.67%
MEDICAL:								
CareFirst High Option POS (medical only)	\$ 220.48	\$ 381.40	\$ 642.20	\$ 118.80	\$ 220.18	\$ 244.82	\$ 279.72	\$ 540.52
CareFirst Standard Option POS (medical only)	\$ 205.04	\$ 354.70	\$ 597.25	\$ 110.49	\$ 204.78	\$ 227.68	\$ 260.14	\$ 502.69
UnitedHealthcare Select HMO (medical only)	\$ 192.86	\$ 370.75	\$ 589.39	\$ 169.63	\$ 345.94	\$ 549.03	\$ 347.52	\$ 566.16
Kaiser HMO (medical with Rx)	\$ 217.20	\$ 408.33	\$ 642.90	\$ 138.60	\$ 277.21	\$ 415.81	\$ 329.74	\$ 564.31
CareFirst Indemnity (medical with Rx discount) ²	\$ 464.44	\$ 989.22	\$ 1,483.90	\$ 239.80	\$ 499.24	\$ 618.99	\$ 764.57	\$ 1,259.26
PRESCRIPTION:								
Caremark Standard Option \$10/\$20/\$35	\$ 70.83	\$ 131.03	\$ 203.06	N/A	N/A	N/A	\$ 146.33	\$ 218.36
Caremark High Option \$5/\$10	\$ 252.24	\$ 466.69	\$ 723.21	N/A	N/A	N/A	\$ 522.04	\$ 778.56
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 86.13	\$ 172.27	\$ 258.40	\$ 146.33	\$ 218.36
SilverScript High Option \$5/\$10	N/A	N/A	N/A	\$ 307.59	\$ 615.23	\$ 922.82	\$ 522.04	\$ 778.56
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 14.10	\$ 31.42	\$ 45.21	\$ 14.10	\$ 31.42	\$ 45.21	\$ 31.42	\$ 45.21
VISION:								
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	
Dependent Life Insurance		Age	100% Monthly Rates
\$2,000/\$1,000	\$0.629	<25	\$0.044
\$4,000/\$2,000	\$1.269	25-29	\$0.049
\$10,000/\$5,000	\$3.055	30-34	\$0.060
		35-39	\$0.066
		40-44	\$0.071
		45-49	\$0.100
		50-54	\$0.145
		55-59	\$0.258
		60-64	\$0.388
		65-69	\$0.732
per \$1,000 coverage	\$0.121		

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

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

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 GROUP INSURANCE RATES

42.00% Cost Share

Effective January 1, 2016

HEALTH PLANS	Non-Medicare			Medicare Only			Non-Medicare & Medicare Split ¹	
	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%
MEDICAL:								
CareFirst High Option POS (medical only)	\$ 227.69	\$ 393.87	\$ 663.20	\$ 122.69	\$ 227.38	\$ 252.83	\$ 288.87	\$ 558.20
CareFirst Standard Option POS (medical only)	\$ 211.75	\$ 366.29	\$ 616.78	\$ 114.10	\$ 211.47	\$ 235.13	\$ 268.65	\$ 519.13
UnitedHealthcare Select HMO (medical only)	\$ 199.16	\$ 382.87	\$ 608.66	\$ 175.18	\$ 357.26	\$ 566.98	\$ 358.89	\$ 584.67
Kaiser HMO (medical with Rx)	\$ 224.30	\$ 421.68	\$ 663.93	\$ 143.14	\$ 286.27	\$ 429.41	\$ 340.52	\$ 582.76
CareFirst Indemnity (medical with Rx discount) ²	\$ 479.63	\$ 1,021.57	\$ 1,532.43	\$ 247.64	\$ 515.57	\$ 639.23	\$ 789.57	\$ 1,300.44
PRESCRIPTION:								
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
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 14.57	\$ 32.45	\$ 46.69	\$ 14.57	\$ 32.45	\$ 46.69	\$ 32.45	\$ 46.69
VISION:								
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	
Dependent Life Insurance	Age	100% Monthly Rates	
\$2,000/\$1,000	<25	\$0.044	
\$4,000/\$2,000	25-29	\$0.049	
\$10,000/\$5,000	30-34	\$0.060	
	35-39	\$0.066	
	40-44	\$0.071	
	45-49	\$0.100	
	50-54	\$0.145	
	55-59	\$0.258	
	60-64	\$0.388	
	65-69	\$0.732	
Basic Term Life Insurance			
per \$1,000 coverage	\$0.125		

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

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

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 GROUP INSURANCE RATES

43.34% Cost Share

Effective January 1, 2016

HEALTH PLANS	Non-Medicare			Medicare Only			Non-Medicare & Medicare Split ¹	
	Self	Self + 1	Family	Self	Self + 1	Family	Self + 1	Family
	43.34%	43.34%	43.34%	43.34%	43.34%	43.34%	43.34%	43.34%
MEDICAL:								
CareFirst High Option POS (medical only)	\$ 234.95	\$ 406.43	\$ 684.36	\$ 126.60	\$ 234.64	\$ 260.89	\$ 298.08	\$ 576.01
CareFirst Standard Option POS (medical only)	\$ 218.50	\$ 377.98	\$ 636.46	\$ 117.74	\$ 218.22	\$ 242.63	\$ 277.22	\$ 535.70
UnitedHealthcare Select HMO (medical only)	\$ 205.52	\$ 395.09	\$ 628.08	\$ 180.77	\$ 368.65	\$ 585.07	\$ 370.34	\$ 603.33
Kaiser HMO (medical with Rx)	\$ 231.46	\$ 435.14	\$ 685.11	\$ 147.70	\$ 295.41	\$ 443.11	\$ 351.38	\$ 601.36
CareFirst Indemnity (medical with Rx discount) ²	\$ 494.93	\$ 1,054.16	\$ 1,581.32	\$ 255.54	\$ 532.02	\$ 659.62	\$ 814.77	\$ 1,341.93
PRESCRIPTION:								
Caremark Standard Option \$10/\$20/\$35	\$ 75.48	\$ 139.63	\$ 216.39	N/A	N/A	N/A	\$ 155.94	\$ 232.69
Caremark High Option \$5/\$10	\$ 256.89	\$ 475.29	\$ 736.54	N/A	N/A	N/A	\$ 531.65	\$ 792.89
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 91.79	\$ 183.58	\$ 275.36	\$ 155.94	\$ 232.69
SilverScript High Option \$5/\$10	N/A	N/A	N/A	\$ 313.25	\$ 626.54	\$ 939.78	\$ 531.65	\$ 792.89
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 15.03	\$ 33.48	\$ 48.18	\$ 15.03	\$ 33.48	\$ 48.18	\$ 33.48	\$ 48.18
VISION:								
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	
Dependent Life Insurance		Age	100% Monthly Rates
\$2,000/\$1,000	\$0.670	<25	\$0.044
\$4,000/\$2,000	\$1.269	25-29	\$0.049
\$10,000/\$5,000	\$3.055	30-34	\$0.060
		35-39	\$0.066
		40-44	\$0.071
		45-49	\$0.100
		50-54	\$0.145
		55-59	\$0.258
		60-64	\$0.388
		65-69	\$0.732
per \$1,000 coverage	\$0.129		

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

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

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 GROUP INSURANCE RATES

44.00% Cost Share

Effective January 1, 2016

HEALTH PLANS	Non-Medicare			Medicare Only			Non-Medicare & Medicare Split ¹	
	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%
MEDICAL:								
CareFirst High Option POS (medical only)	\$ 238.53	\$ 412.62	\$ 694.78	\$ 128.53	\$ 238.21	\$ 264.87	\$ 302.62	\$ 584.78
CareFirst Standard Option POS (medical only)	\$ 221.83	\$ 383.74	\$ 646.15	\$ 119.53	\$ 221.54	\$ 246.33	\$ 281.44	\$ 543.85
UnitedHealthcare Select HMO (medical only)	\$ 208.65	\$ 401.10	\$ 637.64	\$ 183.52	\$ 374.27	\$ 593.98	\$ 375.98	\$ 612.52
Kaiser HMO (medical with Rx)	\$ 234.98	\$ 441.76	\$ 695.54	\$ 149.95	\$ 299.90	\$ 449.86	\$ 356.73	\$ 610.51
CareFirst Indemnity (medical with Rx discount) ²	\$ 502.47	\$ 1,070.21	\$ 1,605.40	\$ 259.43	\$ 540.12	\$ 669.67	\$ 827.17	\$ 1,362.36
PRESCRIPTION:								
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
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 15.26	\$ 33.99	\$ 48.91	\$ 15.26	\$ 33.99	\$ 48.91	\$ 33.99	\$ 48.91
VISION:								
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	
Dependent Life Insurance		Age	100% Monthly Rates
\$2,000/\$1,000	\$0.681	<25	\$0.044
\$4,000/\$2,000	\$1.269	25-29	\$0.049
\$10,000/\$5,000	\$3.055	30-34	\$0.060
		35-39	\$0.066
		40-44	\$0.071
		45-49	\$0.100
		50-54	\$0.145
		55-59	\$0.258
		60-64	\$0.388
		65-69	\$0.732
per \$1,000 coverage	\$0.131		

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

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

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 GROUP INSURANCE RATES

44.67% Cost Share

Effective January 1, 2016

HEALTH PLANS	Non-Medicare			Medicare Only			Non-Medicare & Medicare Split ¹	
	Self	Self + 1	Family	Self	Self + 1	Family	Self + 1	Family
	44.67%	44.67%	44.67%	44.67%	44.67%	44.67%	44.67%	44.67%
MEDICAL:								
CareFirst High Option POS (medical only)	\$ 242.16	\$ 418.91	\$ 705.36	\$ 130.49	\$ 241.84	\$ 268.90	\$ 307.23	\$ 593.68
CareFirst Standard Option POS (medical only)	\$ 225.21	\$ 389.58	\$ 655.99	\$ 121.35	\$ 224.92	\$ 250.08	\$ 285.73	\$ 552.13
UnitedHealthcare Select HMO (medical only)	\$ 211.83	\$ 407.21	\$ 647.35	\$ 186.31	\$ 379.97	\$ 603.03	\$ 381.70	\$ 621.84
Kaiser HMO (medical with Rx)	\$ 238.56	\$ 448.49	\$ 706.13	\$ 152.24	\$ 304.47	\$ 456.71	\$ 362.17	\$ 619.81
CareFirst Indemnity (medical with Rx discount) ²	\$ 510.12	\$ 1,086.51	\$ 1,629.85	\$ 263.38	\$ 548.35	\$ 679.86	\$ 839.77	\$ 1,383.11
PRESCRIPTION:								
Caremark Standard Option \$10/\$20/\$35	\$ 77.80	\$ 143.92	\$ 223.03	N/A	N/A	N/A	\$ 160.72	\$ 239.83
Caremark High Option \$5/\$10	\$ 259.21	\$ 479.58	\$ 743.18	N/A	N/A	N/A	\$ 536.43	\$ 800.03
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 94.60	\$ 189.21	\$ 283.81	\$ 160.72	\$ 239.83
SilverScript High Option \$5/\$10	N/A	N/A	N/A	\$ 316.06	\$ 632.17	\$ 948.23	\$ 536.43	\$ 800.03
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 15.49	\$ 34.51	\$ 49.66	\$ 15.49	\$ 34.51	\$ 49.66	\$ 34.51	\$ 49.66
VISION:								
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	
Dependent Life Insurance	Age	100% Monthly Rates	
\$2,000/\$1,000	<25	\$0.044	
\$4,000/\$2,000	25-29	\$0.049	
\$10,000/\$5,000	30-34	\$0.060	
	35-39	\$0.066	
	40-44	\$0.071	
	45-49	\$0.100	
	50-54	\$0.145	
	55-59	\$0.258	
	60-64	\$0.388	
	65-69	\$0.732	
per \$1,000 coverage	\$0.133		

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

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

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 GROUP INSURANCE RATES

45.00% Cost Share

Effective January 1, 2016

HEALTH PLANS	Non-Medicare			Medicare Only			Non-Medicare & Medicare Split ¹	
	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%
MEDICAL:								
CareFirst High Option POS (medical only)	\$ 243.95	\$ 422.00	\$ 710.57	\$ 131.45	\$ 243.63	\$ 270.89	\$ 309.50	\$ 598.07
CareFirst Standard Option POS (medical only)	\$ 226.87	\$ 392.46	\$ 660.83	\$ 122.25	\$ 226.58	\$ 251.92	\$ 287.84	\$ 556.21
UnitedHealthcare Select HMO (medical only)	\$ 213.39	\$ 410.22	\$ 652.14	\$ 187.69	\$ 382.77	\$ 607.48	\$ 384.52	\$ 626.44
Kaiser HMO (medical with Rx)	\$ 240.32	\$ 451.80	\$ 711.35	\$ 153.36	\$ 306.72	\$ 460.08	\$ 364.84	\$ 624.39
CareFirst Indemnity (medical with Rx discount) ²	\$ 513.89	\$ 1,094.54	\$ 1,641.89	\$ 265.33	\$ 552.40	\$ 684.89	\$ 845.97	\$ 1,393.33
PRESCRIPTION:								
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
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 15.61	\$ 34.77	\$ 50.03	\$ 15.61	\$ 34.77	\$ 50.03	\$ 34.77	\$ 50.03
VISION:								
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	
Dependent Life Insurance		Age	100% Monthly Rates
		<25	\$0.044
\$2,000/\$1,000	\$0.696	25-29	\$0.049
\$4,000/\$2,000	\$1.269	30-34	\$0.060
\$10,000/\$5,000	\$3.055	35-39	\$0.066
		40-44	\$0.071
		45-49	\$0.100
		50-54	\$0.145
		55-59	\$0.258
		60-64	\$0.388
		65-69	\$0.732
per \$1,000 coverage	\$0.134		

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

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

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 GROUP INSURANCE RATES

46.00% Cost Share

Effective January 1, 2016

HEALTH PLANS	Non-Medicare			Medicare Only			Non-Medicare & Medicare Split ¹	
	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%
MEDICAL:								
CareFirst High Option POS (medical only)	\$ 249.37	\$ 431.38	\$ 726.36	\$ 134.37	\$ 249.04	\$ 276.91	\$ 316.38	\$ 611.36
CareFirst Standard Option POS (medical only)	\$ 231.91	\$ 401.18	\$ 675.52	\$ 124.97	\$ 231.61	\$ 257.52	\$ 294.23	\$ 568.57
UnitedHealthcare Select HMO (medical only)	\$ 218.13	\$ 419.34	\$ 666.63	\$ 191.86	\$ 391.28	\$ 620.98	\$ 393.07	\$ 640.36
Kaiser HMO (medical with Rx)	\$ 245.66	\$ 461.84	\$ 727.16	\$ 156.77	\$ 313.54	\$ 470.31	\$ 372.95	\$ 638.26
CareFirst Indemnity (medical with Rx discount) ²	\$ 525.31	\$ 1,118.86	\$ 1,678.37	\$ 271.23	\$ 564.67	\$ 700.11	\$ 864.77	\$ 1,424.29
PRESCRIPTION:								
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
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 15.95	\$ 35.54	\$ 51.14	\$ 15.95	\$ 35.54	\$ 51.14	\$ 35.54	\$ 51.14
VISION:								
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	
Dependent Life Insurance	Age	100% Monthly Rates	
\$2,000/\$1,000	<25	\$0.044	
\$4,000/\$2,000	25-29	\$0.049	
\$10,000/\$5,000	30-34	\$0.060	
	35-39	\$0.066	
	40-44	\$0.071	
	45-49	\$0.100	
	50-54	\$0.145	
	55-59	\$0.258	
	60-64	\$0.388	
	65-69	\$0.732	
per \$1,000 coverage	\$0.137		

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

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

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 GROUP INSURANCE RATES

47.34% Cost Share

Effective January 1, 2016

HEALTH PLANS	Non-Medicare			Medicare Only			Non-Medicare & Medicare Split ¹	
	Self	Self + 1	Family	Self	Self + 1	Family	Self + 1	Family
	47.34%	47.34%	47.34%	47.34%	47.34%	47.34%	47.34%	47.34%
MEDICAL:								
CareFirst High Option POS (medical only)	\$ 256.63	\$ 443.95	\$ 747.52	\$ 138.28	\$ 256.29	\$ 284.97	\$ 325.60	\$ 629.17
CareFirst Standard Option POS (medical only)	\$ 238.67	\$ 412.87	\$ 695.20	\$ 128.61	\$ 238.36	\$ 265.02	\$ 302.81	\$ 585.14
UnitedHealthcare Select HMO (medical only)	\$ 224.49	\$ 431.55	\$ 686.05	\$ 197.45	\$ 402.68	\$ 639.07	\$ 404.52	\$ 659.01
Kaiser HMO (medical with Rx)	\$ 252.82	\$ 475.30	\$ 748.34	\$ 161.33	\$ 322.67	\$ 484.01	\$ 383.81	\$ 656.86
CareFirst Indemnity (medical with Rx discount) ²	\$ 540.61	\$ 1,151.45	\$ 1,727.27	\$ 279.13	\$ 581.12	\$ 720.50	\$ 889.96	\$ 1,465.78
PRESCRIPTION:								
Caremark Standard Option \$10/\$20/\$35	\$ 82.45	\$ 152.52	\$ 236.36	N/A	N/A	N/A	\$ 170.33	\$ 254.17
Caremark High Option \$5/\$10	\$ 263.86	\$ 488.18	\$ 756.51	N/A	N/A	N/A	\$ 546.04	\$ 814.37
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 100.26	\$ 200.52	\$ 300.77	\$ 170.33	\$ 254.17
SilverScript High Option \$5/\$10	N/A	N/A	N/A	\$ 321.72	\$ 643.48	\$ 965.19	\$ 546.04	\$ 814.37
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 16.42	\$ 36.57	\$ 52.63	\$ 16.42	\$ 36.57	\$ 52.63	\$ 36.57	\$ 52.63
VISION:								
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	
Dependent Life Insurance		Age	100% Monthly Rates
\$2,000/\$1,000	\$0.732	<25	\$0.044
\$4,000/\$2,000	\$1.269	25-29	\$0.049
\$10,000/\$5,000	\$3.055	30-34	\$0.060
		35-39	\$0.066
		40-44	\$0.071
		45-49	\$0.100
		50-54	\$0.145
		55-59	\$0.258
		60-64	\$0.388
		65-69	\$0.732
per \$1,000 coverage	\$0.141		

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

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

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 GROUP INSURANCE RATES

48.00% Cost Share

Effective January 1, 2016

HEALTH PLANS	Non-Medicare			Medicare Only			Non-Medicare & Medicare Split ¹	
	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%
MEDICAL:								
CareFirst High Option POS (medical only)	\$ 260.21	\$ 450.13	\$ 757.94	\$ 140.21	\$ 259.87	\$ 288.95	\$ 330.13	\$ 637.94
CareFirst Standard Option POS (medical only)	\$ 242.00	\$ 418.62	\$ 704.89	\$ 130.40	\$ 241.68	\$ 268.72	\$ 307.03	\$ 593.29
UnitedHealthcare Select HMO (medical only)	\$ 227.62	\$ 437.57	\$ 695.61	\$ 200.20	\$ 408.29	\$ 647.98	\$ 410.16	\$ 668.20
Kaiser HMO (medical with Rx)	\$ 256.34	\$ 481.92	\$ 758.77	\$ 163.58	\$ 327.17	\$ 490.76	\$ 389.16	\$ 666.01
CareFirst Indemnity (medical with Rx discount) ²	\$ 548.15	\$ 1,167.50	\$ 1,751.35	\$ 283.02	\$ 589.22	\$ 730.55	\$ 902.37	\$ 1,486.21
PRESCRIPTION:								
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
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 16.65	\$ 37.08	\$ 53.36	\$ 16.65	\$ 37.08	\$ 53.36	\$ 37.08	\$ 53.36
VISION:								
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	
Dependent Life Insurance		Age	100% Monthly Rates
		<25	\$0.044
\$2,000/\$1,000	\$0.743	25-29	\$0.049
\$4,000/\$2,000	\$1.269	30-34	\$0.060
\$10,000/\$5,000	\$3.055	35-39	\$0.066
		40-44	\$0.071
		45-49	\$0.100
		50-54	\$0.145
per \$1,000 coverage	\$0.143	55-59	\$0.258
		60-64	\$0.388
		65-69	\$0.732

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

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

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 GROUP INSURANCE RATES

48.67% Cost Share

Effective January 1, 2016

HEALTH PLANS	Non-Medicare			Medicare Only			Non-Medicare & Medicare Split ¹	
	Self	Self + 1	Family	Self	Self + 1	Family	Self + 1	Family
	48.67%	48.67%	48.67%	48.67%	48.67%	48.67%	48.67%	48.67%
MEDICAL:								
CareFirst High Option POS (medical only)	\$ 263.84	\$ 456.42	\$ 768.52	\$ 142.17	\$ 263.49	\$ 292.98	\$ 334.74	\$ 646.84
CareFirst Standard Option POS (medical only)	\$ 245.37	\$ 424.47	\$ 714.73	\$ 132.22	\$ 245.06	\$ 272.47	\$ 311.31	\$ 601.58
UnitedHealthcare Select HMO (medical only)	\$ 230.79	\$ 443.68	\$ 705.32	\$ 203.00	\$ 413.99	\$ 657.03	\$ 415.88	\$ 677.53
Kaiser HMO (medical with Rx)	\$ 259.92	\$ 488.65	\$ 769.37	\$ 165.87	\$ 331.73	\$ 497.61	\$ 394.60	\$ 675.31
CareFirst Indemnity (medical with Rx discount) ²	\$ 555.80	\$ 1,183.80	\$ 1,775.79	\$ 286.97	\$ 597.45	\$ 740.74	\$ 914.97	\$ 1,506.96
PRESCRIPTION:								
Caremark Standard Option \$10/\$20/\$35	\$ 84.76	\$ 156.81	\$ 243.00	N/A	N/A	N/A	\$ 175.11	\$ 261.31
Caremark High Option \$5/\$10	\$ 266.17	\$ 492.47	\$ 763.15	N/A	N/A	N/A	\$ 550.82	\$ 821.51
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 103.07	\$ 206.15	\$ 309.22	\$ 175.11	\$ 261.31
SilverScript High Option \$5/\$10	N/A	N/A	N/A	\$ 324.53	\$ 649.11	\$ 973.64	\$ 550.82	\$ 821.51
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 16.88	\$ 37.60	\$ 54.11	\$ 16.88	\$ 37.60	\$ 54.11	\$ 37.60	\$ 54.11
VISION:								
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	
Dependent Life Insurance	Age	100% Monthly Rates	
\$2,000/\$1,000	<25	\$0.044	
\$4,000/\$2,000	25-29	\$0.049	
\$10,000/\$5,000	30-34	\$0.060	
	35-39	\$0.066	
	40-44	\$0.071	
	45-49	\$0.100	
	50-54	\$0.145	
	55-59	\$0.258	
	60-64	\$0.388	
	65-69	\$0.732	
per \$1,000 coverage	\$0.145		

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

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

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 GROUP INSURANCE RATES

50.00% Cost Share

Effective January 1, 2016

HEALTH PLANS	Non-Medicare			Medicare Only			Non-Medicare & Medicare Split ¹	
	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%
MEDICAL:								
CareFirst High Option POS (medical only)	\$ 271.06	\$ 468.89	\$ 789.52	\$ 146.06	\$ 270.70	\$ 300.99	\$ 343.89	\$ 664.52
CareFirst Standard Option POS (medical only)	\$ 252.08	\$ 436.07	\$ 734.26	\$ 135.84	\$ 251.76	\$ 279.92	\$ 319.82	\$ 618.02
UnitedHealthcare Select HMO (medical only)	\$ 237.10	\$ 455.80	\$ 724.60	\$ 208.55	\$ 425.31	\$ 674.98	\$ 427.25	\$ 696.04
Kaiser HMO (medical with Rx)	\$ 267.03	\$ 502.01	\$ 790.39	\$ 170.40	\$ 340.80	\$ 511.21	\$ 405.38	\$ 693.77
CareFirst Indemnity (medical with Rx discount) ²	\$ 570.99	\$ 1,216.15	\$ 1,824.32	\$ 294.81	\$ 613.78	\$ 760.99	\$ 939.97	\$ 1,548.14
PRESCRIPTION:								
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
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 17.34	\$ 38.63	\$ 55.59	\$ 17.34	\$ 38.63	\$ 55.59	\$ 38.63	\$ 55.59
VISION:								
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	
Dependent Life Insurance		Age	100% Monthly Rates
		<25	\$0.044
\$2,000/\$1,000	\$0.774	25-29	\$0.049
\$4,000/\$2,000	\$1.269	30-34	\$0.060
\$10,000/\$5,000	\$3.055	35-39	\$0.066
		40-44	\$0.071
		45-49	\$0.100
		50-54	\$0.145
per \$1,000 coverage	\$0.149	55-59	\$0.258
		60-64	\$0.388
		65-69	\$0.732

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

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

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.

MONTGOMERY COUNTY RETIREE GROUP HEALTH PLAN & LIFE RATES
100% Cost Share Rates - Effective January 1, 2016

HEALTH PLANS	Non-Medicare 100% Monthly Rates			Medicare 100% Monthly Rates ²			Non-Medicare & Medicare Split Rates ^{2,3}	
	SELF	SELF+1	FAMILY	SELF	SELF+1	FAMILY	SELF+1	FAMILY
MEDICAL:								
Carefirst High Option POS (medical only)	\$542.11	\$937.78	\$1,579.04	\$292.11	\$541.39	\$601.97	\$687.78	\$1,329.04
Carefirst Standard Option POS (medical only)	\$504.16	\$872.13	\$1,468.52	\$271.67	\$503.51	\$559.83	\$639.64	\$1,236.03
UnitedHealthcare Select HMO (medical only)	\$474.20	\$911.60	\$1,449.19	\$417.09	\$850.61	\$1,349.96	\$854.49	\$1,392.08
Kaiser HMO (medical with Rx)	\$534.05	\$1,004.01	\$1,580.78	\$340.80	\$681.60	\$1,022.41	\$810.76	\$1,387.53
Carefirst Indemnity (medical with Rx discount) ¹	\$1,141.98	\$2,432.30	\$3,648.64	\$525.97	\$1,080.93	\$1,429.78	\$1,816.29	\$3,032.63
PRESCRIPTION:								
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	\$664.08	\$1,025.67
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	\$361.81	\$723.62	\$1,085.43	\$664.08	\$1,025.67
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$34.68	\$77.26	\$111.17	\$34.68	\$77.26	\$111.17	\$77.26	\$111.17
VISION:								
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	
		AGE	100% Monthly Rates
		<25	\$0.044
Dependent Life Insurance		25-29	\$0.049
\$2,000/\$1,000	\$1.547	30-34	\$0.060
\$4,000/\$2,000	\$1.269	35-39	\$0.066
\$10,000/\$5,000	\$3.055	40-44	\$0.071
		45-49	\$0.100
Term Life Insurance	\$0.298	50-54	\$0.145
(per \$1,000 coverage)		55-59	\$0.258
		60-64	\$0.388
		65-69	\$0.732