

RETIREE GROUP INSURANCE RATES

20.00% Cost Share

Effective January 1, 2021

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)	\$ 125.99	\$ 217.95	\$ 366.98	\$ 67.89	\$ 125.82	\$ 139.90	\$ 159.85	\$ 308.88
CareFirst Standard Option POS (medical only)	\$ 117.17	\$ 202.69	\$ 341.29	\$ 63.14	\$ 117.02	\$ 130.11	\$ 148.66	\$ 287.26
UnitedHealthcare Select HMO (medical only)	\$ 106.25	\$ 204.26	\$ 324.72	\$ 57.25	\$ 116.76	\$ 185.31	\$ 155.26	\$ 275.72
Kaiser HMO (medical with Rx)	\$ 123.55	\$ 232.28	\$ 365.71	\$ 71.89	\$ 143.78	\$ 215.67	\$ 180.62	\$ 314.05
CareFirst Indemnity (medical with Rx discount) ²	\$ 258.38	\$ 550.31	\$ 825.51	\$ 133.40	\$ 277.74	\$ 344.35	\$ 425.34	\$ 700.54
PRESCRIPTION:								
Caremark Standard Option \$10/\$20/\$35	\$ 41.81	\$ 77.35	\$ 119.87	N/A	N/A	N/A	\$ 85.97	\$ 128.49
Caremark High Option \$5/\$10	\$230.03	\$425.61	\$659.55	N/A	N/A	N/A	\$470.06	\$704.00
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 50.43	\$ 100.86	\$ 151.29	\$ 85.97	\$ 128.49
SilverScript High Option \$5/\$10	N/A	N/A	N/A	\$274.48	\$549.00	\$823.48	\$470.06	\$704.00
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 8.12	\$ 18.09	\$ 26.02	\$ 8.12	\$ 18.09	\$ 26.02	\$ 18.09	\$ 26.02
VISION:								
Opti-Vision Discount Plan	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
		Age	100% Monthly Rates
Dependent Life Insurance		<25	\$0.048
\$2,000/\$1,000	\$0.322	25-29	\$0.054
\$4,000/\$2,000	\$1.370	30-34	\$0.067
\$10,000/\$5,000	\$3.266	35-39	\$0.074
		40-44	\$0.081
Basic Term Life Insurance		45-49	\$0.113
		50-54	\$0.165
per \$1,000 coverage	\$0.067	55-59	\$0.297
		60-64	\$0.447
		65-69	\$0.847
		70-74	\$1.497
		75-79	\$2.117
		80-84	\$2.117
		85-89	\$2.117
		90-94	\$2.117
		95+	\$2.117

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	\$ 0.00

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, 2021

HEALTH PLANS	Non-Medicare			Medicare Only			Non-Medicare & Medicare Split ¹	
	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%
MEDICAL:								
CareFirst High Option POS (medical only)	\$ 157.49	\$ 272.44	\$ 458.73	\$ 84.86	\$ 157.28	\$ 174.88	\$ 199.81	\$ 386.10
CareFirst Standard Option POS (medical only)	\$ 146.46	\$ 253.36	\$ 426.62	\$ 78.92	\$ 146.27	\$ 162.64	\$ 185.82	\$ 359.08
UnitedHealthcare Select HMO (medical only)	\$ 132.82	\$ 255.33	\$ 405.90	\$ 71.57	\$ 145.95	\$ 231.63	\$ 194.07	\$ 344.65
Kaiser HMO (medical with Rx)	\$ 154.44	\$ 290.35	\$ 457.14	\$ 89.86	\$ 179.73	\$ 269.59	\$ 225.77	\$ 392.56
CareFirst Indemnity (medical with Rx discount) ²	\$ 322.97	\$ 687.89	\$ 1,031.89	\$ 166.76	\$ 347.17	\$ 430.44	\$ 531.68	\$ 875.68
PRESCRIPTION:								
Caremark Standard Option \$10/\$20/\$35	\$ 52.27	\$ 96.69	\$ 149.84	N/A	N/A	N/A	\$ 107.46	\$ 160.61
Caremark High Option \$5/\$10	\$240.49	\$444.95	\$689.52	N/A	N/A	N/A	\$491.55	\$736.12
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 63.04	\$ 126.08	\$ 189.11	\$ 107.46	\$ 160.61
SilverScript High Option \$5/\$10	N/A	N/A	N/A	\$287.09	\$574.22	\$861.30	\$491.55	\$736.12
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 10.15	\$ 22.61	\$ 32.53	\$ 10.15	\$ 22.61	\$ 32.53	\$ 22.61	\$ 32.53
VISION:								
Opti-Vision Discount Plan	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
Dependent Life Insurance		Age	100% Monthly Rates
\$2,000/\$1,000	\$0.403	<25	\$0.048
\$4,000/\$2,000	\$1.370	25-29	\$0.054
\$10,000/\$5,000	\$3.266	30-34	\$0.067
		35-39	\$0.074
		40-44	\$0.081
		45-49	\$0.113
		50-54	\$0.165
		55-59	\$0.297
		60-64	\$0.447
		65-69	\$0.847
		70-74	\$1.497
		75-79	\$2.117
		80-84	\$2.117
		85-89	\$2.117
		90-94	\$2.117
		95+	\$2.117
Basic Term Life Insurance			
per \$1,000 coverage	\$0.083		

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	\$ 0.00

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, 2021

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)	\$ 188.99	\$ 326.92	\$ 550.47	\$ 101.83	\$ 188.74	\$ 209.85	\$ 239.77	\$ 463.32
CareFirst Standard Option POS (medical only)	\$ 175.76	\$ 304.04	\$ 511.94	\$ 94.71	\$ 175.53	\$ 195.16	\$ 222.99	\$ 430.89
UnitedHealthcare Select HMO (medical only)	\$ 159.38	\$ 306.39	\$ 487.08	\$ 85.88	\$ 175.14	\$ 277.96	\$ 232.89	\$ 413.57
Kaiser HMO (medical with Rx)	\$ 185.33	\$ 348.41	\$ 548.57	\$ 107.84	\$ 215.67	\$ 323.51	\$ 270.92	\$ 471.08
CareFirst Indemnity (medical with Rx discount) ²	\$ 387.56	\$ 825.47	\$ 1,238.27	\$ 200.11	\$ 416.60	\$ 516.53	\$ 638.01	\$ 1,050.81
PRESCRIPTION:								
Caremark Standard Option \$10/\$20/\$35	\$ 62.72	\$ 116.03	\$ 179.81	N/A	N/A	N/A	\$ 128.95	\$ 192.73
Caremark High Option \$5/\$10	\$250.94	\$464.29	\$719.49	N/A	N/A	N/A	\$513.04	\$768.24
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 75.64	\$ 151.29	\$ 226.93	\$ 128.95	\$ 192.73
SilverScript High Option \$5/\$10	N/A	N/A	N/A	\$299.69	\$599.43	\$899.12	\$513.04	\$768.24
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 12.18	\$ 27.13	\$ 39.04	\$ 12.18	\$ 27.13	\$ 39.04	\$ 27.13	\$ 39.04
VISION:								
Opti-Vision Discount Plan	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
Dependent Life Insurance		Age	100% Monthly Rates
\$2,000/\$1,000	\$0.483	<25	\$0.048
\$4,000/\$2,000	\$1.370	25-29	\$0.054
\$10,000/\$5,000	\$3.266	30-34	\$0.067
		35-39	\$0.074
		40-44	\$0.081
		45-49	\$0.113
		50-54	\$0.165
		55-59	\$0.297
		60-64	\$0.447
		65-69	\$0.847
		70-74	\$1.497
		75-79	\$2.117
		80-84	\$2.117
		85-89	\$2.117
		90-94	\$2.117
		95+	\$2.117
Basic Term Life Insurance			
per \$1,000 coverage	\$0.100		

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	\$ 0.00

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

31.34% Cost Share

Effective January 1, 2021

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)	\$ 197.43	\$ 341.52	\$ 575.06	\$ 106.38	\$ 197.17	\$ 219.23	\$ 250.48	\$ 484.01
CareFirst Standard Option POS (medical only)	\$ 183.61	\$ 317.62	\$ 534.81	\$ 98.94	\$ 183.37	\$ 203.88	\$ 232.95	\$ 450.14
UnitedHealthcare Select HMO (medical only)	\$ 166.50	\$ 320.08	\$ 508.83	\$ 89.71	\$ 182.96	\$ 290.37	\$ 243.29	\$ 432.05
Kaiser HMO (medical with Rx)	\$ 193.60	\$ 363.98	\$ 573.07	\$ 112.65	\$ 225.30	\$ 337.95	\$ 283.03	\$ 492.12
CareFirst Indemnity (medical with Rx discount) ²	\$ 404.88	\$ 862.34	\$ 1,293.58	\$ 209.04	\$ 435.21	\$ 539.60	\$ 666.51	\$ 1,097.75
PRESCRIPTION:								
Caremark Standard Option \$10/\$20/\$35	\$ 65.52	\$ 121.21	\$ 187.84	N/A	N/A	N/A	\$ 134.71	\$ 201.34
Caremark High Option \$5/\$10	\$253.74	\$469.47	\$727.52	N/A	N/A	N/A	\$518.80	\$776.85
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 79.02	\$ 158.05	\$ 237.07	\$ 134.71	\$ 201.34
SilverScript High Option \$5/\$10	N/A	N/A	N/A	\$303.07	\$606.19	\$909.26	\$518.80	\$776.85
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 12.72	\$ 28.34	\$ 40.78	\$ 12.72	\$ 28.34	\$ 40.78	\$ 28.34	\$ 40.78
VISION:								
Opti-Vision Discount Plan	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
		Age	100% Monthly Rates
Dependent Life Insurance		<25	\$0.048
\$2,000/\$1,000	\$0.505	25-29	\$0.054
\$4,000/\$2,000	\$1.370	30-34	\$0.067
\$10,000/\$5,000	\$3.266	35-39	\$0.074
		40-44	\$0.081
Basic Term Life Insurance		45-49	\$0.113
		50-54	\$0.165
per \$1,000 coverage	\$0.104	55-59	\$0.297
		60-64	\$0.447
		65-69	\$0.847
		70-74	\$1.497
		75-79	\$2.117
		80-84	\$2.117
		85-89	\$2.117
		90-94	\$2.117
		95+	\$2.117

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	\$ 0.00

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, 2021

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)	\$ 201.58	\$ 348.72	\$ 587.17	\$ 108.62	\$ 201.32	\$ 223.84	\$ 255.75	\$ 494.21
CareFirst Standard Option POS (medical only)	\$ 187.47	\$ 324.30	\$ 546.07	\$ 101.02	\$ 187.23	\$ 208.17	\$ 237.85	\$ 459.62
UnitedHealthcare Select HMO (medical only)	\$ 170.01	\$ 326.82	\$ 519.55	\$ 91.60	\$ 186.82	\$ 296.49	\$ 248.41	\$ 441.15
Kaiser HMO (medical with Rx)	\$ 197.68	\$ 371.64	\$ 585.14	\$ 115.02	\$ 230.05	\$ 345.07	\$ 288.99	\$ 502.48
CareFirst Indemnity (medical with Rx discount) ²	\$ 413.40	\$ 880.50	\$ 1,320.82	\$ 213.45	\$ 444.38	\$ 550.96	\$ 680.55	\$ 1,120.87
PRESCRIPTION:								
Caremark Standard Option \$10/\$20/\$35	\$ 66.90	\$ 123.77	\$ 191.80	N/A	N/A	N/A	\$ 137.55	\$ 205.58
Caremark High Option \$5/\$10	\$255.12	\$472.03	\$731.48	N/A	N/A	N/A	\$521.64	\$781.09
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 80.68	\$ 161.38	\$ 242.06	\$ 137.55	\$ 205.58
SilverScript High Option \$5/\$10	N/A	N/A	N/A	\$304.73	\$609.52	\$914.25	\$521.64	\$781.09
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 12.99	\$ 28.94	\$ 41.64	\$ 12.99	\$ 28.94	\$ 41.64	\$ 28.94	\$ 41.64
VISION:								
Opti-Vision Discount Plan	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
		Age	100% Monthly Rates
Dependent Life Insurance		<25	\$0.048
\$2,000/\$1,000	\$0.515	25-29	\$0.054
\$4,000/\$2,000	\$1.370	30-34	\$0.067
\$10,000/\$5,000	\$3.266	35-39	\$0.074
		40-44	\$0.081
Basic Term Life Insurance		45-49	\$0.113
		50-54	\$0.165
per \$1,000 coverage	\$0.107	55-59	\$0.297
		60-64	\$0.447
		65-69	\$0.847
		70-74	\$1.497
		75-79	\$2.117
		80-84	\$2.117
		85-89	\$2.117
		90-94	\$2.117
		95+	\$2.117

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	\$ 0.00

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

32.67% Cost Share

Effective January 1, 2021

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)	\$ 205.80	\$ 356.02	\$ 599.47	\$ 110.90	\$ 205.53	\$ 228.53	\$ 261.11	\$ 504.56
CareFirst Standard Option POS (medical only)	\$ 191.40	\$ 331.09	\$ 557.50	\$ 103.14	\$ 191.15	\$ 212.53	\$ 242.83	\$ 469.24
UnitedHealthcare Select HMO (medical only)	\$ 173.57	\$ 333.66	\$ 530.43	\$ 93.52	\$ 190.73	\$ 302.70	\$ 253.61	\$ 450.38
Kaiser HMO (medical with Rx)	\$ 201.82	\$ 379.42	\$ 597.39	\$ 117.43	\$ 234.86	\$ 352.30	\$ 295.04	\$ 513.00
CareFirst Indemnity (medical with Rx discount) ²	\$ 422.06	\$ 898.94	\$ 1,348.48	\$ 217.92	\$ 453.68	\$ 562.50	\$ 694.80	\$ 1,144.34
PRESCRIPTION:								
Caremark Standard Option \$10/\$20/\$35	\$ 68.30	\$ 126.36	\$ 195.81	N/A	N/A	N/A	\$ 140.43	\$ 209.89
Caremark High Option \$5/\$10	\$256.52	\$474.62	\$735.49	N/A	N/A	N/A	\$524.52	\$785.40
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 82.37	\$ 164.75	\$ 247.13	\$ 140.43	\$ 209.89
SilverScript High Option \$5/\$10	N/A	N/A	N/A	\$306.42	\$612.89	\$919.32	\$524.52	\$785.40
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 13.26	\$ 29.54	\$ 42.51	\$ 13.26	\$ 29.54	\$ 42.51	\$ 29.54	\$ 42.51
VISION:								
Opti-Vision Discount Plan	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
		Age	100% Monthly Rates
Dependent Life Insurance		<25	\$0.048
\$2,000/\$1,000	\$0.526	25-29	\$0.054
\$4,000/\$2,000	\$1.370	30-34	\$0.067
\$10,000/\$5,000	\$3.266	35-39	\$0.074
		40-44	\$0.081
Basic Term Life Insurance		45-49	\$0.113
		50-54	\$0.165
per \$1,000 coverage	\$0.109	55-59	\$0.297
		60-64	\$0.447
		65-69	\$0.847
		70-74	\$1.497
		75-79	\$2.117
		80-84	\$2.117
		85-89	\$2.117
		90-94	\$2.117
		95+	\$2.117

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	\$ 0.00

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, 2021

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)	\$ 214.18	\$ 370.51	\$ 623.87	\$ 115.41	\$ 213.90	\$ 237.83	\$ 271.74	\$ 525.10
CareFirst Standard Option POS (medical only)	\$ 199.19	\$ 344.57	\$ 580.20	\$ 107.33	\$ 198.93	\$ 221.18	\$ 252.72	\$ 488.35
UnitedHealthcare Select HMO (medical only)	\$ 180.63	\$ 347.24	\$ 552.02	\$ 97.33	\$ 198.49	\$ 315.02	\$ 263.94	\$ 468.72
Kaiser HMO (medical with Rx)	\$ 210.04	\$ 394.87	\$ 621.71	\$ 122.21	\$ 244.43	\$ 366.64	\$ 307.05	\$ 533.89
CareFirst Indemnity (medical with Rx discount) ²	\$ 439.24	\$ 935.53	\$ 1,403.37	\$ 226.79	\$ 472.15	\$ 585.40	\$ 723.08	\$ 1,190.92
PRESCRIPTION:								
Caremark Standard Option \$10/\$20/\$35	\$ 71.08	\$ 131.50	\$ 203.79	N/A	N/A	N/A	\$ 146.15	\$ 218.43
Caremark High Option \$5/\$10	\$259.30	\$479.76	\$743.47	N/A	N/A	N/A	\$530.24	\$793.94
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 85.73	\$ 171.46	\$ 257.19	\$ 146.15	\$ 218.43
SilverScript High Option \$5/\$10	N/A	N/A	N/A	\$309.78	\$619.60	\$929.38	\$530.24	\$793.94
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 13.80	\$ 30.75	\$ 44.24	\$ 13.80	\$ 30.75	\$ 44.24	\$ 30.75	\$ 44.24
VISION:								
Opti-Vision Discount Plan	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
Dependent Life Insurance		Age	100% Monthly Rates
\$2,000/\$1,000	\$0.547	<25	\$0.048
\$4,000/\$2,000	\$1.370	25-29	\$0.054
\$10,000/\$5,000	\$3.266	30-34	\$0.067
		35-39	\$0.074
		40-44	\$0.081
		45-49	\$0.113
		50-54	\$0.165
		55-59	\$0.297
		60-64	\$0.447
		65-69	\$0.847
		70-74	\$1.497
		75-79	\$2.117
		80-84	\$2.117
		85-89	\$2.117
		90-94	\$2.117
		95+	\$2.117
Basic Term Life Insurance			
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	\$ 0.00

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, 2021

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)	\$ 220.48	\$ 381.41	\$ 642.22	\$ 118.80	\$ 220.19	\$ 244.83	\$ 279.73	\$ 540.54
CareFirst Standard Option POS (medical only)	\$ 205.05	\$ 354.71	\$ 597.26	\$ 110.49	\$ 204.78	\$ 227.69	\$ 260.15	\$ 502.71
UnitedHealthcare Select HMO (medical only)	\$ 185.94	\$ 357.46	\$ 568.26	\$ 100.19	\$ 204.33	\$ 324.29	\$ 271.70	\$ 482.50
Kaiser HMO (medical with Rx)	\$ 216.21	\$ 406.48	\$ 639.99	\$ 125.81	\$ 251.62	\$ 377.42	\$ 316.08	\$ 549.59
CareFirst Indemnity (medical with Rx discount) ²	\$ 452.16	\$ 963.05	\$ 1,444.65	\$ 233.46	\$ 486.04	\$ 602.61	\$ 744.35	\$ 1,225.95
PRESCRIPTION:								
Caremark Standard Option \$10/\$20/\$35	\$ 73.17	\$ 135.37	\$ 209.78	N/A	N/A	N/A	\$ 150.44	\$ 224.85
Caremark High Option \$5/\$10	\$261.39	\$483.63	\$749.46	N/A	N/A	N/A	\$534.53	\$800.36
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 88.25	\$ 176.51	\$ 264.75	\$ 150.44	\$ 224.85
SilverScript High Option \$5/\$10	N/A	N/A	N/A	\$312.30	\$624.65	\$936.94	\$534.53	\$800.36
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 14.21	\$ 31.65	\$ 45.54	\$ 14.21	\$ 31.65	\$ 45.54	\$ 31.65	\$ 45.54
VISION:								
Opti-Vision Discount Plan	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
		Age	100% Monthly Rates
Dependent Life Insurance		<25	\$0.048
\$2,000/\$1,000	\$0.564	25-29	\$0.054
\$4,000/\$2,000	\$1.370	30-34	\$0.067
\$10,000/\$5,000	\$3.266	35-39	\$0.074
		40-44	\$0.081
Basic Term Life Insurance		45-49	\$0.113
		50-54	\$0.165
per \$1,000 coverage	\$0.117	55-59	\$0.297
		60-64	\$0.447
		65-69	\$0.847
		70-74	\$1.497
		75-79	\$2.117
		80-84	\$2.117
		85-89	\$2.117
		90-94	\$2.117
		95+	\$2.117

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	\$ 0.00

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

35.34% Cost Share

Effective January 1, 2021

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)	\$ 222.62	\$ 385.11	\$ 648.46	\$ 119.96	\$ 222.33	\$ 247.21	\$ 282.45	\$ 545.79
CareFirst Standard Option POS (medical only)	\$ 207.04	\$ 358.15	\$ 603.07	\$ 111.56	\$ 206.77	\$ 229.90	\$ 262.68	\$ 507.59
UnitedHealthcare Select HMO (medical only)	\$ 187.75	\$ 360.93	\$ 573.78	\$ 101.16	\$ 206.31	\$ 327.44	\$ 274.34	\$ 487.19
Kaiser HMO (medical with Rx)	\$ 218.31	\$ 410.43	\$ 646.21	\$ 127.03	\$ 254.06	\$ 381.09	\$ 319.15	\$ 554.93
CareFirst Indemnity (medical with Rx discount) ²	\$ 456.55	\$ 972.40	\$ 1,458.68	\$ 235.72	\$ 490.76	\$ 608.47	\$ 751.58	\$ 1,237.86
PRESCRIPTION:								
Caremark Standard Option \$10/\$20/\$35	\$ 73.89	\$ 136.68	\$ 211.82	N/A	N/A	N/A	\$ 151.91	\$ 227.04
Caremark High Option \$5/\$10	\$262.11	\$484.94	\$751.50	N/A	N/A	N/A	\$536.00	\$802.55
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 89.11	\$ 178.22	\$ 267.33	\$ 151.91	\$ 227.04
SilverScript High Option \$5/\$10	N/A	N/A	N/A	\$313.16	\$626.36	\$939.52	\$536.00	\$802.55
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 14.34	\$ 31.96	\$ 45.98	\$ 14.34	\$ 31.96	\$ 45.98	\$ 31.96	\$ 45.98
VISION:								
Opti-Vision Discount Plan	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
		Age	100% Monthly Rates
Dependent Life Insurance		<25	\$0.048
\$2,000/\$1,000	\$0.569	25-29	\$0.054
\$4,000/\$2,000	\$1.370	30-34	\$0.067
\$10,000/\$5,000	\$3.266	35-39	\$0.074
		40-44	\$0.081
Basic Term Life Insurance		45-49	\$0.113
		50-54	\$0.165
per \$1,000 coverage	\$0.118	55-59	\$0.297
		60-64	\$0.447
		65-69	\$0.847
		70-74	\$1.497
		75-79	\$2.117
		80-84	\$2.117
		85-89	\$2.117
		90-94	\$2.117
		95+	\$2.117

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	\$ 0.00

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, 2021

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)	\$ 226.78	\$ 392.31	\$ 660.57	\$ 122.20	\$ 226.48	\$ 251.82	\$ 287.72	\$ 555.98
CareFirst Standard Option POS (medical only)	\$ 210.91	\$ 364.84	\$ 614.33	\$ 113.65	\$ 210.63	\$ 234.19	\$ 267.58	\$ 517.07
UnitedHealthcare Select HMO (medical only)	\$ 191.26	\$ 367.67	\$ 584.49	\$ 103.05	\$ 210.17	\$ 333.55	\$ 279.46	\$ 496.29
Kaiser HMO (medical with Rx)	\$ 222.39	\$ 418.10	\$ 658.28	\$ 129.40	\$ 258.80	\$ 388.21	\$ 325.11	\$ 565.29
CareFirst Indemnity (medical with Rx discount) ²	\$ 465.08	\$ 990.57	\$ 1,485.93	\$ 240.13	\$ 499.92	\$ 619.83	\$ 765.62	\$ 1,260.98
PRESCRIPTION:								
Caremark Standard Option \$10/\$20/\$35	\$ 75.27	\$ 139.24	\$ 215.77	N/A	N/A	N/A	\$ 154.74	\$ 231.28
Caremark High Option \$5/\$10	\$263.49	\$487.50	\$755.45	N/A	N/A	N/A	\$538.83	\$806.79
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 90.77	\$ 181.55	\$ 272.32	\$ 154.74	\$ 231.28
SilverScript High Option \$5/\$10	N/A	N/A	N/A	\$314.82	\$629.69	\$944.51	\$538.83	\$806.79
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 14.61	\$ 32.55	\$ 46.84	\$ 14.61	\$ 32.55	\$ 46.84	\$ 32.55	\$ 46.84
VISION:								
Opti-Vision Discount Plan	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
		Age	100% Monthly Rates
Dependent Life Insurance		<25	\$0.048
\$2,000/\$1,000	\$0.580	25-29	\$0.054
\$4,000/\$2,000	\$1.370	30-34	\$0.067
\$10,000/\$5,000	\$3.266	35-39	\$0.074
		40-44	\$0.081
Basic Term Life Insurance		45-49	\$0.113
		50-54	\$0.165
per \$1,000 coverage	\$0.120	55-59	\$0.297
		60-64	\$0.447
		65-69	\$0.847
		70-74	\$1.497
		75-79	\$2.117
		80-84	\$2.117
		85-89	\$2.117
		90-94	\$2.117
		95+	\$2.117

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	\$ 0.00

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

36.67% Cost Share

Effective January 1, 2021

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)	\$ 231.00	\$ 399.61	\$ 672.86	\$ 124.47	\$ 230.70	\$ 256.51	\$ 293.08	\$ 566.33
CareFirst Standard Option POS (medical only)	\$ 214.83	\$ 371.63	\$ 625.76	\$ 115.76	\$ 214.55	\$ 238.55	\$ 272.56	\$ 526.69
UnitedHealthcare Select HMO (medical only)	\$ 194.82	\$ 374.51	\$ 595.37	\$ 104.97	\$ 214.08	\$ 339.76	\$ 284.67	\$ 505.53
Kaiser HMO (medical with Rx)	\$ 226.53	\$ 425.88	\$ 670.53	\$ 131.81	\$ 263.62	\$ 395.43	\$ 331.16	\$ 575.81
CareFirst Indemnity (medical with Rx discount) ²	\$ 473.73	\$ 1,009.00	\$ 1,513.58	\$ 244.60	\$ 509.23	\$ 631.37	\$ 779.86	\$ 1,284.44
PRESCRIPTION:								
Caremark Standard Option \$10/\$20/\$35	\$ 76.67	\$ 141.83	\$ 219.79	N/A	N/A	N/A	\$ 157.62	\$ 235.58
Caremark High Option \$5/\$10	\$264.89	\$490.09	\$759.47	N/A	N/A	N/A	\$541.71	\$811.09
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 92.46	\$ 184.93	\$ 277.39	\$ 157.62	\$ 235.58
SilverScript High Option \$5/\$10	N/A	N/A	N/A	\$316.51	\$633.07	\$949.58	\$541.71	\$811.09
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 14.88	\$ 33.16	\$ 47.72	\$ 14.88	\$ 33.16	\$ 47.72	\$ 33.16	\$ 47.72
VISION:								
Opti-Vision Discount Plan	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
		Age	100% Monthly Rates
Dependent Life Insurance		<25	\$0.048
\$2,000/\$1,000	\$0.590	25-29	\$0.054
\$4,000/\$2,000	\$1.370	30-34	\$0.067
\$10,000/\$5,000	\$3.266	35-39	\$0.074
		40-44	\$0.081
Basic Term Life Insurance		45-49	\$0.113
		50-54	\$0.165
per \$1,000 coverage	\$0.122	55-59	\$0.297
		60-64	\$0.447
		65-69	\$0.847
		70-74	\$1.497
		75-79	\$2.117
		80-84	\$2.117
		85-89	\$2.117
		90-94	\$2.117
		95+	\$2.117

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	\$ 0.00

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, 2021

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)	\$ 239.38	\$ 414.10	\$ 697.27	\$ 128.99	\$ 239.07	\$ 265.81	\$ 303.71	\$ 586.87
CareFirst Standard Option POS (medical only)	\$ 222.62	\$ 385.11	\$ 648.46	\$ 119.96	\$ 222.33	\$ 247.21	\$ 282.45	\$ 545.80
UnitedHealthcare Select HMO (medical only)	\$ 201.88	\$ 388.09	\$ 616.96	\$ 108.78	\$ 221.84	\$ 352.08	\$ 294.99	\$ 523.86
Kaiser HMO (medical with Rx)	\$ 234.75	\$ 441.32	\$ 694.85	\$ 136.59	\$ 273.18	\$ 409.77	\$ 343.17	\$ 596.70
CareFirst Indemnity (medical with Rx discount) ²	\$ 490.91	\$ 1,045.60	\$ 1,568.48	\$ 253.47	\$ 527.70	\$ 654.27	\$ 808.15	\$ 1,331.03
PRESCRIPTION:								
Caremark Standard Option \$10/\$20/\$35	\$ 79.45	\$ 146.97	\$ 227.76	N/A	N/A	N/A	\$ 163.34	\$ 244.13
Caremark High Option \$5/\$10	\$267.67	\$495.23	\$767.44	N/A	N/A	N/A	\$547.43	\$819.64
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 95.81	\$ 191.63	\$ 287.45	\$ 163.34	\$ 244.13
SilverScript High Option \$5/\$10	N/A	N/A	N/A	\$319.86	\$639.77	\$959.64	\$547.43	\$819.64
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 15.42	\$ 34.36	\$ 49.45	\$ 15.42	\$ 34.36	\$ 49.45	\$ 34.36	\$ 49.45
VISION:								
Opti-Vision Discount Plan	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
		Age	100% Monthly Rates
Dependent Life Insurance		<25	\$0.048
\$2,000/\$1,000	\$0.612	25-29	\$0.054
\$4,000/\$2,000	\$1.370	30-34	\$0.067
\$10,000/\$5,000	\$3.266	35-39	\$0.074
		40-44	\$0.081
Basic Term Life Insurance		45-49	\$0.113
		50-54	\$0.165
per \$1,000 coverage	\$0.127	55-59	\$0.297
		60-64	\$0.447
		65-69	\$0.847
		70-74	\$1.497
		75-79	\$2.117
		80-84	\$2.117
		85-89	\$2.117
		90-94	\$2.117
		95+	\$2.117

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	\$ 0.00

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

39.34% Cost Share

Effective January 1, 2021

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)	\$ 247.82	\$ 428.70	\$ 721.85	\$ 133.54	\$ 247.50	\$ 275.19	\$ 314.42	\$ 607.57
CareFirst Standard Option POS (medical only)	\$ 230.47	\$ 398.69	\$ 671.33	\$ 124.19	\$ 230.17	\$ 255.92	\$ 292.41	\$ 565.04
UnitedHealthcare Select HMO (medical only)	\$ 209.00	\$ 401.78	\$ 638.72	\$ 112.61	\$ 229.67	\$ 364.50	\$ 305.39	\$ 542.33
Kaiser HMO (medical with Rx)	\$ 243.02	\$ 456.89	\$ 719.35	\$ 141.41	\$ 282.82	\$ 424.22	\$ 355.27	\$ 617.74
CareFirst Indemnity (medical with Rx discount) ²	\$ 508.23	\$ 1,082.47	\$ 1,623.79	\$ 262.41	\$ 546.31	\$ 677.34	\$ 836.65	\$ 1,377.97
PRESCRIPTION:								
Caremark Standard Option \$10/\$20/\$35	\$ 82.25	\$ 152.16	\$ 235.79	N/A	N/A	N/A	\$ 169.10	\$ 252.74
Caremark High Option \$5/\$10	\$270.47	\$500.42	\$775.47	N/A	N/A	N/A	\$553.19	\$828.25
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 99.19	\$ 198.39	\$ 297.58	\$ 169.10	\$ 252.74
SilverScript High Option \$5/\$10	N/A	N/A	N/A	\$323.24	\$646.53	\$969.77	\$553.19	\$828.25
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 15.97	\$ 35.58	\$ 51.19	\$ 15.97	\$ 35.58	\$ 51.19	\$ 35.58	\$ 51.19
VISION:								
Opti-Vision Discount Plan	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
		Age	100% Monthly Rates
Dependent Life Insurance		<25	\$0.048
\$2,000/\$1,000	\$0.633	25-29	\$0.054
\$4,000/\$2,000	\$1.370	30-34	\$0.067
\$10,000/\$5,000	\$3.266	35-39	\$0.074
		40-44	\$0.081
Basic Term Life Insurance		45-49	\$0.113
		50-54	\$0.165
per \$1,000 coverage	\$0.131	55-59	\$0.297
		60-64	\$0.447
		65-69	\$0.847
		70-74	\$1.497
		75-79	\$2.117
		80-84	\$2.117
		85-89	\$2.117
		90-94	\$2.117
		95+	\$2.117

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	\$ 0.00

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, 2021

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)	\$ 251.98	\$ 435.90	\$ 733.96	\$ 135.78	\$ 251.65	\$ 279.80	\$ 319.69	\$ 617.76
CareFirst Standard Option POS (medical only)	\$ 234.34	\$ 405.38	\$ 682.59	\$ 126.28	\$ 234.04	\$ 260.22	\$ 297.32	\$ 574.52
UnitedHealthcare Select HMO (medical only)	\$ 212.51	\$ 408.52	\$ 649.44	\$ 114.50	\$ 233.52	\$ 370.61	\$ 310.52	\$ 551.43
Kaiser HMO (medical with Rx)	\$ 247.10	\$ 464.55	\$ 731.42	\$ 143.78	\$ 287.56	\$ 431.34	\$ 361.23	\$ 628.10
CareFirst Indemnity (medical with Rx discount) ²	\$ 516.75	\$ 1,100.63	\$ 1,651.03	\$ 266.81	\$ 555.47	\$ 688.70	\$ 850.68	\$ 1,401.08
PRESCRIPTION:								
Caremark Standard Option \$10/\$20/\$35	\$ 83.63	\$ 154.71	\$ 239.75	N/A	N/A	N/A	\$ 171.94	\$ 256.98
Caremark High Option \$5/\$10	\$271.85	\$502.97	\$779.43	N/A	N/A	N/A	\$556.03	\$832.49
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 100.86	\$ 201.72	\$ 302.58	\$ 171.94	\$ 256.98
SilverScript High Option \$5/\$10	N/A	N/A	N/A	\$324.91	\$649.86	\$974.77	\$556.03	\$832.49
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 16.24	\$ 36.17	\$ 52.05	\$ 16.24	\$ 36.17	\$ 52.05	\$ 36.17	\$ 52.05
VISION:								
Opti-Vision Discount Plan	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
Dependent Life Insurance		Age	100% Monthly Rates
\$2,000/\$1,000	\$0.644	<25	\$0.048
\$4,000/\$2,000	\$1.370	25-29	\$0.054
\$10,000/\$5,000	\$3.266	30-34	\$0.067
		35-39	\$0.074
		40-44	\$0.081
		45-49	\$0.113
		50-54	\$0.165
		55-59	\$0.297
		60-64	\$0.447
		65-69	\$0.847
		70-74	\$1.497
		75-79	\$2.117
		80-84	\$2.117
		85-89	\$2.117
		90-94	\$2.117
		95+	\$2.117
Basic Term Life Insurance			
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	\$ 0.00

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

40.67% Cost Share

Effective January 1, 2021

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)	\$ 256.20	\$ 443.20	\$ 746.26	\$ 138.05	\$ 255.86	\$ 284.49	\$ 325.05	\$ 628.11
CareFirst Standard Option POS (medical only)	\$ 238.27	\$ 412.17	\$ 694.02	\$ 128.39	\$ 237.96	\$ 264.57	\$ 302.30	\$ 584.15
UnitedHealthcare Select HMO (medical only)	\$ 216.07	\$ 415.36	\$ 660.31	\$ 116.42	\$ 237.43	\$ 376.82	\$ 315.72	\$ 560.67
Kaiser HMO (medical with Rx)	\$ 251.24	\$ 472.33	\$ 743.67	\$ 146.19	\$ 292.38	\$ 438.56	\$ 367.28	\$ 638.62
CareFirst Indemnity (medical with Rx discount) ²	\$ 525.41	\$ 1,119.06	\$ 1,678.68	\$ 271.28	\$ 564.78	\$ 700.24	\$ 864.93	\$ 1,424.55
PRESCRIPTION:								
Caremark Standard Option \$10/\$20/\$35	\$ 85.03	\$ 157.30	\$ 243.76	N/A	N/A	N/A	\$ 174.82	\$ 261.28
Caremark High Option \$5/\$10	\$273.25	\$505.56	\$783.44	N/A	N/A	N/A	\$558.91	\$836.79
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 102.55	\$ 205.10	\$ 307.64	\$ 174.82	\$ 261.28
SilverScript High Option \$5/\$10	N/A	N/A	N/A	\$326.60	\$653.24	\$979.83	\$558.91	\$836.79
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 16.51	\$ 36.78	\$ 52.92	\$ 16.51	\$ 36.78	\$ 52.92	\$ 36.78	\$ 52.92
VISION:								
Opti-Vision Discount Plan	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
		Age	100% Monthly Rates
Dependent Life Insurance		<25	\$0.048
\$2,000/\$1,000	\$0.655	25-29	\$0.054
\$4,000/\$2,000	\$1.370	30-34	\$0.067
\$10,000/\$5,000	\$3.266	35-39	\$0.074
		40-44	\$0.081
Basic Term Life Insurance		45-49	\$0.113
		50-54	\$0.165
per \$1,000 coverage	\$0.135	55-59	\$0.297
		60-64	\$0.447
		65-69	\$0.847
		70-74	\$1.497
		75-79	\$2.117
		80-84	\$2.117
		85-89	\$2.117
		90-94	\$2.117
		95+	\$2.117

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	\$ 0.00

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, 2021

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)	\$ 264.58	\$ 457.69	\$ 770.66	\$ 142.56	\$ 264.23	\$ 293.79	\$ 335.68	\$ 648.65
CareFirst Standard Option POS (medical only)	\$ 246.06	\$ 425.65	\$ 716.72	\$ 132.59	\$ 245.74	\$ 273.23	\$ 312.18	\$ 603.25
UnitedHealthcare Select HMO (medical only)	\$ 223.13	\$ 428.95	\$ 681.91	\$ 120.23	\$ 245.20	\$ 389.14	\$ 326.04	\$ 579.00
Kaiser HMO (medical with Rx)	\$ 259.46	\$ 487.78	\$ 767.99	\$ 150.97	\$ 301.94	\$ 452.91	\$ 379.29	\$ 659.51
CareFirst Indemnity (medical with Rx discount) ²	\$ 542.59	\$ 1,155.66	\$ 1,733.58	\$ 280.15	\$ 583.25	\$ 723.14	\$ 893.22	\$ 1,471.14
PRESCRIPTION:								
Caremark Standard Option \$10/\$20/\$35	\$ 87.81	\$ 162.44	\$ 251.74	N/A	N/A	N/A	\$ 180.53	\$ 269.82
Caremark High Option \$5/\$10	\$276.03	\$510.70	\$791.42	N/A	N/A	N/A	\$564.62	\$845.33
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 105.90	\$ 211.81	\$ 317.70	\$ 180.53	\$ 269.82
SilverScript High Option \$5/\$10	N/A	N/A	N/A	\$329.95	\$659.95	\$989.89	\$564.62	\$845.33
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 17.05	\$ 37.98	\$ 54.65	\$ 17.05	\$ 37.98	\$ 54.65	\$ 37.98	\$ 54.65
VISION:								
Opti-Vision Discount Plan	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
Dependent Life Insurance		Age	100% Monthly Rates
\$2,000/\$1,000	\$0.676	<25	\$0.048
\$4,000/\$2,000	\$1.370	25-29	\$0.054
\$10,000/\$5,000	\$3.266	30-34	\$0.067
		35-39	\$0.074
		40-44	\$0.081
		45-49	\$0.113
		50-54	\$0.165
		55-59	\$0.297
		60-64	\$0.447
		65-69	\$0.847
		70-74	\$1.497
		75-79	\$2.117
		80-84	\$2.117
		85-89	\$2.117
		90-94	\$2.117
		95+	\$2.117
Basic Term Life Insurance			
per \$1,000 coverage	\$0.140		

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	\$ 0.00

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

43.34% Cost Share

Effective January 1, 2021

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)	\$ 273.02	\$ 472.29	\$ 795.25	\$ 147.11	\$ 272.66	\$ 303.17	\$ 346.39	\$ 669.34
CareFirst Standard Option POS (medical only)	\$ 253.91	\$ 439.23	\$ 739.58	\$ 136.82	\$ 253.58	\$ 281.94	\$ 322.14	\$ 622.50
UnitedHealthcare Select HMO (medical only)	\$ 230.25	\$ 442.63	\$ 703.66	\$ 124.07	\$ 253.02	\$ 401.56	\$ 336.44	\$ 597.48
Kaiser HMO (medical with Rx)	\$ 267.73	\$ 503.34	\$ 792.49	\$ 155.79	\$ 311.57	\$ 467.36	\$ 391.39	\$ 680.55
CareFirst Indemnity (medical with Rx discount) ²	\$ 559.90	\$ 1,192.53	\$ 1,788.89	\$ 289.09	\$ 601.85	\$ 746.21	\$ 921.72	\$ 1,518.07
PRESCRIPTION:								
Caremark Standard Option \$10/\$20/\$35	\$ 90.61	\$ 167.63	\$ 259.77	N/A	N/A	N/A	\$ 186.29	\$ 278.43
Caremark High Option \$5/\$10	\$278.83	\$515.89	\$799.45	N/A	N/A	N/A	\$570.38	\$853.94
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 109.28	\$ 218.56	\$ 327.84	\$ 186.29	\$ 278.43
SilverScript High Option \$5/\$10	N/A	N/A	N/A	\$333.33	\$666.70	\$1,000.03	\$570.38	\$853.94
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 17.59	\$ 39.19	\$ 56.39	\$ 17.59	\$ 39.19	\$ 56.39	\$ 39.19	\$ 56.39
VISION:								
Opti-Vision Discount Plan	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
		Age	100% Monthly Rates
Dependent Life Insurance		<25	\$0.048
\$2,000/\$1,000	\$0.698	25-29	\$0.054
\$4,000/\$2,000	\$1.370	30-34	\$0.067
\$10,000/\$5,000	\$3.266	35-39	\$0.074
		40-44	\$0.081
Basic Term Life Insurance		45-49	\$0.113
		50-54	\$0.165
per \$1,000 coverage	\$0.144	55-59	\$0.297
		60-64	\$0.447
		65-69	\$0.847
		70-74	\$1.497
		75-79	\$2.117
		80-84	\$2.117
		85-89	\$2.117
		90-94	\$2.117
		95+	\$2.117

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	\$ 0.00

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, 2021

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)	\$ 277.18	\$ 479.49	\$ 807.36	\$ 149.35	\$ 276.81	\$ 307.78	\$ 351.66	\$ 679.54
CareFirst Standard Option POS (medical only)	\$ 257.77	\$ 445.92	\$ 750.85	\$ 138.90	\$ 257.44	\$ 286.24	\$ 327.05	\$ 631.98
UnitedHealthcare Select HMO (medical only)	\$ 233.76	\$ 449.37	\$ 714.38	\$ 125.95	\$ 256.87	\$ 407.67	\$ 341.57	\$ 606.58
Kaiser HMO (medical with Rx)	\$ 271.81	\$ 511.01	\$ 804.56	\$ 158.16	\$ 316.32	\$ 474.47	\$ 397.36	\$ 690.91
CareFirst Indemnity (medical with Rx discount) ²	\$ 568.43	\$ 1,210.69	\$ 1,816.13	\$ 293.49	\$ 611.02	\$ 757.57	\$ 935.75	\$ 1,541.19
PRESCRIPTION:								
Caremark Standard Option \$10/\$20/\$35	\$ 91.99	\$ 170.18	\$ 263.72	N/A	N/A	N/A	\$ 189.13	\$ 282.67
Caremark High Option \$5/\$10	\$280.21	\$518.44	\$803.40	N/A	N/A	N/A	\$573.22	\$858.18
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 110.94	\$ 221.89	\$ 332.83	\$ 189.13	\$ 282.67
SilverScript High Option \$5/\$10	N/A	N/A	N/A	\$334.99	\$670.03	\$1,005.02	\$573.22	\$858.18
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 17.86	\$ 39.79	\$ 57.25	\$ 17.86	\$ 39.79	\$ 57.25	\$ 39.79	\$ 57.25
VISION:								
Opti-Vision Discount Plan	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
Dependent Life Insurance		Age	100% Monthly Rates
\$2,000/\$1,000	\$0.708	<25	\$0.048
\$4,000/\$2,000	\$1.370	25-29	\$0.054
\$10,000/\$5,000	\$3.266	30-34	\$0.067
		35-39	\$0.074
		40-44	\$0.081
		45-49	\$0.113
		50-54	\$0.165
		55-59	\$0.297
		60-64	\$0.447
		65-69	\$0.847
		70-74	\$1.497
		75-79	\$2.117
		80-84	\$2.117
		85-89	\$2.117
		90-94	\$2.117
		95+	\$2.117
Basic Term Life Insurance			
per \$1,000 coverage	\$0.147		

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	\$ 0.00

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

44.67% Cost Share

Effective January 1, 2021

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)	\$ 281.40	\$ 486.79	\$ 819.65	\$ 151.63	\$ 281.03	\$ 312.47	\$ 357.02	\$ 689.88
CareFirst Standard Option POS (medical only)	\$ 261.70	\$ 452.71	\$ 762.28	\$ 141.02	\$ 261.36	\$ 290.60	\$ 332.03	\$ 641.60
UnitedHealthcare Select HMO (medical only)	\$ 237.32	\$ 456.21	\$ 725.26	\$ 127.87	\$ 260.78	\$ 413.88	\$ 346.77	\$ 615.81
Kaiser HMO (medical with Rx)	\$ 275.95	\$ 518.79	\$ 816.81	\$ 160.57	\$ 321.13	\$ 481.70	\$ 403.41	\$ 701.43
CareFirst Indemnity (medical with Rx discount) ²	\$ 577.08	\$ 1,229.13	\$ 1,843.79	\$ 297.96	\$ 620.32	\$ 769.11	\$ 950.00	\$ 1,564.66
PRESCRIPTION:								
Caremark Standard Option \$10/\$20/\$35	\$ 93.39	\$ 172.77	\$ 267.74	N/A	N/A	N/A	\$ 192.01	\$ 286.98
Caremark High Option \$5/\$10	\$281.61	\$521.03	\$807.42	N/A	N/A	N/A	\$576.10	\$862.49
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 112.63	\$ 225.27	\$ 337.90	\$ 192.01	\$ 286.98
SilverScript High Option \$5/\$10	N/A	N/A	N/A	\$336.68	\$673.41	\$1,010.09	\$576.10	\$862.49
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 18.13	\$ 40.40	\$ 58.12	\$ 18.13	\$ 40.40	\$ 58.12	\$ 40.40	\$ 58.12
VISION:								
Opti-Vision Discount Plan	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
		Age	100% Monthly Rates
Dependent Life Insurance		<25	\$0.048
\$2,000/\$1,000	\$0.719	25-29	\$0.054
\$4,000/\$2,000	\$1.370	30-34	\$0.067
\$10,000/\$5,000	\$3.266	35-39	\$0.074
		40-44	\$0.081
Basic Term Life Insurance		45-49	\$0.113
		50-54	\$0.165
per \$1,000 coverage	\$0.149	55-59	\$0.297
		60-64	\$0.447
		65-69	\$0.847
		70-74	\$1.497
		75-79	\$2.117
		80-84	\$2.117
		85-89	\$2.117
		90-94	\$2.117
		95+	\$2.117

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	\$ 0.00

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, 2021

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)	\$ 283.48	\$ 490.38	\$ 825.71	\$ 152.75	\$ 283.10	\$ 314.78	\$ 359.65	\$ 694.98
CareFirst Standard Option POS (medical only)	\$ 263.63	\$ 456.05	\$ 767.91	\$ 142.06	\$ 263.29	\$ 292.74	\$ 334.48	\$ 646.34
UnitedHealthcare Select HMO (medical only)	\$ 239.07	\$ 459.59	\$ 730.62	\$ 128.82	\$ 262.71	\$ 416.94	\$ 349.33	\$ 620.36
Kaiser HMO (medical with Rx)	\$ 277.99	\$ 522.62	\$ 822.85	\$ 161.75	\$ 323.51	\$ 485.26	\$ 406.39	\$ 706.61
CareFirst Indemnity (medical with Rx discount) ²	\$ 581.35	\$ 1,238.21	\$ 1,857.41	\$ 300.16	\$ 624.91	\$ 774.79	\$ 957.02	\$ 1,576.22
PRESCRIPTION:								
Caremark Standard Option \$10/\$20/\$35	\$ 94.08	\$ 174.05	\$ 269.72	N/A	N/A	N/A	\$ 193.43	\$ 289.10
Caremark High Option \$5/\$10	\$282.30	\$522.31	\$809.40	N/A	N/A	N/A	\$577.52	\$864.61
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 113.46	\$ 226.94	\$ 340.40	\$ 193.43	\$ 289.10
SilverScript High Option \$5/\$10	N/A	N/A	N/A	\$337.51	\$675.08	\$1,012.59	\$577.52	\$864.61
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 18.27	\$ 40.69	\$ 58.55	\$ 18.27	\$ 40.69	\$ 58.55	\$ 40.69	\$ 58.55
VISION:								
Opti-Vision Discount Plan	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
Dependent Life Insurance		Age	100% Monthly Rates
\$2,000/\$1,000	\$0.725	<25	\$0.048
\$4,000/\$2,000	\$1.370	25-29	\$0.054
\$10,000/\$5,000	\$3.266	30-34	\$0.067
		35-39	\$0.074
		40-44	\$0.081
		45-49	\$0.113
		50-54	\$0.165
		55-59	\$0.297
		60-64	\$0.447
		65-69	\$0.847
		70-74	\$1.497
		75-79	\$2.117
		80-84	\$2.117
		85-89	\$2.117
		90-94	\$2.117
		95+	\$2.117
Basic Term Life Insurance			
per \$1,000 coverage	\$0.150		

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	\$ 0.00

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, 2021

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)	\$ 289.78	\$ 501.28	\$ 844.06	\$ 156.14	\$ 289.40	\$ 321.77	\$ 367.65	\$ 710.42
CareFirst Standard Option POS (medical only)	\$ 269.49	\$ 466.19	\$ 784.98	\$ 145.22	\$ 269.14	\$ 299.25	\$ 341.91	\$ 660.70
UnitedHealthcare Select HMO (medical only)	\$ 244.38	\$ 469.80	\$ 746.85	\$ 131.68	\$ 268.55	\$ 426.20	\$ 357.09	\$ 634.15
Kaiser HMO (medical with Rx)	\$ 284.17	\$ 534.23	\$ 841.13	\$ 165.35	\$ 330.69	\$ 496.04	\$ 415.42	\$ 722.32
CareFirst Indemnity (medical with Rx discount) ²	\$ 594.26	\$ 1,265.72	\$ 1,898.68	\$ 306.83	\$ 638.79	\$ 792.01	\$ 978.29	\$ 1,611.25
PRESCRIPTION:								
Caremark Standard Option \$10/\$20/\$35	\$ 96.17	\$ 177.91	\$ 275.71	N/A	N/A	N/A	\$ 197.73	\$ 295.52
Caremark High Option \$5/\$10	\$284.39	\$526.17	\$815.39	N/A	N/A	N/A	\$581.82	\$871.03
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 115.98	\$ 231.98	\$ 347.96	\$ 197.73	\$ 295.52
SilverScript High Option \$5/\$10	N/A	N/A	N/A	\$340.03	\$680.12	\$1,020.15	\$581.82	\$871.03
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 18.67	\$ 41.60	\$ 59.86	\$ 18.67	\$ 41.60	\$ 59.86	\$ 41.60	\$ 59.86
VISION:								
Opti-Vision Discount Plan	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
		Age	100% Monthly Rates
Dependent Life Insurance		<25	\$0.048
\$2,000/\$1,000	\$0.741	25-29	\$0.054
\$4,000/\$2,000	\$1.370	30-34	\$0.067
\$10,000/\$5,000	\$3.266	35-39	\$0.074
		40-44	\$0.081
Basic Term Life Insurance		45-49	\$0.113
		50-54	\$0.165
per \$1,000 coverage	\$0.153	55-59	\$0.297
		60-64	\$0.447
		65-69	\$0.847
		70-74	\$1.497
		75-79	\$2.117
		80-84	\$2.117
		85-89	\$2.117
		90-94	\$2.117
		95+	\$2.117

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	\$ 0.00

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

47.34% Cost Share

Effective January 1, 2021

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)	\$ 298.22	\$ 515.88	\$ 868.65	\$ 160.69	\$ 297.83	\$ 331.15	\$ 378.36	\$ 731.12
CareFirst Standard Option POS (medical only)	\$ 277.34	\$ 479.77	\$ 807.84	\$ 149.45	\$ 276.98	\$ 307.97	\$ 351.87	\$ 679.95
UnitedHealthcare Select HMO (medical only)	\$ 251.50	\$ 483.48	\$ 768.61	\$ 135.52	\$ 276.37	\$ 438.62	\$ 367.50	\$ 652.62
Kaiser HMO (medical with Rx)	\$ 292.44	\$ 549.80	\$ 865.64	\$ 170.16	\$ 340.33	\$ 510.49	\$ 427.52	\$ 743.36
CareFirst Indemnity (medical with Rx discount) ²	\$ 611.58	\$ 1,302.59	\$ 1,953.99	\$ 315.77	\$ 657.40	\$ 815.08	\$ 1,006.78	\$ 1,658.18
PRESCRIPTION:								
Caremark Standard Option \$10/\$20/\$35	\$ 98.97	\$ 183.10	\$ 283.74	N/A	N/A	N/A	\$ 203.49	\$ 304.13
Caremark High Option \$5/\$10	\$287.19	\$531.36	\$823.42	N/A	N/A	N/A	\$587.58	\$879.64
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 119.36	\$ 238.74	\$ 358.10	\$ 203.49	\$ 304.13
SilverScript High Option \$5/\$10	N/A	N/A	N/A	\$343.41	\$686.88	\$1,030.29	\$587.58	\$879.64
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 19.22	\$ 42.81	\$ 61.60	\$ 19.22	\$ 42.81	\$ 61.60	\$ 42.81	\$ 61.60
VISION:								
Opti-Vision Discount Plan	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
Dependent Life Insurance		Age	100% Monthly Rates
		<25	\$0.048
\$2,000/\$1,000	\$0.762	25-29	\$0.054
\$4,000/\$2,000	\$1.370	30-34	\$0.067
\$10,000/\$5,000	\$3.266	35-39	\$0.074
		40-44	\$0.081
		45-49	\$0.113
		50-54	\$0.165
		55-59	\$0.297
		60-64	\$0.447
		65-69	\$0.847
		70-74	\$1.497
		75-79	\$2.117
		80-84	\$2.117
		85-89	\$2.117
		90-94	\$2.117
		95+	\$2.117
Basic Term Life Insurance			
per \$1,000 coverage	\$0.158		

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	\$ 0.00

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, 2021

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)	\$ 302.38	\$ 523.08	\$ 880.76	\$ 162.93	\$ 301.98	\$ 335.76	\$ 383.63	\$ 741.31
CareFirst Standard Option POS (medical only)	\$ 281.21	\$ 486.46	\$ 819.11	\$ 151.53	\$ 280.84	\$ 312.26	\$ 356.78	\$ 689.43
UnitedHealthcare Select HMO (medical only)	\$ 255.01	\$ 490.22	\$ 779.32	\$ 137.40	\$ 280.22	\$ 444.73	\$ 372.62	\$ 661.72
Kaiser HMO (medical with Rx)	\$ 296.52	\$ 557.46	\$ 877.70	\$ 172.54	\$ 345.07	\$ 517.61	\$ 433.48	\$ 753.72
CareFirst Indemnity (medical with Rx discount) ²	\$ 620.10	\$ 1,320.75	\$ 1,981.23	\$ 320.17	\$ 666.57	\$ 826.44	\$ 1,020.82	\$ 1,681.30
PRESCRIPTION:								
Caremark Standard Option \$10/\$20/\$35	\$ 100.35	\$ 185.65	\$ 287.70	N/A	N/A	N/A	\$ 206.32	\$ 308.37
Caremark High Option \$5/\$10	\$288.57	\$533.91	\$827.38	N/A	N/A	N/A	\$590.41	\$883.88
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 121.03	\$ 242.06	\$ 363.09	\$ 206.32	\$ 308.37
SilverScript High Option \$5/\$10	N/A	N/A	N/A	\$345.08	\$690.20	\$1,035.28	\$590.41	\$883.88
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 19.48	\$ 43.41	\$ 62.46	\$ 19.48	\$ 43.41	\$ 62.46	\$ 43.41	\$ 62.46
VISION:								
Opti-Vision Discount Plan	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
		Age	100% Monthly Rates
Dependent Life Insurance		<25	\$0.048
\$2,000/\$1,000	\$0.773	25-29	\$0.054
\$4,000/\$2,000	\$1.370	30-34	\$0.067
\$10,000/\$5,000	\$3.266	35-39	\$0.074
		40-44	\$0.081
Basic Term Life Insurance		45-49	\$0.113
		50-54	\$0.165
per \$1,000 coverage	\$0.160	55-59	\$0.297
		60-64	\$0.447
		65-69	\$0.847
		70-74	\$1.497
		75-79	\$2.117
		80-84	\$2.117
		85-89	\$2.117
		90-94	\$2.117
		95+	\$2.117

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	\$ 0.00

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

48.67% Cost Share

Effective January 1, 2021

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)	\$ 306.60	\$ 530.38	\$ 893.05	\$ 165.21	\$ 306.19	\$ 340.45	\$ 388.99	\$ 751.66
CareFirst Standard Option POS (medical only)	\$ 285.13	\$ 493.25	\$ 830.54	\$ 153.65	\$ 284.76	\$ 316.62	\$ 361.76	\$ 699.05
UnitedHealthcare Select HMO (medical only)	\$ 258.57	\$ 497.07	\$ 790.20	\$ 139.32	\$ 284.14	\$ 450.94	\$ 377.82	\$ 670.95
Kaiser HMO (medical with Rx)	\$ 300.66	\$ 565.24	\$ 889.96	\$ 174.94	\$ 349.89	\$ 524.83	\$ 439.53	\$ 764.24
CareFirst Indemnity (medical with Rx discount) ²	\$ 628.76	\$ 1,339.19	\$ 2,008.89	\$ 324.64	\$ 675.87	\$ 837.98	\$ 1,035.07	\$ 1,704.77
PRESCRIPTION:								
Caremark Standard Option \$10/\$20/\$35	\$ 101.75	\$ 188.24	\$ 291.71	N/A	N/A	N/A	\$ 209.20	\$ 312.68
Caremark High Option \$5/\$10	\$289.97	\$536.50	\$831.39	N/A	N/A	N/A	\$593.29	\$888.19
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 122.72	\$ 245.44	\$ 368.16	\$ 209.20	\$ 312.68
SilverScript High Option \$5/\$10	N/A	N/A	N/A	\$346.77	\$693.58	\$1,040.35	\$593.29	\$888.19
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 19.76	\$ 44.01	\$ 63.33	\$ 19.76	\$ 44.01	\$ 63.33	\$ 44.01	\$ 63.33
VISION:								
Opti-Vision Discount Plan	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
		Age	100% Monthly Rates
Dependent Life Insurance		<25	\$0.048
\$2,000/\$1,000	\$0.784	25-29	\$0.054
\$4,000/\$2,000	\$1.370	30-34	\$0.067
\$10,000/\$5,000	\$3.266	35-39	\$0.074
		40-44	\$0.081
Basic Term Life Insurance		45-49	\$0.113
		50-54	\$0.165
per \$1,000 coverage	\$0.162	55-59	\$0.297
		60-64	\$0.447
		65-69	\$0.847
		70-74	\$1.497
		75-79	\$2.117
		80-84	\$2.117
		85-89	\$2.117
		90-94	\$2.117
		95+	\$2.117

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	\$ 0.00

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, 2021

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)	\$ 314.98	\$ 544.87	\$ 917.46	\$ 169.72	\$ 314.56	\$ 349.76	\$ 399.62	\$ 772.20
CareFirst Standard Option POS (medical only)	\$ 292.93	\$ 506.73	\$ 853.24	\$ 157.85	\$ 292.55	\$ 325.27	\$ 371.65	\$ 718.16
UnitedHealthcare Select HMO (medical only)	\$ 265.64	\$ 510.65	\$ 811.80	\$ 143.13	\$ 291.90	\$ 463.27	\$ 388.15	\$ 689.29
Kaiser HMO (medical with Rx)	\$ 308.88	\$ 580.69	\$ 914.28	\$ 179.73	\$ 359.45	\$ 539.18	\$ 451.54	\$ 785.13
CareFirst Indemnity (medical with Rx discount) ²	\$ 645.94	\$ 1,375.79	\$ 2,063.79	\$ 333.51	\$ 694.34	\$ 860.88	\$ 1,063.36	\$ 1,751.36
PRESCRIPTION:								
Caremark Standard Option \$10/\$20/\$35	\$ 104.54	\$ 193.39	\$ 299.69	N/A	N/A	N/A	\$ 214.92	\$ 321.22
Caremark High Option \$5/\$10	\$292.76	\$541.65	\$839.37	N/A	N/A	N/A	\$599.01	\$896.73
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 126.07	\$ 252.15	\$ 378.22	\$ 214.92	\$ 321.22
SilverScript High Option \$5/\$10	N/A	N/A	N/A	\$350.12	\$700.29	\$1,050.41	\$599.01	\$896.73
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 20.30	\$ 45.22	\$ 65.06	\$ 20.30	\$ 45.22	\$ 65.06	\$ 45.22	\$ 65.06
VISION:								
Opti-Vision Discount Plan	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
Dependent Life Insurance		Age	100% Monthly Rates
\$2,000/\$1,000	\$0.805	<25	\$0.048
\$4,000/\$2,000	\$1.370	25-29	\$0.054
\$10,000/\$5,000	\$3.266	30-34	\$0.067
		35-39	\$0.074
		40-44	\$0.081
		45-49	\$0.113
		50-54	\$0.165
		55-59	\$0.297
		60-64	\$0.447
		65-69	\$0.847
		70-74	\$1.497
		75-79	\$2.117
		80-84	\$2.117
		85-89	\$2.117
		90-94	\$2.117
		95+	\$2.117
Basic Term Life Insurance			
per \$1,000 coverage	\$0.167		

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	\$ 0.00

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
Effective January 1, 2021

HEALTH PLANS	Non-Medicare 100% Monthly Rates ¹			Medicare 100% Monthly Rates ¹			Non-Medicare & Medicare Split Rates ^{1,3}	
	SELF	SELF+1	FAMILY	SELF	SELF+1	FAMILY	SELF+1	FAMILY
MEDICAL:								
Carefirst High Option POS (medical only)	\$629.95	\$1,089.74	\$1,834.91	\$339.44	\$629.12	\$699.51	\$799.23	\$1,544.40
Carefirst Standard Option POS (medical only)	\$585.85	\$1,013.45	\$1,706.47	\$315.69	\$585.09	\$650.54	\$743.29	\$1,436.31
UnitedHealthcare Select HMO (medical only)	\$531.27	\$1,021.30	\$1,623.59	\$286.26	\$583.80	\$926.53	\$776.29	\$1,378.58
Kaiser HMO (medical with Rx)	\$617.75	\$1,161.38	\$1,828.55	\$359.45	\$718.90	\$1,078.35	\$903.08	\$1,570.25
Carefirst Indemnity (medical with Rx discount) ²	\$1,291.88	\$2,751.57	\$4,127.57	\$667.02	\$1,388.68	\$1,721.75	\$2,126.71	\$3,502.71
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$40.59	\$90.43	\$130.12	\$40.59	\$90.43	\$130.12	\$90.43	\$130.12
VISION:								
Discount Vision Plan	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

LIFE INSURANCE:	100% Monthly Rates	Optional Life Insurance (per \$1,000 coverage)	
		AGE	100% Monthly Rates
		<25	\$0.048
Dependent Life Insurance		25-29	\$0.054
\$2,000/\$1,000	\$1.610	30-34	\$0.067
\$4,000/\$2,000	\$1.370	35-39	\$0.074
\$10,000/\$5,000	\$3.266	40-44	\$0.081
		45-49	\$0.113
Term Life Insurance (per \$1,000 coverage)		50-54	\$0.165
\$0.333		55-59	\$0.297
		60-64	\$0.447
		65-69	\$0.847
		70-74	\$1.497
		75-79	\$2.117
		80-84	\$2.117
		85-89	\$2.117
		90-94	\$2.117
		95+	\$2.117

MONTGOMERY COUNTY RETIREE GROUP HEALTH PLAN & LIFE RATES
100% Cost Share Rates - Effective January 1, 2021

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)	\$629.95	\$1,089.74	\$1,834.91	\$339.44	\$629.12	\$699.51	\$799.23	\$1,544.40
Carefirst Standard Option POS (medical only)	\$585.85	\$1,013.45	\$1,706.47	\$315.69	\$585.09	\$650.54	\$743.29	\$1,436.31
UnitedHealthcare Select HMO (medical only)	\$531.27	\$1,021.30	\$1,623.59	\$286.26	\$583.80	\$926.53	\$776.29	\$1,378.58
Kaiser HMO (medical with Rx)	\$617.75	\$1,161.38	\$1,828.55	\$359.45	\$718.90	\$1,078.35	\$903.08	\$1,570.25
Carefirst Indemnity (medical with Rx discount) ¹	\$1,291.88	\$2,751.57	\$4,127.57	\$586.15	\$1,226.94	\$1,479.14	\$2,045.84	\$3,421.84
PRESCRIPTION:								
Caremark Standard Option \$10/\$20/\$35	\$209.07	\$386.77	\$599.37	\$252.14	\$504.30	\$756.44	\$429.83	\$642.44
Caremark High Option \$5/\$10	\$397.29	\$735.03	\$1,139.05	\$367.59	\$735.19	\$1,102.78	\$705.33	\$1,109.35
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$252.14	\$504.30	\$756.44	\$429.83	\$642.44
SilverScript High Option \$5/\$10	N/A	N/A	N/A	\$367.59	\$735.19	\$1,102.78	\$705.33	\$1,109.35
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$40.59	\$90.43	\$130.12	\$40.59	\$90.43	\$130.12	\$90.43	\$130.12
VISION:								
Discount Vision Plan	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

LIFE INSURANCE:	100% Monthly Rates	Optional Life Insurance (per \$1,000 coverage)	
		AGE	100% Monthly Rates
		<25	\$0.048
Dependent Life Insurance		25-29	\$0.054
\$2,000/\$1,000	\$1.610	30-34	\$0.067
\$4,000/\$2,000	\$1.370	35-39	\$0.074
\$10,000/\$5,000	\$3.266	40-44	\$0.081
		45-49	\$0.113
Term Life Insurance (per \$1,000 coverage)	\$0.333	50-54	\$0.165
		55-59	\$0.297
		60-64	\$0.447
		65-69	\$0.847
		70-74	\$1.497
		75-79	\$2.117
		80-84	\$2.117
		85-89	\$2.117
		90-94	\$2.117
		95+	\$2.117

100% MONTHLY HEALTH RATES Effective January 1, 2021	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)	\$629.95	\$1,089.74	\$1,834.91	\$339.44	\$629.12	\$699.51	\$799.23	\$1,544.40
Carefirst Standard Option POS (medical only)	\$585.85	\$1,013.45	\$1,706.47	\$315.69	\$585.09	\$650.54	\$743.29	\$1,436.31
UnitedHealthcare Select HMO (medical only)	\$531.27	\$1,021.30	\$1,623.59	\$286.26	\$583.80	\$926.53	\$776.29	\$1,378.58
Kaiser HMO (medical with Rx)	\$617.75	\$1,161.38	\$1,828.55	\$359.45	\$718.90	\$1,078.35	\$903.08	\$1,570.25
1/ Carefirst Indemnity (medical with Rx)	\$1,291.88	\$2,751.57	\$4,127.57	\$667.02	\$1,388.68	\$1,721.75	\$2,126.71	\$3,502.71
PRESCRIPTION:								
2/ Caremark High Option \$4/\$8 Rx Plan	\$402.49	\$744.63	\$1,153.92	N/A	N/A	N/A	N/A	N/A
3/ Caremark High Option \$5/\$10 Rx Plan	\$397.29	\$735.03	\$1,139.05	N/A	N/A	N/A	\$813.93	\$1,217.95
Caremark Standard Option \$10/\$20/\$35 Rx Plan	\$209.07	\$386.77	\$599.37	N/A	N/A	N/A	\$429.84	\$642.44
3/ SilverScript High Option \$5/\$10 Rx Plan	N/A	N/A	N/A	\$476.19	\$952.44	\$1,428.63	\$813.93	\$1,217.95
SilverScript Standard Option \$10/\$20/\$35 Rx Plan	N/A	N/A	N/A	\$252.14	\$504.30	\$756.44	\$429.84	\$642.44
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$40.59	\$90.43	\$130.12	\$40.59	\$90.43	\$130.12	\$90.43	\$130.12
Dental HMO (DHMO)	\$13.94	\$26.41	\$38.63	N/A	N/A	N/A	N/A	N/A
VISION:								
Vision Plan	\$4.81	\$7.61	\$11.54	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

* 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.

2/ Only available to COBRA participants who were MCGEO/IAFF at the time of the Qualified Event.

3/ Only available to COBRA participants who were FOP/Non-Rep/Retired at the time of the Qualified Event.

Direct Bill Additional Coverage determined per individual:

Basic Life

Optional Life

Dependent Life