

RETIREE GROUP INSURANCE RATES

20.00% Cost Share

Effective January 1, 2024

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)	\$ 150.42	\$ 260.21	\$ 438.13	\$ 81.05	\$ 150.22	\$ 167.03	\$ 190.84	\$ 368.77
CareFirst Standard Option POS (medical only)	\$ 139.89	\$ 241.99	\$ 407.47	\$ 75.38	\$ 139.71	\$ 155.33	\$ 177.48	\$ 342.96
UnitedHealthcare Select HMO (medical only)	\$ 123.13	\$ 236.71	\$ 376.30	\$ 66.35	\$ 135.31	\$ 214.74	\$ 179.92	\$ 319.51
Kaiser HMO (medical with Rx)	\$ 153.24	\$ 288.10	\$ 453.60	\$ 67.86	\$ 135.72	\$ 203.59	\$ 202.72	\$ 368.22
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	\$ 55.21	\$ 102.14	\$ 158.29	N/A	N/A	N/A	\$ 113.52	\$ 169.67
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 66.59	\$ 133.18	\$ 199.77	\$ 113.52	\$ 169.67
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 8.58	\$ 19.12	\$ 27.51	\$ 8.58	\$ 19.12	\$ 27.51	\$ 19.12	\$ 27.51
VISION:								
Opti-Vision Discount Plan	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vision Insured Plan	\$ 0.55	\$ 1.04	\$ 1.61	\$ 0.55	\$ 1.04	\$ 1.61	\$ 1.04	\$ 1.61

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
Dependent Life Insurance		Age	100% Monthly Rates
\$2,000/\$1,000	\$0.175	<25	\$0.049
\$4,000/\$2,000	\$1.751	25-29	\$0.056
\$10,000/\$5,000	\$4.377	30-34	\$0.069
		35-39	\$0.078
		40-44	\$0.084
		45-49	\$0.118
		50-54	\$0.172
		55-59	\$0.310
		60-64	\$0.466
		65-69	\$0.884
		70-74	\$1.564
		75-79	\$2.011
		80-84	\$2.011
		85-89	\$2.011
		90-94	\$2.011
		95+	\$2.011
Basic Term Life Insurance			
per \$1,000 coverage	\$0.059		

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). Standard Option Prescription (Rx) plan is 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, 2024

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)	\$ 188.02	\$ 325.26	\$ 547.67	\$ 101.31	\$ 187.78	\$ 208.79	\$ 238.55	\$ 460.96
CareFirst Standard Option POS (medical only)	\$ 174.86	\$ 302.49	\$ 509.33	\$ 94.23	\$ 174.63	\$ 194.17	\$ 221.85	\$ 428.70
UnitedHealthcare Select HMO (medical only)	\$ 153.92	\$ 295.88	\$ 470.37	\$ 82.93	\$ 169.13	\$ 268.42	\$ 224.90	\$ 399.39
Kaiser HMO (medical with Rx)	\$ 191.55	\$ 360.13	\$ 567.00	\$ 84.83	\$ 169.66	\$ 254.48	\$ 253.40	\$ 460.28
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	\$ 69.02	\$ 127.68	\$ 197.86	N/A	N/A	N/A	\$ 141.90	\$ 212.08
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 83.24	\$ 166.48	\$ 249.72	\$ 141.90	\$ 212.08
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 10.73	\$ 23.90	\$ 34.39	\$ 10.73	\$ 23.90	\$ 34.39	\$ 23.90	\$ 34.39
VISION:								
Opti-Vision Discount Plan	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vision Insured Plan	\$ 0.69	\$ 1.30	\$ 2.02	\$ 0.69	\$ 1.30	\$ 2.02	\$ 1.30	\$ 2.02

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
Dependent Life Insurance		Age	100% Monthly Rates
\$2,000/\$1,000	\$0.219	<25	\$0.049
\$4,000/\$2,000	\$1.751	25-29	\$0.056
\$10,000/\$5,000	\$4.377	30-34	\$0.069
		35-39	\$0.078
		40-44	\$0.084
		45-49	\$0.118
		50-54	\$0.172
		55-59	\$0.310
		60-64	\$0.466
		65-69	\$0.884
		70-74	\$1.564
		75-79	\$2.011
		80-84	\$2.011
		85-89	\$2.011
		90-94	\$2.011
		95+	\$2.011
Basic Term Life Insurance			
per \$1,000 coverage	\$0.074		

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). Standard Option Prescription (Rx) plan is 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, 2024

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)	\$ 225.63	\$ 390.31	\$ 657.20	\$ 121.58	\$ 225.33	\$ 250.54	\$ 286.26	\$ 553.15
CareFirst Standard Option POS (medical only)	\$ 209.84	\$ 362.98	\$ 611.20	\$ 113.07	\$ 209.56	\$ 233.00	\$ 266.22	\$ 514.43
UnitedHealthcare Select HMO (medical only)	\$ 184.70	\$ 355.06	\$ 564.44	\$ 99.52	\$ 202.96	\$ 322.11	\$ 269.88	\$ 479.27
Kaiser HMO (medical with Rx)	\$ 229.86	\$ 432.15	\$ 680.40	\$ 101.79	\$ 203.59	\$ 305.38	\$ 304.08	\$ 552.33
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	\$ 82.82	\$ 153.22	\$ 237.44	N/A	N/A	N/A	\$ 170.28	\$ 254.50
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 99.89	\$ 199.78	\$ 299.66	\$ 170.28	\$ 254.50
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 12.87	\$ 28.67	\$ 41.26	\$ 12.87	\$ 28.67	\$ 41.26	\$ 28.67	\$ 41.26
VISION:								
Opti-Vision Discount Plan	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vision Insured Plan	\$ 0.82	\$ 1.56	\$ 2.42	\$ 0.82	\$ 1.56	\$ 2.42	\$ 1.56	\$ 2.42

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
Dependent Life Insurance		Age	100% Monthly Rates
\$2,000/\$1,000	\$0.263	<25	\$0.049
\$4,000/\$2,000	\$1.751	25-29	\$0.056
\$10,000/\$5,000	\$4.377	30-34	\$0.069
		35-39	\$0.078
		40-44	\$0.084
		45-49	\$0.118
		50-54	\$0.172
		55-59	\$0.310
		60-64	\$0.466
		65-69	\$0.884
		70-74	\$1.564
		75-79	\$2.011
		80-84	\$2.011
		85-89	\$2.011
		90-94	\$2.011
		95+	\$2.011
Basic Term Life Insurance			
per \$1,000 coverage	\$0.089		

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). Standard Option Prescription (Rx) plan is 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, 2024

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)	\$ 235.71	\$ 407.74	\$ 686.56	\$ 127.01	\$ 235.39	\$ 261.73	\$ 299.04	\$ 577.86
CareFirst Standard Option POS (medical only)	\$ 219.21	\$ 379.20	\$ 638.50	\$ 118.12	\$ 218.92	\$ 243.41	\$ 278.11	\$ 537.41
UnitedHealthcare Select HMO (medical only)	\$ 192.95	\$ 370.92	\$ 589.66	\$ 103.96	\$ 212.02	\$ 336.49	\$ 281.93	\$ 500.67
Kaiser HMO (medical with Rx)	\$ 240.13	\$ 451.45	\$ 710.79	\$ 106.34	\$ 212.68	\$ 319.02	\$ 317.66	\$ 577.00
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	\$ 86.52	\$ 160.06	\$ 248.04	N/A	N/A	N/A	\$ 177.89	\$ 265.87
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 104.35	\$ 208.70	\$ 313.04	\$ 177.89	\$ 265.87
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 13.44	\$ 29.95	\$ 43.11	\$ 13.44	\$ 29.95	\$ 43.11	\$ 29.95	\$ 43.11
VISION:								
Opti-Vision Discount Plan	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vision Insured Plan	\$ 0.86	\$ 1.63	\$ 2.53	\$ 0.86	\$ 1.63	\$ 2.53	\$ 1.63	\$ 2.53

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
Dependent Life Insurance		Age	100% Monthly Rates
\$2,000/\$1,000	\$0.274	<25	\$0.049
\$4,000/\$2,000	\$1.751	25-29	\$0.056
\$10,000/\$5,000	\$4.377	30-34	\$0.069
		35-39	\$0.078
		40-44	\$0.084
		45-49	\$0.118
		50-54	\$0.172
		55-59	\$0.310
		60-64	\$0.466
		65-69	\$0.884
		70-74	\$1.564
		75-79	\$2.011
		80-84	\$2.011
		85-89	\$2.011
		90-94	\$2.011
		95+	\$2.011
Basic Term Life Insurance			
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	\$ 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). Standard Option Prescription (Rx) plan is 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, 2024

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)	\$ 240.67	\$ 416.33	\$ 701.01	\$ 129.68	\$ 240.35	\$ 267.24	\$ 305.34	\$ 590.03
CareFirst Standard Option POS (medical only)	\$ 223.82	\$ 387.18	\$ 651.95	\$ 120.61	\$ 223.53	\$ 248.53	\$ 283.96	\$ 548.73
UnitedHealthcare Select HMO (medical only)	\$ 197.01	\$ 378.73	\$ 602.07	\$ 106.15	\$ 216.49	\$ 343.58	\$ 287.87	\$ 511.22
Kaiser HMO (medical with Rx)	\$ 245.19	\$ 460.96	\$ 725.76	\$ 108.58	\$ 217.16	\$ 325.74	\$ 324.35	\$ 589.16
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	\$ 88.34	\$ 163.43	\$ 253.26	N/A	N/A	N/A	\$ 181.63	\$ 271.47
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 106.54	\$ 213.09	\$ 319.64	\$ 181.63	\$ 271.47
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 13.73	\$ 30.59	\$ 44.01	\$ 13.73	\$ 30.59	\$ 44.01	\$ 30.59	\$ 44.01
VISION:								
Opti-Vision Discount Plan	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vision Insured Plan	\$ 0.88	\$ 1.67	\$ 2.58	\$ 0.88	\$ 1.67	\$ 2.58	\$ 1.67	\$ 2.58

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
Dependent Life Insurance		Age	100% Monthly Rates
\$2,000/\$1,000	\$0.280	<25	\$0.049
\$4,000/\$2,000	\$1.751	25-29	\$0.056
\$10,000/\$5,000	\$4.377	30-34	\$0.069
		35-39	\$0.078
		40-44	\$0.084
		45-49	\$0.118
		50-54	\$0.172
		55-59	\$0.310
		60-64	\$0.466
		65-69	\$0.884
		70-74	\$1.564
		75-79	\$2.011
		80-84	\$2.011
		85-89	\$2.011
		90-94	\$2.011
		95+	\$2.011
Basic Term Life Insurance			
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	\$ 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). Standard Option Prescription (Rx) plan is 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, 2024

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)	\$ 245.71	\$ 425.05	\$ 715.69	\$ 132.40	\$ 245.38	\$ 272.84	\$ 311.73	\$ 602.38
CareFirst Standard Option POS (medical only)	\$ 228.51	\$ 395.29	\$ 665.60	\$ 123.13	\$ 228.21	\$ 253.74	\$ 289.91	\$ 560.22
UnitedHealthcare Select HMO (medical only)	\$ 201.14	\$ 386.66	\$ 614.68	\$ 108.38	\$ 221.02	\$ 350.77	\$ 293.90	\$ 521.92
Kaiser HMO (medical with Rx)	\$ 250.32	\$ 470.61	\$ 740.96	\$ 110.85	\$ 221.71	\$ 332.56	\$ 331.14	\$ 601.49
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	\$ 90.19	\$ 166.85	\$ 258.57	N/A	N/A	N/A	\$ 185.43	\$ 277.15
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 108.77	\$ 217.56	\$ 326.33	\$ 185.43	\$ 277.15
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 14.02	\$ 31.23	\$ 44.93	\$ 14.02	\$ 31.23	\$ 44.93	\$ 31.23	\$ 44.93
VISION:								
Opti-Vision Discount Plan	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vision Insured Plan	\$ 0.90	\$ 1.70	\$ 2.64	\$ 0.90	\$ 1.70	\$ 2.64	\$ 1.70	\$ 2.64

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
Dependent Life Insurance		Age	100% Monthly Rates
\$2,000/\$1,000	\$0.286	<25	\$0.049
\$4,000/\$2,000	\$1.751	25-29	\$0.056
\$10,000/\$5,000	\$4.377	30-34	\$0.069
		35-39	\$0.078
		40-44	\$0.084
		45-49	\$0.118
		50-54	\$0.172
		55-59	\$0.310
		60-64	\$0.466
		65-69	\$0.884
		70-74	\$1.564
		75-79	\$2.011
		80-84	\$2.011
		85-89	\$2.011
		90-94	\$2.011
		95+	\$2.011
Basic Term Life Insurance			
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	\$ 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). Standard Option Prescription (Rx) plan is 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, 2024

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)	\$ 255.71	\$ 442.35	\$ 744.83	\$ 137.79	\$ 255.37	\$ 283.95	\$ 324.42	\$ 626.90
CareFirst Standard Option POS (medical only)	\$ 237.81	\$ 411.38	\$ 692.69	\$ 128.15	\$ 237.50	\$ 264.07	\$ 301.71	\$ 583.03
UnitedHealthcare Select HMO (medical only)	\$ 209.32	\$ 402.40	\$ 639.70	\$ 112.79	\$ 230.02	\$ 365.05	\$ 305.86	\$ 543.17
Kaiser HMO (medical with Rx)	\$ 260.51	\$ 489.77	\$ 771.12	\$ 115.37	\$ 230.73	\$ 346.10	\$ 344.62	\$ 625.98
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	\$ 93.86	\$ 173.64	\$ 269.09	N/A	N/A	N/A	\$ 192.98	\$ 288.43
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 113.20	\$ 226.41	\$ 339.61	\$ 192.98	\$ 288.43
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 14.59	\$ 32.50	\$ 46.76	\$ 14.59	\$ 32.50	\$ 46.76	\$ 32.50	\$ 46.76
VISION:								
Opti-Vision Discount Plan	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vision Insured Plan	\$ 0.93	\$ 1.77	\$ 2.74	\$ 0.93	\$ 1.77	\$ 2.74	\$ 1.77	\$ 2.74

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
Dependent Life Insurance		Age	100% Monthly Rates
\$2,000/\$1,000	\$0.298	<25	\$0.049
\$4,000/\$2,000	\$1.751	25-29	\$0.056
\$10,000/\$5,000	\$4.377	30-34	\$0.069
		35-39	\$0.078
		40-44	\$0.084
		45-49	\$0.118
		50-54	\$0.172
		55-59	\$0.310
		60-64	\$0.466
		65-69	\$0.884
		70-74	\$1.564
		75-79	\$2.011
		80-84	\$2.011
		85-89	\$2.011
		90-94	\$2.011
		95+	\$2.011
Basic Term Life Insurance			
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	\$ 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). Standard Option Prescription (Rx) plan is 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, 2024

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)	\$ 263.23	\$ 455.36	\$ 766.73	\$ 141.84	\$ 262.89	\$ 292.30	\$ 333.97	\$ 645.34
CareFirst Standard Option POS (medical only)	\$ 244.81	\$ 423.48	\$ 713.07	\$ 131.92	\$ 244.49	\$ 271.83	\$ 310.59	\$ 600.17
UnitedHealthcare Select HMO (medical only)	\$ 215.48	\$ 414.24	\$ 658.52	\$ 116.11	\$ 236.79	\$ 375.79	\$ 314.86	\$ 559.14
Kaiser HMO (medical with Rx)	\$ 268.17	\$ 504.18	\$ 793.80	\$ 118.76	\$ 237.52	\$ 356.28	\$ 354.76	\$ 644.39
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	\$ 96.62	\$ 178.75	\$ 277.01	N/A	N/A	N/A	\$ 198.66	\$ 296.92
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 116.53	\$ 233.07	\$ 349.60	\$ 198.66	\$ 296.92
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 15.02	\$ 33.45	\$ 48.14	\$ 15.02	\$ 33.45	\$ 48.14	\$ 33.45	\$ 48.14
VISION:								
Opti-Vision Discount Plan	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vision Insured Plan	\$ 0.96	\$ 1.82	\$ 2.82	\$ 0.96	\$ 1.82	\$ 2.82	\$ 1.82	\$ 2.82

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
Dependent Life Insurance		Age	100% Monthly Rates
\$2,000/\$1,000	\$0.306	<25	\$0.049
\$4,000/\$2,000	\$1.751	25-29	\$0.056
\$10,000/\$5,000	\$4.377	30-34	\$0.069
		35-39	\$0.078
		40-44	\$0.084
		45-49	\$0.118
		50-54	\$0.172
		55-59	\$0.310
		60-64	\$0.466
		65-69	\$0.884
		70-74	\$1.564
		75-79	\$2.011
		80-84	\$2.011
		85-89	\$2.011
		90-94	\$2.011
		95+	\$2.011
Basic Term Life Insurance			
per \$1,000 coverage	\$0.104		

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). Standard Option Prescription (Rx) plan is 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, 2024

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)	\$ 265.79	\$ 459.78	\$ 774.18	\$ 143.22	\$ 265.44	\$ 295.14	\$ 337.21	\$ 651.61
CareFirst Standard Option POS (medical only)	\$ 247.19	\$ 427.59	\$ 719.99	\$ 133.20	\$ 246.86	\$ 274.48	\$ 313.60	\$ 606.00
UnitedHealthcare Select HMO (medical only)	\$ 217.57	\$ 418.26	\$ 664.92	\$ 117.23	\$ 239.09	\$ 379.44	\$ 317.92	\$ 564.57
Kaiser HMO (medical with Rx)	\$ 270.78	\$ 509.07	\$ 801.51	\$ 119.91	\$ 239.82	\$ 359.74	\$ 358.21	\$ 650.65
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	\$ 97.56	\$ 180.49	\$ 279.70	N/A	N/A	N/A	\$ 200.59	\$ 299.80
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 117.66	\$ 235.34	\$ 353.00	\$ 200.59	\$ 299.80
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 15.16	\$ 33.78	\$ 48.61	\$ 15.16	\$ 33.78	\$ 48.61	\$ 33.78	\$ 48.61
VISION:								
Opti-Vision Discount Plan	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vision Insured Plan	\$ 0.97	\$ 1.84	\$ 2.85	\$ 0.97	\$ 1.84	\$ 2.85	\$ 1.84	\$ 2.85

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
Dependent Life Insurance		Age	100% Monthly Rates
\$2,000/\$1,000	\$0.309	<25	\$0.049
\$4,000/\$2,000	\$1.751	25-29	\$0.056
\$10,000/\$5,000	\$4.377	30-34	\$0.069
		35-39	\$0.078
		40-44	\$0.084
		45-49	\$0.118
		50-54	\$0.172
		55-59	\$0.310
		60-64	\$0.466
		65-69	\$0.884
		70-74	\$1.564
		75-79	\$2.011
		80-84	\$2.011
		85-89	\$2.011
		90-94	\$2.011
		95+	\$2.011
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	\$ 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). Standard Option Prescription (Rx) plan is 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, 2024

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)	\$ 270.75	\$ 468.37	\$ 788.64	\$ 145.89	\$ 270.40	\$ 300.65	\$ 343.51	\$ 663.78
CareFirst Standard Option POS (medical only)	\$ 251.80	\$ 435.58	\$ 733.44	\$ 135.68	\$ 251.47	\$ 279.60	\$ 319.46	\$ 617.32
UnitedHealthcare Select HMO (medical only)	\$ 221.64	\$ 426.07	\$ 677.33	\$ 119.42	\$ 243.55	\$ 386.53	\$ 323.86	\$ 575.12
Kaiser HMO (medical with Rx)	\$ 275.84	\$ 518.58	\$ 816.48	\$ 122.15	\$ 244.30	\$ 366.45	\$ 364.90	\$ 662.80
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	\$ 99.39	\$ 183.86	\$ 284.92	N/A	N/A	N/A	\$ 204.34	\$ 305.40
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 119.86	\$ 239.73	\$ 359.59	\$ 204.34	\$ 305.40
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 15.44	\$ 34.41	\$ 49.51	\$ 15.44	\$ 34.41	\$ 49.51	\$ 34.41	\$ 49.51
VISION:								
Opti-Vision Discount Plan	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vision Insured Plan	\$ 0.99	\$ 1.88	\$ 2.91	\$ 0.99	\$ 1.88	\$ 2.91	\$ 1.88	\$ 2.91

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
Dependent Life Insurance		Age	100% Monthly Rates
\$2,000/\$1,000	\$0.315	<25	\$0.049
\$4,000/\$2,000	\$1.751	25-29	\$0.056
\$10,000/\$5,000	\$4.377	30-34	\$0.069
		35-39	\$0.078
		40-44	\$0.084
		45-49	\$0.118
		50-54	\$0.172
		55-59	\$0.310
		60-64	\$0.466
		65-69	\$0.884
		70-74	\$1.564
		75-79	\$2.011
		80-84	\$2.011
		85-89	\$2.011
		90-94	\$2.011
		95+	\$2.011
Basic Term Life Insurance			
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	\$ 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). Standard Option Prescription (Rx) plan is 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, 2024

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)	\$ 275.79	\$ 477.09	\$ 803.32	\$ 148.61	\$ 275.43	\$ 306.25	\$ 349.90	\$ 676.13
CareFirst Standard Option POS (medical only)	\$ 256.49	\$ 443.68	\$ 747.09	\$ 138.21	\$ 256.15	\$ 284.80	\$ 325.41	\$ 628.81
UnitedHealthcare Select HMO (medical only)	\$ 225.76	\$ 434.00	\$ 689.94	\$ 121.65	\$ 248.08	\$ 393.72	\$ 329.88	\$ 585.82
Kaiser HMO (medical with Rx)	\$ 280.97	\$ 528.23	\$ 831.68	\$ 124.42	\$ 248.85	\$ 373.27	\$ 371.69	\$ 675.14
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	\$ 101.23	\$ 187.28	\$ 290.22	N/A	N/A	N/A	\$ 208.14	\$ 311.08
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 122.09	\$ 244.19	\$ 366.28	\$ 208.14	\$ 311.08
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 15.73	\$ 35.05	\$ 50.44	\$ 15.73	\$ 35.05	\$ 50.44	\$ 35.05	\$ 50.44
VISION:								
Opti-Vision Discount Plan	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vision Insured Plan	\$ 1.00	\$ 1.91	\$ 2.96	\$ 1.00	\$ 1.91	\$ 2.96	\$ 1.91	\$ 2.96

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
Dependent Life Insurance		Age	100% Monthly Rates
\$2,000/\$1,000	\$0.321	<25	\$0.049
\$4,000/\$2,000	\$1.751	25-29	\$0.056
\$10,000/\$5,000	\$4.377	30-34	\$0.069
		35-39	\$0.078
		40-44	\$0.084
		45-49	\$0.118
		50-54	\$0.172
		55-59	\$0.310
		60-64	\$0.466
		65-69	\$0.884
		70-74	\$1.564
		75-79	\$2.011
		80-84	\$2.011
		85-89	\$2.011
		90-94	\$2.011
		95+	\$2.011
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	\$ 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). Standard Option Prescription (Rx) plan is 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, 2024

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)	\$ 285.79	\$ 494.39	\$ 832.45	\$ 154.00	\$ 285.42	\$ 317.35	\$ 362.59	\$ 700.66
CareFirst Standard Option POS (medical only)	\$ 265.79	\$ 459.78	\$ 774.19	\$ 143.22	\$ 265.44	\$ 295.13	\$ 337.21	\$ 651.62
UnitedHealthcare Select HMO (medical only)	\$ 233.95	\$ 449.74	\$ 714.96	\$ 126.06	\$ 257.08	\$ 408.00	\$ 341.85	\$ 607.07
Kaiser HMO (medical with Rx)	\$ 291.16	\$ 547.39	\$ 861.84	\$ 128.94	\$ 257.88	\$ 386.81	\$ 385.17	\$ 699.62
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	\$ 104.91	\$ 194.07	\$ 300.75	N/A	N/A	N/A	\$ 215.69	\$ 322.37
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 126.52	\$ 253.05	\$ 379.57	\$ 215.69	\$ 322.37
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 16.30	\$ 36.32	\$ 52.27	\$ 16.30	\$ 36.32	\$ 52.27	\$ 36.32	\$ 52.27
VISION:								
Opti-Vision Discount Plan	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vision Insured Plan	\$ 1.04	\$ 1.98	\$ 3.07	\$ 1.04	\$ 1.98	\$ 3.07	\$ 1.98	\$ 3.07

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
Dependent Life Insurance		Age	100% Monthly Rates
\$2,000/\$1,000	\$0.333	<25	\$0.049
\$4,000/\$2,000	\$1.751	25-29	\$0.056
\$10,000/\$5,000	\$4.377	30-34	\$0.069
		35-39	\$0.078
		40-44	\$0.084
		45-49	\$0.118
		50-54	\$0.172
		55-59	\$0.310
		60-64	\$0.466
		65-69	\$0.884
		70-74	\$1.564
		75-79	\$2.011
		80-84	\$2.011
		85-89	\$2.011
		90-94	\$2.011
		95+	\$2.011
Basic Term Life Insurance			
per \$1,000 coverage	\$0.112		

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). Standard Option Prescription (Rx) plan is 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, 2024

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)	\$ 295.87	\$ 511.83	\$ 861.81	\$ 159.43	\$ 295.48	\$ 328.54	\$ 375.38	\$ 725.36
CareFirst Standard Option POS (medical only)	\$ 275.16	\$ 475.99	\$ 801.49	\$ 148.27	\$ 274.80	\$ 305.54	\$ 349.10	\$ 674.59
UnitedHealthcare Select HMO (medical only)	\$ 242.20	\$ 465.60	\$ 740.17	\$ 130.50	\$ 266.15	\$ 422.39	\$ 353.90	\$ 628.48
Kaiser HMO (medical with Rx)	\$ 301.43	\$ 566.69	\$ 892.24	\$ 133.48	\$ 266.97	\$ 400.45	\$ 398.75	\$ 724.29
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	\$ 108.61	\$ 200.92	\$ 311.36	N/A	N/A	N/A	\$ 223.29	\$ 333.73
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 130.98	\$ 261.97	\$ 392.95	\$ 223.29	\$ 333.73
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	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vision Insured Plan	\$ 1.08	\$ 2.05	\$ 3.17	\$ 1.08	\$ 2.05	\$ 3.17	\$ 2.05	\$ 3.17

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
Dependent Life Insurance		Age	100% Monthly Rates
\$2,000/\$1,000	\$0.344	<25	\$0.049
\$4,000/\$2,000	\$1.751	25-29	\$0.056
\$10,000/\$5,000	\$4.377	30-34	\$0.069
		35-39	\$0.078
		40-44	\$0.084
		45-49	\$0.118
		50-54	\$0.172
		55-59	\$0.310
		60-64	\$0.466
		65-69	\$0.884
		70-74	\$1.564
		75-79	\$2.011
		80-84	\$2.011
		85-89	\$2.011
		90-94	\$2.011
		95+	\$2.011
Basic Term Life Insurance			
per \$1,000 coverage	\$0.116		

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). Standard Option Prescription (Rx) plan is 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, 2024

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)	\$ 300.84	\$ 520.41	\$ 876.27	\$ 162.10	\$ 300.44	\$ 334.06	\$ 381.68	\$ 737.53
CareFirst Standard Option POS (medical only)	\$ 279.78	\$ 483.98	\$ 814.93	\$ 150.76	\$ 279.41	\$ 310.67	\$ 354.96	\$ 685.91
UnitedHealthcare Select HMO (medical only)	\$ 246.26	\$ 473.41	\$ 752.59	\$ 132.69	\$ 270.61	\$ 429.48	\$ 359.84	\$ 639.02
Kaiser HMO (medical with Rx)	\$ 306.48	\$ 576.20	\$ 907.20	\$ 135.72	\$ 271.45	\$ 407.17	\$ 405.44	\$ 736.44
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	\$ 110.43	\$ 204.29	\$ 316.58	N/A	N/A	N/A	\$ 227.04	\$ 339.33
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 133.18	\$ 266.37	\$ 399.54	\$ 227.04	\$ 339.33
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 17.16	\$ 38.23	\$ 55.02	\$ 17.16	\$ 38.23	\$ 55.02	\$ 38.23	\$ 55.02
VISION:								
Opti-Vision Discount Plan	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vision Insured Plan	\$ 1.10	\$ 2.08	\$ 3.23	\$ 1.10	\$ 2.08	\$ 3.23	\$ 2.08	\$ 3.23

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
Dependent Life Insurance		Age	100% Monthly Rates
\$2,000/\$1,000	\$0.350	<25	\$0.049
\$4,000/\$2,000	\$1.751	25-29	\$0.056
\$10,000/\$5,000	\$4.377	30-34	\$0.069
		35-39	\$0.078
		40-44	\$0.084
		45-49	\$0.118
		50-54	\$0.172
		55-59	\$0.310
		60-64	\$0.466
		65-69	\$0.884
		70-74	\$1.564
		75-79	\$2.011
		80-84	\$2.011
		85-89	\$2.011
		90-94	\$2.011
		95+	\$2.011
Basic Term Life Insurance			
per \$1,000 coverage	\$0.118		

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). Standard Option Prescription (Rx) plan is 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, 2024

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)	\$ 305.88	\$ 529.13	\$ 890.95	\$ 164.82	\$ 305.47	\$ 339.65	\$ 388.07	\$ 749.89
CareFirst Standard Option POS (medical only)	\$ 284.47	\$ 492.08	\$ 828.58	\$ 153.29	\$ 284.09	\$ 315.87	\$ 360.90	\$ 697.40
UnitedHealthcare Select HMO (medical only)	\$ 250.39	\$ 481.34	\$ 765.20	\$ 134.91	\$ 275.14	\$ 436.67	\$ 365.87	\$ 649.72
Kaiser HMO (medical with Rx)	\$ 311.62	\$ 585.85	\$ 922.40	\$ 138.00	\$ 275.99	\$ 413.99	\$ 412.23	\$ 748.78
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	\$ 112.28	\$ 207.71	\$ 321.88	N/A	N/A	N/A	\$ 230.84	\$ 345.02
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 135.41	\$ 270.83	\$ 406.24	\$ 230.84	\$ 345.02
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 17.45	\$ 38.87	\$ 55.94	\$ 17.45	\$ 38.87	\$ 55.94	\$ 38.87	\$ 55.94
VISION:								
Opti-Vision Discount Plan	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vision Insured Plan	\$ 1.11	\$ 2.12	\$ 3.28	\$ 1.11	\$ 2.12	\$ 3.28	\$ 2.12	\$ 3.28

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
Dependent Life Insurance		Age	100% Monthly Rates
\$2,000/\$1,000	\$0.356	<25	\$0.049
\$4,000/\$2,000	\$1.751	25-29	\$0.056
\$10,000/\$5,000	\$4.377	30-34	\$0.069
		35-39	\$0.078
		40-44	\$0.084
		45-49	\$0.118
		50-54	\$0.172
		55-59	\$0.310
		60-64	\$0.466
		65-69	\$0.884
		70-74	\$1.564
		75-79	\$2.011
		80-84	\$2.011
		85-89	\$2.011
		90-94	\$2.011
		95+	\$2.011
Basic Term Life Insurance			
per \$1,000 coverage	\$0.120		

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). Standard Option Prescription (Rx) plan is 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, 2024

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)	\$ 315.88	\$ 546.43	\$ 920.08	\$ 170.21	\$ 315.46	\$ 350.76	\$ 400.76	\$ 774.41
CareFirst Standard Option POS (medical only)	\$ 293.77	\$ 508.17	\$ 855.68	\$ 158.30	\$ 293.38	\$ 326.20	\$ 372.70	\$ 720.21
UnitedHealthcare Select HMO (medical only)	\$ 258.58	\$ 497.08	\$ 790.22	\$ 139.33	\$ 284.14	\$ 450.95	\$ 377.83	\$ 670.97
Kaiser HMO (medical with Rx)	\$ 321.81	\$ 605.01	\$ 952.56	\$ 142.51	\$ 285.02	\$ 427.53	\$ 425.71	\$ 773.27
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	\$ 115.95	\$ 214.50	\$ 332.41	N/A	N/A	N/A	\$ 238.39	\$ 356.30
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 139.84	\$ 279.69	\$ 419.52	\$ 238.39	\$ 356.30
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 18.02	\$ 40.14	\$ 57.77	\$ 18.02	\$ 40.14	\$ 57.77	\$ 40.14	\$ 57.77
VISION:								
Opti-Vision Discount Plan	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vision Insured Plan	\$ 1.15	\$ 2.19	\$ 3.39	\$ 1.15	\$ 2.19	\$ 3.39	\$ 2.19	\$ 3.39

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
Dependent Life Insurance		Age	100% Monthly Rates
\$2,000/\$1,000	\$0.368	<25	\$0.049
\$4,000/\$2,000	\$1.751	25-29	\$0.056
\$10,000/\$5,000	\$4.377	30-34	\$0.069
		35-39	\$0.078
		40-44	\$0.084
		45-49	\$0.118
		50-54	\$0.172
		55-59	\$0.310
		60-64	\$0.466
		65-69	\$0.884
		70-74	\$1.564
		75-79	\$2.011
		80-84	\$2.011
		85-89	\$2.011
		90-94	\$2.011
		95+	\$2.011
Basic Term Life Insurance			
per \$1,000 coverage	\$0.124		

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). Standard Option Prescription (Rx) plan is 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, 2024

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)	\$ 325.96	\$ 563.87	\$ 949.44	\$ 175.64	\$ 325.53	\$ 361.95	\$ 413.55	\$ 799.12
CareFirst Standard Option POS (medical only)	\$ 303.14	\$ 524.39	\$ 882.98	\$ 163.35	\$ 302.74	\$ 336.61	\$ 384.59	\$ 743.19
UnitedHealthcare Select HMO (medical only)	\$ 266.83	\$ 512.94	\$ 815.43	\$ 143.77	\$ 293.21	\$ 465.34	\$ 389.89	\$ 692.38
Kaiser HMO (medical with Rx)	\$ 332.08	\$ 624.31	\$ 982.96	\$ 147.06	\$ 294.11	\$ 441.17	\$ 439.29	\$ 797.94
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	\$ 119.65	\$ 221.35	\$ 343.01	N/A	N/A	N/A	\$ 246.00	\$ 367.67
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 144.30	\$ 288.61	\$ 432.91	\$ 246.00	\$ 367.67
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 18.59	\$ 41.42	\$ 59.61	\$ 18.59	\$ 41.42	\$ 59.61	\$ 41.42	\$ 59.61
VISION:								
Opti-Vision Discount Plan	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vision Insured Plan	\$ 1.19	\$ 2.26	\$ 3.50	\$ 1.19	\$ 2.26	\$ 3.50	\$ 2.26	\$ 3.50

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
Dependent Life Insurance		Age	100% Monthly Rates
\$2,000/\$1,000	\$0.379	<25	\$0.049
\$4,000/\$2,000	\$1.751	25-29	\$0.056
\$10,000/\$5,000	\$4.377	30-34	\$0.069
		35-39	\$0.078
		40-44	\$0.084
		45-49	\$0.118
		50-54	\$0.172
		55-59	\$0.310
		60-64	\$0.466
		65-69	\$0.884
		70-74	\$1.564
		75-79	\$2.011
		80-84	\$2.011
		85-89	\$2.011
		90-94	\$2.011
		95+	\$2.011
Basic Term Life Insurance			
per \$1,000 coverage	\$0.128		

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). Standard Option Prescription (Rx) plan is 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, 2024

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)	\$ 330.92	\$ 572.45	\$ 963.89	\$ 178.31	\$ 330.48	\$ 367.46	\$ 419.84	\$ 811.29
CareFirst Standard Option POS (medical only)	\$ 307.76	\$ 532.37	\$ 896.43	\$ 165.84	\$ 307.35	\$ 341.73	\$ 390.45	\$ 754.50
UnitedHealthcare Select HMO (medical only)	\$ 270.89	\$ 520.75	\$ 827.85	\$ 145.96	\$ 297.67	\$ 472.42	\$ 395.82	\$ 702.92
Kaiser HMO (medical with Rx)	\$ 337.13	\$ 633.82	\$ 997.92	\$ 149.30	\$ 298.59	\$ 447.89	\$ 445.98	\$ 810.09
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	\$ 121.47	\$ 224.72	\$ 348.24	N/A	N/A	N/A	\$ 249.74	\$ 373.27
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 146.50	\$ 293.00	\$ 439.50	\$ 249.74	\$ 373.27
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 18.88	\$ 42.06	\$ 60.52	\$ 18.88	\$ 42.06	\$ 60.52	\$ 42.06	\$ 60.52
VISION:								
Opti-Vision Discount Plan	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vision Insured Plan	\$ 1.21	\$ 2.29	\$ 3.55	\$ 1.21	\$ 2.29	\$ 3.55	\$ 2.29	\$ 3.55

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
Dependent Life Insurance		Age	100% Monthly Rates
\$2,000/\$1,000	\$0.385	<25	\$0.049
\$4,000/\$2,000	\$1.751	25-29	\$0.056
\$10,000/\$5,000	\$4.377	30-34	\$0.069
		35-39	\$0.078
		40-44	\$0.084
		45-49	\$0.118
		50-54	\$0.172
		55-59	\$0.310
		60-64	\$0.466
		65-69	\$0.884
		70-74	\$1.564
		75-79	\$2.011
		80-84	\$2.011
		85-89	\$2.011
		90-94	\$2.011
		95+	\$2.011
Basic Term Life Insurance			
per \$1,000 coverage	\$0.130		

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). Standard Option Prescription (Rx) plan is 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, 2024

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)	\$ 335.96	\$ 581.17	\$ 978.57	\$ 181.03	\$ 335.52	\$ 373.06	\$ 426.24	\$ 823.64
CareFirst Standard Option POS (medical only)	\$ 312.44	\$ 540.48	\$ 910.08	\$ 168.36	\$ 312.03	\$ 346.94	\$ 396.40	\$ 765.99
UnitedHealthcare Select HMO (medical only)	\$ 275.02	\$ 528.68	\$ 840.46	\$ 148.18	\$ 302.21	\$ 479.62	\$ 401.85	\$ 713.63
Kaiser HMO (medical with Rx)	\$ 342.27	\$ 643.47	\$ 1,013.12	\$ 151.57	\$ 303.14	\$ 454.71	\$ 452.78	\$ 822.42
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	\$ 123.32	\$ 228.14	\$ 353.54	N/A	N/A	N/A	\$ 253.55	\$ 378.95
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 148.73	\$ 297.47	\$ 446.19	\$ 253.55	\$ 378.95
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 19.16	\$ 42.70	\$ 61.44	\$ 19.16	\$ 42.70	\$ 61.44	\$ 42.70	\$ 61.44
VISION:								
Opti-Vision Discount Plan	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vision Insured Plan	\$ 1.22	\$ 2.33	\$ 3.60	\$ 1.22	\$ 2.33	\$ 3.60	\$ 2.33	\$ 3.60

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
Dependent Life Insurance		Age	100% Monthly Rates
\$2,000/\$1,000	\$0.391	<25	\$0.049
\$4,000/\$2,000	\$1.751	25-29	\$0.056
\$10,000/\$5,000	\$4.377	30-34	\$0.069
		35-39	\$0.078
		40-44	\$0.084
		45-49	\$0.118
		50-54	\$0.172
		55-59	\$0.310
		60-64	\$0.466
		65-69	\$0.884
		70-74	\$1.564
		75-79	\$2.011
		80-84	\$2.011
		85-89	\$2.011
		90-94	\$2.011
		95+	\$2.011
Basic Term Life Insurance			
per \$1,000 coverage	\$0.132		

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). Standard Option Prescription (Rx) plan is 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, 2024

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)	\$ 338.44	\$ 585.46	\$ 985.80	\$ 182.36	\$ 338.00	\$ 375.81	\$ 429.39	\$ 829.72
CareFirst Standard Option POS (medical only)	\$ 314.75	\$ 544.47	\$ 916.80	\$ 169.61	\$ 314.34	\$ 349.50	\$ 399.33	\$ 771.65
UnitedHealthcare Select HMO (medical only)	\$ 277.05	\$ 532.59	\$ 846.67	\$ 149.28	\$ 304.44	\$ 483.16	\$ 404.82	\$ 718.90
Kaiser HMO (medical with Rx)	\$ 344.79	\$ 648.23	\$ 1,020.60	\$ 152.69	\$ 305.38	\$ 458.07	\$ 456.12	\$ 828.50
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	\$ 124.23	\$ 229.82	\$ 356.15	N/A	N/A	N/A	\$ 255.42	\$ 381.75
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 149.83	\$ 299.66	\$ 449.49	\$ 255.42	\$ 381.75
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 19.31	\$ 43.01	\$ 61.89	\$ 19.31	\$ 43.01	\$ 61.89	\$ 43.01	\$ 61.89
VISION:								
Opti-Vision Discount Plan	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vision Insured Plan	\$ 1.23	\$ 2.34	\$ 3.63	\$ 1.23	\$ 2.34	\$ 3.63	\$ 2.34	\$ 3.63

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
Dependent Life Insurance		Age	100% Monthly Rates
\$2,000/\$1,000	\$0.394	<25	\$0.049
\$4,000/\$2,000	\$1.751	25-29	\$0.056
\$10,000/\$5,000	\$4.377	30-34	\$0.069
		35-39	\$0.078
		40-44	\$0.084
		45-49	\$0.118
		50-54	\$0.172
		55-59	\$0.310
		60-64	\$0.466
		65-69	\$0.884
		70-74	\$1.564
		75-79	\$2.011
		80-84	\$2.011
		85-89	\$2.011
		90-94	\$2.011
		95+	\$2.011
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). Standard Option Prescription (Rx) plan is 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, 2024

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)	\$ 345.96	\$ 598.47	\$ 1,007.71	\$ 186.42	\$ 345.51	\$ 384.16	\$ 438.93	\$ 848.16
CareFirst Standard Option POS (medical only)	\$ 321.75	\$ 556.57	\$ 937.17	\$ 173.37	\$ 321.32	\$ 357.27	\$ 408.20	\$ 788.80
UnitedHealthcare Select HMO (medical only)	\$ 283.20	\$ 544.42	\$ 865.48	\$ 152.60	\$ 311.20	\$ 493.90	\$ 413.82	\$ 734.87
Kaiser HMO (medical with Rx)	\$ 352.46	\$ 662.63	\$ 1,043.28	\$ 156.08	\$ 312.17	\$ 468.25	\$ 466.26	\$ 846.91
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	\$ 126.99	\$ 234.93	\$ 364.07	N/A	N/A	N/A	\$ 261.10	\$ 390.23
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 153.16	\$ 306.32	\$ 459.48	\$ 261.10	\$ 390.23
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 19.73	\$ 43.97	\$ 63.27	\$ 19.73	\$ 43.97	\$ 63.27	\$ 43.97	\$ 63.27
VISION:								
Opti-Vision Discount Plan	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vision Insured Plan	\$ 1.26	\$ 2.40	\$ 3.71	\$ 1.26	\$ 2.40	\$ 3.71	\$ 2.40	\$ 3.71

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
Dependent Life Insurance		Age	100% Monthly Rates
\$2,000/\$1,000	\$0.403	<25	\$0.049
\$4,000/\$2,000	\$1.751	25-29	\$0.056
\$10,000/\$5,000	\$4.377	30-34	\$0.069
		35-39	\$0.078
		40-44	\$0.084
		45-49	\$0.118
		50-54	\$0.172
		55-59	\$0.310
		60-64	\$0.466
		65-69	\$0.884
		70-74	\$1.564
		75-79	\$2.011
		80-84	\$2.011
		85-89	\$2.011
		90-94	\$2.011
		95+	\$2.011
Basic Term Life Insurance			
per \$1,000 coverage	\$0.136		

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). Standard Option Prescription (Rx) plan is 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, 2024

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)	\$ 356.04	\$ 615.91	\$ 1,037.06	\$ 191.85	\$ 355.57	\$ 395.36	\$ 451.71	\$ 872.87
CareFirst Standard Option POS (medical only)	\$ 331.12	\$ 572.79	\$ 964.47	\$ 178.42	\$ 330.68	\$ 367.68	\$ 420.09	\$ 811.78
UnitedHealthcare Select HMO (medical only)	\$ 291.45	\$ 560.28	\$ 890.69	\$ 157.04	\$ 320.27	\$ 508.28	\$ 425.87	\$ 756.28
Kaiser HMO (medical with Rx)	\$ 362.72	\$ 681.93	\$ 1,073.68	\$ 160.63	\$ 321.26	\$ 481.89	\$ 479.84	\$ 871.58
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	\$ 130.69	\$ 241.77	\$ 374.67	N/A	N/A	N/A	\$ 268.70	\$ 401.60
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 157.62	\$ 315.25	\$ 472.86	\$ 268.70	\$ 401.60
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 20.31	\$ 45.25	\$ 65.11	\$ 20.31	\$ 45.25	\$ 65.11	\$ 45.25	\$ 65.11
VISION:								
Opti-Vision Discount Plan	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vision Insured Plan	\$ 1.30	\$ 2.47	\$ 3.82	\$ 1.30	\$ 2.47	\$ 3.82	\$ 2.47	\$ 3.82

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
Dependent Life Insurance		Age	100% Monthly Rates
\$2,000/\$1,000	\$0.414	<25	\$0.049
\$4,000/\$2,000	\$1.751	25-29	\$0.056
\$10,000/\$5,000	\$4.377	30-34	\$0.069
		35-39	\$0.078
		40-44	\$0.084
		45-49	\$0.118
		50-54	\$0.172
		55-59	\$0.310
		60-64	\$0.466
		65-69	\$0.884
		70-74	\$1.564
		75-79	\$2.011
		80-84	\$2.011
		85-89	\$2.011
		90-94	\$2.011
		95+	\$2.011
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). Standard Option Prescription (Rx) plan is 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, 2024

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)	\$ 361.00	\$ 624.49	\$ 1,051.52	\$ 194.52	\$ 360.53	\$ 400.87	\$ 458.01	\$ 885.04
CareFirst Standard Option POS (medical only)	\$ 335.74	\$ 580.77	\$ 977.92	\$ 180.91	\$ 335.29	\$ 372.80	\$ 425.95	\$ 823.09
UnitedHealthcare Select HMO (medical only)	\$ 295.52	\$ 568.09	\$ 903.11	\$ 159.23	\$ 324.73	\$ 515.37	\$ 431.81	\$ 766.82
Kaiser HMO (medical with Rx)	\$ 367.78	\$ 691.44	\$ 1,088.64	\$ 162.87	\$ 325.74	\$ 488.61	\$ 486.53	\$ 883.73
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	\$ 132.51	\$ 245.15	\$ 379.90	N/A	N/A	N/A	\$ 272.45	\$ 407.20
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 159.82	\$ 319.64	\$ 479.45	\$ 272.45	\$ 407.20
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 20.59	\$ 45.88	\$ 66.02	\$ 20.59	\$ 45.88	\$ 66.02	\$ 45.88	\$ 66.02
VISION:								
Opti-Vision Discount Plan	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vision Insured Plan	\$ 1.32	\$ 2.50	\$ 3.87	\$ 1.32	\$ 2.50	\$ 3.87	\$ 2.50	\$ 3.87

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
Dependent Life Insurance		Age	100% Monthly Rates
\$2,000/\$1,000	\$0.420	<25	\$0.049
\$4,000/\$2,000	\$1.751	25-29	\$0.056
\$10,000/\$5,000	\$4.377	30-34	\$0.069
		35-39	\$0.078
		40-44	\$0.084
		45-49	\$0.118
		50-54	\$0.172
		55-59	\$0.310
		60-64	\$0.466
		65-69	\$0.884
		70-74	\$1.564
		75-79	\$2.011
		80-84	\$2.011
		85-89	\$2.011
		90-94	\$2.011
		95+	\$2.011
Basic Term Life Insurance			
per \$1,000 coverage	\$0.142		

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). Standard Option Prescription (Rx) plan is 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, 2024

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)	\$ 366.04	\$ 633.21	\$ 1,066.20	\$ 197.24	\$ 365.56	\$ 406.46	\$ 464.40	\$ 897.39
CareFirst Standard Option POS (medical only)	\$ 340.42	\$ 588.88	\$ 991.57	\$ 183.44	\$ 339.97	\$ 378.01	\$ 431.89	\$ 834.58
UnitedHealthcare Select HMO (medical only)	\$ 299.64	\$ 576.02	\$ 915.72	\$ 161.45	\$ 329.27	\$ 522.56	\$ 437.84	\$ 777.53
Kaiser HMO (medical with Rx)	\$ 372.91	\$ 701.09	\$ 1,103.84	\$ 165.14	\$ 330.28	\$ 495.43	\$ 493.32	\$ 896.07
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	\$ 134.36	\$ 248.57	\$ 385.20	N/A	N/A	N/A	\$ 276.25	\$ 412.88
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 162.05	\$ 324.10	\$ 486.15	\$ 276.25	\$ 412.88
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 20.88	\$ 46.52	\$ 66.94	\$ 20.88	\$ 46.52	\$ 66.94	\$ 46.52	\$ 66.94
VISION:								
Opti-Vision Discount Plan	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vision Insured Plan	\$ 1.33	\$ 2.54	\$ 3.93	\$ 1.33	\$ 2.54	\$ 3.93	\$ 2.54	\$ 3.93

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
Dependent Life Insurance		Age	100% Monthly Rates
\$2,000/\$1,000	\$0.426	<25	\$0.049
\$4,000/\$2,000	\$1.751	25-29	\$0.056
\$10,000/\$5,000	\$4.377	30-34	\$0.069
		35-39	\$0.078
		40-44	\$0.084
		45-49	\$0.118
		50-54	\$0.172
		55-59	\$0.310
		60-64	\$0.466
		65-69	\$0.884
		70-74	\$1.564
		75-79	\$2.011
		80-84	\$2.011
		85-89	\$2.011
		90-94	\$2.011
		95+	\$2.011
Basic Term Life Insurance			
per \$1,000 coverage	\$0.144		

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). Standard Option Prescription (Rx) plan is 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, 2024

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)	\$ 376.05	\$ 650.52	\$ 1,095.34	\$ 202.63	\$ 375.55	\$ 417.57	\$ 477.10	\$ 921.92
CareFirst Standard Option POS (medical only)	\$ 349.73	\$ 604.97	\$ 1,018.67	\$ 188.45	\$ 349.27	\$ 388.34	\$ 443.70	\$ 857.39
UnitedHealthcare Select HMO (medical only)	\$ 307.83	\$ 591.77	\$ 940.74	\$ 165.87	\$ 338.27	\$ 536.85	\$ 449.80	\$ 798.78
Kaiser HMO (medical with Rx)	\$ 383.11	\$ 720.25	\$ 1,134.01	\$ 169.66	\$ 339.31	\$ 508.97	\$ 506.80	\$ 920.56
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	\$ 138.04	\$ 255.36	\$ 395.73	N/A	N/A	N/A	\$ 283.80	\$ 424.17
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 166.48	\$ 332.96	\$ 499.43	\$ 283.80	\$ 424.17
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 21.45	\$ 47.79	\$ 68.77	\$ 21.45	\$ 47.79	\$ 68.77	\$ 47.79	\$ 68.77
VISION:								
Opti-Vision Discount Plan	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vision Insured Plan	\$ 1.37	\$ 2.61	\$ 4.04	\$ 1.37	\$ 2.61	\$ 4.04	\$ 2.61	\$ 4.04

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
Dependent Life Insurance		Age	100% Monthly Rates
\$2,000/\$1,000	\$0.438	<25	\$0.049
\$4,000/\$2,000	\$1.751	25-29	\$0.056
\$10,000/\$5,000	\$4.377	30-34	\$0.069
		35-39	\$0.078
		40-44	\$0.084
		45-49	\$0.118
		50-54	\$0.172
		55-59	\$0.310
		60-64	\$0.466
		65-69	\$0.884
		70-74	\$1.564
		75-79	\$2.011
		80-84	\$2.011
		85-89	\$2.011
		90-94	\$2.011
		95+	\$2.011
Basic Term Life Insurance			
per \$1,000 coverage	\$0.148		

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). Standard Option Prescription (Rx) plan is not available to Indemnity Plan participants.

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

MONTGOMERY COUNTY RETIREE GROUP HEALTH PLAN & LIFE RATES
100% Cost Share Rates - Effective January 1, 2024

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:							SELF+1	FAMILY
Carefirst High Option POS (medical only)	\$752.09	\$1,301.03	\$2,190.67	\$405.25	\$751.10	\$835.14	\$954.19	\$1,843.83
Carefirst Standard Option POS (medical only)	\$699.45	\$1,209.94	\$2,037.33	\$376.90	\$698.53	\$776.67	\$887.39	\$1,714.78
UnitedHealthcare Select HMO (medical only)	\$615.66	\$1,183.53	\$1,881.48	\$331.73	\$676.53	\$1,073.69	\$899.60	\$1,597.55
Kaiser HMO (medical with Rx)	\$766.21	\$1,440.50	\$2,268.01	\$339.31	\$678.62	\$1,017.93	\$1,013.60	\$1,841.11
Carefirst Indemnity (medical with Rx discount) ¹	\$1,291.88	\$2,751.57	\$4,127.57	\$425.57	\$851.14	\$1,276.71	\$1,885.26	\$3,261.26
PRESCRIPTION:								
Caremark Standard Option \$10/\$20/\$35	\$276.07	\$510.72	\$791.45	\$234.86	\$469.72	\$704.58	\$469.51	\$750.45
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$234.86	\$469.72	\$704.58	\$469.51	\$750.45
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$42.90	\$95.58	\$137.54	\$42.90	\$95.58	\$137.54	\$95.58	\$137.54
VISION:								
Discount Vision Plan	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Vision Insured Plan	\$2.74	\$5.21	\$8.07	\$2.74	\$5.21	\$8.07	\$5.21	\$8.07

LIFE INSURANCE:	100% Monthly Rates	Optional Life Insurance (per \$1,000 coverage)	
		AGE	100% Monthly Rates
		<25	\$0.049
Dependent Life Insurance		25-29	\$0.056
\$2,000/\$1,000	\$0.875	30-34	\$0.069
\$4,000/\$2,000	\$1.751	35-39	\$0.078
\$10,000/\$5,000	\$4.377	40-44	\$0.084
		45-49	\$0.118
Term Life Insurance (per \$1,000 coverage)	\$0.296	50-54	\$0.172
		55-59	\$0.310
		60-64	\$0.466
		65-69	\$0.884
		70-74	\$1.564
		75-79	\$2.011
		80-84	\$2.011
		85-89	\$2.011
		90-94	\$2.011
		95+	\$2.011