

102% MONTHLY HEALTH RATES (with additional 2% COBRA admin fee) Effective January 1, 2025	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)	\$859.95	\$1,487.62	\$2,504.85	\$463.38	\$858.82	\$954.91	\$1,091.04	\$2,108.28
Carefirst Standard Option POS (medical only)	\$799.76	\$1,383.47	\$2,329.53	\$430.95	\$798.71	\$888.06	\$1,014.66	\$1,960.72
UnitedHealthcare Select HMO (medical only)	\$703.95	\$1,353.27	\$2,151.32	\$379.31	\$773.56	\$1,227.68	\$1,028.63	\$1,826.68
Kaiser HMO (medical with Rx)	\$832.34	\$1,564.80	\$2,463.73	\$352.91	\$705.82	\$1,058.73	\$1,085.37	\$1,984.30
1/ Carefirst Indemnity (medical with Rx)	\$1,317.72	\$2,806.60	\$4,210.12	\$680.36	\$1,416.45	\$1,756.19	\$2,169.24	\$3,572.76
PRESCRIPTION:								
Caremark Standard Option \$10/\$20/\$35 Rx Plan	\$315.10	\$582.93	\$903.34	N/A	N/A	N/A	\$647.85	\$968.27
SilverScript Standard Option \$10/\$20/\$35 Rx Plan	N/A	N/A	N/A	\$380.02	\$760.06	\$1,140.07	\$647.85	\$968.27
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$44.72	\$99.63	\$143.38	\$44.72	\$99.63	\$143.38	\$99.63	\$143.38
Dental HMO (DHMO)	\$14.94	\$28.28	\$41.38	N/A	N/A	N/A	N/A	N/A
VISION:								
Vision Plan	\$4.83	\$7.65	\$11.61	N/A	N/A	N/A	N/A	N/A
Discount Vision Plan	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Vision Insured Plan	\$2.79	\$5.31	\$8.23	\$2.79	\$5.31	\$8.23	\$5.31	\$8.23

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

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

Direct Bill Additional Coverage determined per individual:

- Basic Life
- Optional Life
- Dependent Life