

Medical and Dental Deductions- Retired Employees

Rates for retirees hired before 7/1/06.

Plan	Total Annual Premium	Retiree Monthly Premium at 100%	BOE % of Annual Cost	Retiree % of Annual Cost	Retiree Monthly Premium
Medical Insurance Rates					
United Healthcare Medicare Advantage			90%	10%	
Retirees Medicare Eligible	\$4,719.96	\$393.33	\$4,247.96	\$472.00	\$39.33
CAREFIRST BLUECHOICE HMO					
			95%	5%	
Individual	\$12,446.63	\$1,037.22	\$11,824.30	\$622.33	\$51.86
Parent & Child	\$24,401.38	\$2,033.45	\$23,181.31	\$1,220.07	\$101.67
Employee & Spouse	\$29,139.90	\$2,428.33	\$27,682.91	\$1,457.00	\$121.42
Family	\$35,859.64	\$2,988.30	\$34,066.66	\$1,792.98	\$149.42
CAREFIRST PREFERRED PROVIDER CORE PLAN					
			90%	10%	
Individual	\$13,921.71	\$1,160.14	\$12,529.54	\$1,392.17	\$116.01
Parent & Child	\$30,087.98	\$2,507.33	\$27,079.18	\$3,008.80	\$250.73
Employee & Spouse	\$35,562.61	\$2,963.55	\$32,006.35	\$3,556.26	\$296.36
Family	\$38,548.45	\$3,212.37	\$34,693.61	\$3,854.85	\$321.24
CAREFIRST TRIPLE OPTION					
			85%	15%	
Individual	\$14,626.01	\$1,218.83	\$12,432.10	\$2,193.90	\$182.83
Parent & Child	\$31,609.11	\$2,634.09	\$26,867.75	\$4,741.37	\$395.11
Employee & Spouse	\$37,360.62	\$3,113.38	\$31,756.53	\$5,604.09	\$467.01
Family	\$40,497.71	\$3,374.81	\$34,423.06	\$6,074.66	\$506.22
Dental Insurance Rates					
CAREFIRST STANDARD					
			90%	10%	
Individual	\$259.92	\$21.66	\$233.93	\$25.99	\$2.17
Parent & Child	\$427.32	\$35.61	\$384.59	\$42.73	\$3.56
Employee & Spouse	\$547.44	\$45.62	\$492.70	\$54.74	\$4.56
Family	\$798.36	\$66.53	\$718.52	\$79.84	\$6.65
CAREFIRST COMPREHENSIVE					
			90%	10%	
Individual	\$354.48	\$29.54	\$319.03	\$35.45	\$2.95
Parent & Child	\$581.88	\$48.49	\$523.69	\$58.19	\$4.85
Employee & Spouse	\$746.16	\$62.18	\$671.54	\$74.62	\$6.22
Family	\$1,087.80	\$90.65	\$979.02	\$108.78	\$9.07
Vision Insurance Rates					
CAREFIRST BLUEVISION PLUS					
			0%	100%	
Individual	\$50.76	\$4.23	\$0.00	\$50.76	\$4.23
Parent & Child	\$93.96	\$7.83	\$0.00	\$93.96	\$7.83
Employee & Spouse	\$116.76	\$9.73	\$0.00	\$116.76	\$9.73
Family	\$154.32	\$12.86	\$0.00	\$154.32	\$12.86

Premium deductions will begin in July 2023, or the month of retirement. The rates above and coverage will be effective as of July 1, 2023.

Medical and Dental Deductions

Retired Employees

Rates for employees hired on or after 7/1/2006 with 10-19 consecutive years of service.

Plan	Total Annual Premium	Retiree Monthly Premium at 100%	BOE % of Annual Cost	Retiree % of Annual Cost	Retiree Monthly Premium
Medical Insurance Rates					
			1/3	2/3	
United Healthcare Medicare Advantage					
			90%	10%	
Retirees Medicare Eligible	\$4,719.96	\$393.33	\$1,415.99	\$3,303.97	\$275.33
CAREFIRST BLUECHOICE HMO					
			95%	5%	
Individual	\$12,446.63	\$1,037.22	\$3,941.43	\$8,505.20	\$708.77
Parent & Child	\$24,401.38	\$2,033.45	\$7,727.10	\$16,674.28	\$1,389.52
Employee & Spouse	\$29,139.90	\$2,428.33	\$9,227.64	\$19,912.27	\$1,659.36
Family	\$35,859.64	\$2,988.30	\$11,355.55	\$24,504.09	\$2,042.01
CAREFIRST PREFERRED PROVIDER CORE PLAN					
			90%	10%	
Individual	\$13,921.71	\$1,160.14	\$4,176.51	\$9,745.20	\$812.10
Parent & Child	\$30,087.98	\$2,507.33	\$9,026.39	\$21,061.59	\$1,755.13
Employee & Spouse	\$35,562.61	\$2,963.55	\$10,668.78	\$24,893.83	\$2,074.49
Family	\$38,548.45	\$3,212.37	\$11,564.54	\$26,983.92	\$2,248.66
CAREFIRST TRIPLE OPTION					
			85%	15%	
Individual	\$14,626.01	\$1,218.83	\$4,144.03	\$10,481.97	\$873.50
Parent & Child	\$31,609.11	\$2,634.09	\$8,955.92	\$22,653.20	\$1,887.77
Employee & Spouse	\$37,360.62	\$3,113.38	\$10,585.51	\$26,775.11	\$2,231.26
Family	\$40,497.71	\$3,374.81	\$11,474.35	\$29,023.36	\$2,418.61
Dental Insurance Rates					
CAREFIRST STANDARD					
			90%	10%	
Individual	\$259.92	\$21.66	\$77.98	\$181.94	\$15.16
Parent & Child	\$427.32	\$35.61	\$128.20	\$299.12	\$24.93
Employee & Spouse	\$547.44	\$45.62	\$164.23	\$383.21	\$31.93
Family	\$798.36	\$66.53	\$239.51	\$558.85	\$46.57
CAREFIRST COMPREHENSIVE					
			90%	10%	
Individual	\$354.48	\$29.54	\$106.34	\$248.14	\$20.68
Parent & Child	\$581.88	\$48.49	\$174.56	\$407.32	\$33.94
Employee & Spouse	\$746.16	\$62.18	\$223.85	\$522.31	\$43.53
Family	\$1,087.80	\$90.65	\$326.34	\$761.46	\$63.46
Vision Insurance Rates					
CAREFIRST BLUEVISION PLUS					
			0%	100%	
Individual	\$50.76	\$4.23	\$0.00	\$50.76	\$4.23
Parent & Child	\$93.96	\$7.83	\$0.00	\$93.96	\$7.83
Employee & Spouse	\$116.76	\$9.73	\$0.00	\$116.76	\$9.73
Family	\$154.32	\$12.86	\$0.00	\$154.32	\$12.86

Premium deductions will begin in July 2023, or the month of retirement. The rates above and coverage will be effective as of July 1, 2023.

Medical and Dental Deductions

Retired Employees

Rates for employees hired on or after 7/1/2006 with 20-29 consecutive years of service.

Plan	Total Annual Premium	Retiree Monthly Premium at 100%	BOE % of Annual Cost	Retiree % of Annual Cost	Retiree Monthly Premium
Medical Insurance Rates					
			2/3	1/3	
United Healthcare Medicare Advantage					
			90%	10%	
Retirees Medicare Eligible	\$4,719.96	\$393.33	\$2,831.98	\$1,887.98	\$157.33
CAREFIRST BLUECHOICE HMO					
			95%	5%	
Individual	\$12,446.63	\$1,037.22	\$7,882.87	\$4,563.77	\$380.31
Parent & Child	\$24,401.38	\$2,033.45	\$15,454.21	\$8,947.17	\$745.60
Employee & Spouse	\$29,139.90	\$2,428.33	\$18,455.27	\$10,684.63	\$890.39
Family	\$35,859.64	\$2,988.30	\$22,711.10	\$13,148.53	\$1,095.71
CAREFIRST PREFERRED PROVIDER CORE PLAN					
			90%	10%	
Individual	\$13,921.71	\$1,160.14	\$8,353.03	\$5,568.68	\$464.06
Parent & Child	\$30,087.98	\$2,507.33	\$18,052.79	\$12,035.19	\$1,002.93
Employee & Spouse	\$35,562.61	\$2,963.55	\$21,337.56	\$14,225.04	\$1,185.42
Family	\$38,548.45	\$3,212.37	\$23,129.07	\$15,419.38	\$1,284.95
CAREFIRST TRIPLE OPTION					
			85%	15%	
Individual	\$14,626.01	\$1,218.83	\$8,288.07	\$6,337.94	\$528.16
Parent & Child	\$31,609.11	\$2,634.09	\$17,911.83	\$13,697.28	\$1,141.44
Employee & Spouse	\$37,360.62	\$3,113.38	\$21,171.02	\$16,189.60	\$1,349.13
Family	\$40,497.71	\$3,374.81	\$22,948.70	\$17,549.01	\$1,462.42
Dental Insurance Rates					
CAREFIRST STANDARD					
			90%	10%	
Individual	\$259.92	\$21.66	\$155.95	\$103.97	\$8.66
Parent & Child	\$427.32	\$35.61	\$256.39	\$170.93	\$14.24
Employee & Spouse	\$547.44	\$45.62	\$328.46	\$218.98	\$18.25
Family	\$798.36	\$66.53	\$479.02	\$319.34	\$26.61
CAREFIRST COMPREHENSIVE					
			90%	10%	
Individual	\$354.48	\$29.54	\$212.69	\$141.79	\$11.82
Parent & Child	\$581.88	\$48.49	\$349.13	\$232.75	\$19.40
Employee & Spouse	\$746.16	\$62.18	\$447.70	\$298.46	\$24.87
Family	\$1,087.80	\$90.65	\$652.68	\$435.12	\$36.26
Vision Insurance Rates					
CAREFIRST BLUEVISION PLUS					
			0%	100%	
Individual	\$50.76	\$4.23	\$0.00	\$50.76	\$4.23
Parent & Child	\$93.96	\$7.83	\$0.00	\$93.96	\$7.83
Employee & Spouse	\$116.76	\$9.73	\$0.00	\$116.76	\$9.73
Family	\$154.32	\$12.86	\$0.00	\$154.32	\$12.86

Premium deductions will begin in July 2023, or the month of retirement. The rates above and coverage will be effective as of July 1, 2023.