

# 2024 - 2025 Medical, Dental, & Vision Deductions - Retired Employees

Rates for retirees hired before 07/01/2006.

Plan	Total Annual Premium	Retiree Monthly Premium at 100%	BOE % of Annual Cost	Retiree % of Annual Cost	Retiree Monthly Premium
<b>Medical Insurance Rates</b>					
<b>United Healthcare Medicare Advantage</b>			<b>90%</b>	<b>10%</b>	
Retirees Medicare Eligible	\$5,732.88	\$477.74	\$5,159.59	\$573.29	\$47.77
<b>CAREFIRST BLUECHOICE HMO</b>					
			<b>95%</b>	<b>5%</b>	
Individual	\$12,446.64	\$1,037.22	\$11,824.31	\$622.33	\$51.86
Parent & Child	\$24,401.40	\$2,033.45	\$23,181.33	\$1,220.07	\$101.67
Employee & Spouse	\$29,139.96	\$2,428.33	\$27,682.96	\$1,457.00	\$121.42
Family	\$35,859.60	\$2,988.30	\$34,066.62	\$1,792.98	\$149.42
<b>CAREFIRST PREFERRED PROVIDER CORE PLAN</b>					
			<b>90%</b>	<b>10%</b>	
Individual	\$13,921.68	\$1,160.14	\$12,529.51	\$1,392.17	\$116.01
Parent & Child	\$30,087.96	\$2,507.33	\$27,079.16	\$3,008.80	\$250.73
Employee & Spouse	\$35,562.60	\$2,963.55	\$32,006.34	\$3,556.26	\$296.36
Family	\$38,548.44	\$3,212.37	\$34,693.60	\$3,854.84	\$321.24
<b>CAREFIRST TRIPLE OPTION</b>					
			<b>85%</b>	<b>15%</b>	
Individual	\$14,626.08	\$1,218.84	\$12,432.17	\$2,193.91	\$182.83
Parent & Child	\$31,609.08	\$2,634.09	\$26,867.72	\$4,741.36	\$395.11
Employee & Spouse	\$37,360.56	\$3,113.38	\$31,756.48	\$5,604.08	\$467.01
Family	\$40,497.72	\$3,374.81	\$34,423.06	\$6,074.66	\$506.22
<b>Dental Insurance Rates</b>					
<b>CAREFIRST STANDARD</b>			<b>90%</b>	<b>10%</b>	
Individual	\$265.12	\$22.09	\$238.61	\$26.51	\$2.21
Parent & Child	\$435.87	\$36.32	\$392.28	\$43.59	\$3.63
Employee & Spouse	\$558.39	\$46.53	\$502.55	\$55.84	\$4.65
Family	\$814.33	\$67.86	\$732.89	\$81.43	\$6.79
<b>CAREFIRST COMPREHENSIVE</b>					
			<b>90%</b>	<b>10%</b>	
Individual	\$361.57	\$30.13	\$325.41	\$36.16	\$3.01
Parent & Child	\$593.52	\$49.46	\$534.17	\$59.35	\$4.95
Employee & Spouse	\$761.08	\$63.42	\$684.97	\$76.11	\$6.34
Family	\$1,109.56	\$92.46	\$998.60	\$110.96	\$9.25
<b>Vision Insurance Rates</b>					
<b>CAREFIRST BLUEVISION PLUS</b>			<b>0%</b>	<b>100%</b>	
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 2024, or the month of retirement. The rates above and coverage will be effective as of July 1, 2024, with the exception of UnitedHealthcare. The rate above for UnitedHealthcare and coverage will be effective as of January 1, 2025.

# 2024 - 2025 Medical, Dental, & Vision Deductions - Retired Employees

Rates for retirees hired on or after 07/01/2006 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
<b>Medical Insurance Rates</b>					
<b>United Healthcare Medicare Advantage</b>			<b>30.00%</b>	<b>70.00%</b>	
Retirees Medicare Eligible	\$5,732.88	\$477.74	\$1,719.86	\$4,013.02	\$334.42
<b>CAREFIRST BLUECHOICE HMO</b>					
			<b>31.67%</b>	<b>68.33%</b>	
Individual	\$12,446.64	\$1,037.22	\$3,941.44	\$8,505.20	\$708.77
Parent & Child	\$24,401.40	\$2,033.45	\$7,727.11	\$16,674.29	\$1,389.52
Employee & Spouse	\$29,139.96	\$2,428.33	\$9,227.65	\$19,912.31	\$1,659.36
Family	\$35,859.60	\$2,988.30	\$11,355.54	\$24,504.06	\$2,042.01
<b>CAREFIRST PREFERRED PROVIDER CORE PLAN</b>					
			<b>30.00%</b>	<b>70.00%</b>	
Individual	\$13,921.68	\$1,160.14	\$4,176.50	\$9,745.18	\$812.10
Parent & Child	\$30,087.96	\$2,507.33	\$9,026.39	\$21,061.57	\$1,755.13
Employee & Spouse	\$35,562.60	\$2,963.55	\$10,668.78	\$24,893.82	\$2,074.49
Family	\$38,548.44	\$3,212.37	\$11,564.53	\$26,983.91	\$2,248.66
<b>CAREFIRST TRIPLE OPTION</b>					
			<b>28.33%</b>	<b>71.67%</b>	
Individual	\$14,626.08	\$1,218.84	\$4,144.06	\$10,482.02	\$873.50
Parent & Child	\$31,609.08	\$2,634.09	\$8,955.91	\$22,653.17	\$1,887.76
Employee & Spouse	\$37,360.56	\$3,113.38	\$10,585.49	\$26,775.07	\$2,231.26
Family	\$40,497.72	\$3,374.81	\$11,474.35	\$29,023.37	\$2,418.61
<b>Dental Insurance Rates</b>					
<b>CAREFIRST STANDARD</b>					
			<b>30.00%</b>	<b>70.00%</b>	
Individual	\$265.12	\$22.09	\$79.54	\$185.58	\$15.47
Parent & Child	\$435.87	\$36.32	\$130.76	\$305.11	\$25.43
Employee & Spouse	\$558.39	\$46.53	\$167.52	\$390.87	\$32.57
Family	\$814.33	\$67.86	\$244.30	\$570.03	\$47.50
<b>CAREFIRST COMPREHENSIVE</b>					
			<b>30.00%</b>	<b>70.00%</b>	
Individual	\$361.57	\$30.13	\$108.47	\$253.10	\$21.09
Parent & Child	\$593.52	\$49.46	\$178.06	\$415.46	\$34.62
Employee & Spouse	\$761.08	\$63.42	\$228.32	\$532.76	\$44.40
Family	\$1,109.56	\$92.46	\$332.87	\$776.69	\$64.72
<b>Vision Insurance Rates</b>					
<b>CAREFIRST BLUEVISION PLUS</b>					
			<b>0.00%</b>	<b>100.00%</b>	
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 2024, or the month of retirement. The rates above and coverage will be effective as of July 1, 2024, with the exception of UnitedHealthcare. The rate above for UnitedHealthcare and coverage will be effective as of January 1, 2025.

# 2024 - 2025 Medical, Dental, & Vision Deductions - Retired Employees

Rates for retirees hired on or after 07/01/2006 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
<b>Medical Insurance Rates</b>					
<b>United Healthcare Medicare Advantage</b>			<b>60.00%</b>	<b>40.00%</b>	
Retirees Medicare Eligible	\$5,732.88	\$477.74	\$3,439.73	\$2,293.15	\$191.10
<b>CAREFIRST BLUECHOICE HMO</b>					
			<b>63.33%</b>	<b>36.67%</b>	
Individual	\$12,446.64	\$1,037.22	\$7,882.87	\$4,563.77	\$380.31
Parent & Child	\$24,401.40	\$2,033.45	\$15,454.22	\$8,947.18	\$745.60
Employee & Spouse	\$29,139.96	\$2,428.33	\$18,455.31	\$10,684.65	\$890.39
Family	\$35,859.60	\$2,988.30	\$22,711.08	\$13,148.52	\$1,095.71
<b>CAREFIRST PREFERRED PROVIDER CORE PLAN</b>					
			<b>60.00%</b>	<b>40.00%</b>	
Individual	\$13,921.68	\$1,160.14	\$8,353.01	\$5,568.67	\$464.06
Parent & Child	\$30,087.96	\$2,507.33	\$18,052.78	\$12,035.18	\$1,002.93
Employee & Spouse	\$35,562.60	\$2,963.55	\$21,337.56	\$14,225.04	\$1,185.42
Family	\$38,548.44	\$3,212.37	\$23,129.06	\$15,419.38	\$1,284.95
<b>CAREFIRST TRIPLE OPTION</b>					
			<b>56.67%</b>	<b>43.33%</b>	
Individual	\$14,626.08	\$1,218.84	\$8,288.11	\$6,337.97	\$528.16
Parent & Child	\$31,609.08	\$2,634.09	\$17,911.81	\$13,697.27	\$1,141.44
Employee & Spouse	\$37,360.56	\$3,113.38	\$21,170.98	\$16,189.58	\$1,349.13
Family	\$40,497.72	\$3,374.81	\$22,948.71	\$17,549.01	\$1,462.42
<b>Dental Insurance Rates</b>					
<b>CAREFIRST STANDARD</b>					
			<b>60.00%</b>	<b>40.00%</b>	
Individual	\$265.12	\$22.09	\$159.07	\$106.05	\$8.84
Parent & Child	\$435.87	\$36.32	\$261.52	\$174.35	\$14.53
Employee & Spouse	\$558.39	\$46.53	\$335.03	\$223.36	\$18.61
Family	\$814.33	\$67.86	\$488.60	\$325.73	\$27.14
<b>CAREFIRST COMPREHENSIVE</b>					
			<b>60.00%</b>	<b>40.00%</b>	
Individual	\$361.57	\$30.13	\$216.94	\$144.63	\$12.05
Parent & Child	\$593.52	\$49.46	\$356.11	\$237.41	\$19.78
Employee & Spouse	\$761.08	\$63.42	\$456.65	\$304.43	\$25.37
Family	\$1,109.56	\$92.46	\$665.73	\$443.82	\$36.99
<b>Vision Insurance Rates</b>					
<b>CAREFIRST BLUEVISION PLUS</b>					
			<b>0.00%</b>	<b>100.00%</b>	
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 2024, or the month of retirement. The rates above and coverage will be effective as of July 1, 2024, with the exception of UnitedHealthcare. The rate above for UnitedHealthcare and coverage will be effective as of January 1, 2025.