

Medical and Dental Deductions- Retired Employees

Rates for retirees hired on or before July 1, 2006

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	\$5,552.88	\$462.74	\$4,997.59	\$555.29	\$46.27
CAREFIRST BLUECHOICE HMO			95%	5%	
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
CAREFIRST PREFERRED PROVIDER CORE PLAN			90%	10%	
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
CAREFIRST TRIPLE OPTION			85%	15%	
Individual	\$15,894.84	\$1,324.57	\$13,510.61	\$2,384.23	\$198.69
Parent & Child	\$34,351.20	\$2,862.60	\$29,198.52	\$5,152.68	\$429.39
Employee & Spouse	\$40,601.64	\$3,383.47	\$34,511.39	\$6,090.25	\$507.52
Family	\$44,010.84	\$3,667.57	\$37,409.21	\$6,601.63	\$550.14
Dental Insurance Rates					
CAREFIRST STANDARD			90%	10%	
Individual	\$279.48	\$23.29	\$251.53	\$27.95	\$2.33
Parent & Child	\$459.48	\$38.29	\$413.53	\$45.95	\$3.83
Employee & Spouse	\$588.60	\$49.05	\$529.74	\$58.86	\$4.91
Family	\$858.48	\$71.54	\$772.63	\$85.85	\$7.15
CAREFIRST COMPREHENSIVE			90%	10%	
Individual	\$381.12	\$31.76	\$343.01	\$38.11	\$3.18
Parent & Child	\$625.68	\$52.14	\$563.11	\$62.57	\$5.21
Employee & Spouse	\$802.32	\$66.86	\$722.09	\$80.23	\$6.69
Family	\$1,169.64	\$97.47	\$1,052.68	\$116.96	\$9.75
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

Medical and Dental Deductions

Retired Employees

Rates for 7/1/06 hires 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	\$5,552.88	\$462.74	\$1,665.86	\$3,887.02	\$323.92
CAREFIRST BLUECHOICE HMO			95%	5%	
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
CAREFIRST PREFERRED PROVIDER CORE PLAN			90%	10%	
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
CAREFIRST TRIPLE OPTION			85%	15%	
Individual	\$15,894.84	\$1,324.57	\$4,503.54	\$11,391.30	\$949.28
Parent & Child	\$34,351.20	\$2,862.60	\$9,732.84	\$24,618.36	\$2,051.53
Employee & Spouse	\$40,601.64	\$3,383.47	\$11,503.80	\$29,097.84	\$2,424.82
Family	\$44,010.84	\$3,667.57	\$12,469.74	\$31,541.10	\$2,628.43
Dental Insurance Rates					
CAREFIRST STANDARD			90%	10%	
Individual	\$279.48	\$23.29	\$83.84	\$195.64	\$16.30
Parent & Child	\$459.48	\$38.29	\$137.84	\$321.64	\$26.80
Employee & Spouse	\$588.60	\$49.05	\$176.58	\$412.02	\$34.34
Family	\$858.48	\$71.54	\$257.54	\$600.94	\$50.08
CAREFIRST COMPREHENSIVE			90%	10%	
Individual	\$381.12	\$31.76	\$114.34	\$266.78	\$22.23
Parent & Child	\$625.68	\$52.14	\$187.70	\$437.98	\$36.50
Employee & Spouse	\$802.32	\$66.86	\$240.70	\$561.62	\$46.80
Family	\$1,169.64	\$97.47	\$350.89	\$818.75	\$68.23
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

Medical and Dental Deductions

Retired Employees

Rates for 7/1/06 hires 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	\$5,552.88	\$462.74	\$3,331.73	\$2,221.15	\$185.10
CAREFIRST BLUECHOICE HMO			95%	5%	
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
CAREFIRST PREFERRED PROVIDER CORE PLAN			90%	10%	
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
CAREFIRST TRIPLE OPTION			85%	15%	
Individual	\$15,894.84	\$1,324.57	\$9,007.08	\$6,887.76	\$573.98
Parent & Child	\$34,351.20	\$2,862.60	\$19,465.68	\$14,885.52	\$1,240.46
Employee & Spouse	\$40,601.64	\$3,383.47	\$23,007.60	\$17,594.04	\$1,466.17
Family	\$44,010.84	\$3,667.57	\$24,939.48	\$19,071.36	\$1,589.28
Dental Insurance Rates					
CAREFIRST STANDARD			90%	10%	
Individual	\$279.48	\$23.29	\$167.69	\$111.79	\$9.32
Parent & Child	\$459.48	\$38.29	\$275.69	\$183.79	\$15.32
Employee & Spouse	\$588.60	\$49.05	\$353.16	\$235.44	\$19.62
Family	\$858.48	\$71.54	\$515.09	\$343.39	\$28.62
CAREFIRST COMPREHENSIVE			90%	10%	
Individual	\$381.12	\$31.76	\$228.67	\$152.45	\$12.70
Parent & Child	\$625.68	\$52.14	\$375.41	\$250.27	\$20.86
Employee & Spouse	\$802.32	\$66.86	\$481.39	\$320.93	\$26.74
Family	\$1,169.64	\$97.47	\$701.78	\$467.86	\$38.99
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