

RETIREE GROUP INSURANCE RATES
20.00% Cost Share
Effective January 1, 2025

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)	\$ 168.62	\$ 291.69	\$ 491.15	\$ 90.86	\$ 168.40	\$ 187.24	\$ 213.93	\$ 413.39
CareFirst Standard Option POS (medical only)	\$ 156.82	\$ 271.27	\$ 456.77	\$ 84.50	\$ 156.61	\$ 174.13	\$ 198.95	\$ 384.45
UnitedHealthcare Select HMO (medical only)	\$ 138.03	\$ 265.35	\$ 421.83	\$ 74.37	\$ 151.68	\$ 240.72	\$ 201.69	\$ 358.17
Kaiser HMO (medical with Rx)	\$ 163.20	\$ 306.82	\$ 483.08	\$ 69.20	\$ 138.40	\$ 207.59	\$ 212.82	\$ 389.08
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	\$ 61.78	\$ 114.30	\$ 177.13	N/A	N/A	N/A	\$ 127.03	\$ 189.86
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 74.51	\$ 149.03	\$ 223.54	\$ 127.03	\$ 189.86
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 8.77	\$ 19.54	\$ 28.11	\$ 8.77	\$ 19.54	\$ 28.11	\$ 19.54	\$ 28.11
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	
		Age	100% Monthly Rates
Dependent Life Insurance		<25	\$0.049
\$2,000/\$1,000	\$0.175	25-29	\$0.056
\$4,000/\$2,000	\$1.751	30-34	\$0.069
\$10,000/\$5,000	\$4.377	35-39	\$0.078
		40-44	\$0.084
Basic Term Life Insurance		45-49	\$0.118
per \$1,000 coverage	\$0.059	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

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, 2025

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)	\$ 210.77	\$ 364.61	\$ 613.94	\$ 113.57	\$ 210.50	\$ 234.05	\$ 267.41	\$ 516.74
CareFirst Standard Option POS (medical only)	\$ 196.02	\$ 339.09	\$ 570.96	\$ 105.63	\$ 195.76	\$ 217.66	\$ 248.69	\$ 480.57
UnitedHealthcare Select HMO (medical only)	\$ 172.54	\$ 331.69	\$ 527.29	\$ 92.97	\$ 189.60	\$ 300.90	\$ 252.12	\$ 447.72
Kaiser HMO (medical with Rx)	\$ 204.01	\$ 383.53	\$ 603.86	\$ 86.50	\$ 173.00	\$ 259.49	\$ 266.02	\$ 486.35
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	\$ 77.23	\$ 142.88	\$ 221.41	N/A	N/A	N/A	\$ 158.79	\$ 237.32
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 93.14	\$ 186.29	\$ 279.43	\$ 158.79	\$ 237.32
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 10.96	\$ 24.42	\$ 35.14	\$ 10.96	\$ 24.42	\$ 35.14	\$ 24.42	\$ 35.14
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	
		Age	100% Monthly Rates
Dependent Life Insurance		<25	\$0.049
\$2,000/\$1,000	\$0.219	25-29	\$0.056
\$4,000/\$2,000	\$1.751	30-34	\$0.069
\$10,000/\$5,000	\$4.377	35-39	\$0.078
		40-44	\$0.084
Basic Term Life Insurance		45-49	\$0.118
per \$1,000 coverage \$0.074		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

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, 2025

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)	\$ 252.93	\$ 437.54	\$ 736.72	\$ 136.29	\$ 252.59	\$ 280.86	\$ 320.90	\$ 620.08
CareFirst Standard Option POS (medical only)	\$ 235.22	\$ 406.90	\$ 685.16	\$ 126.75	\$ 234.92	\$ 261.20	\$ 298.43	\$ 576.68
UnitedHealthcare Select HMO (medical only)	\$ 207.05	\$ 398.02	\$ 632.74	\$ 111.56	\$ 227.52	\$ 361.08	\$ 302.54	\$ 537.26
Kaiser HMO (medical with Rx)	\$ 244.81	\$ 460.24	\$ 724.63	\$ 103.80	\$ 207.59	\$ 311.39	\$ 319.23	\$ 583.62
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	\$ 92.68	\$ 171.45	\$ 265.69	N/A	N/A	N/A	\$ 190.55	\$ 284.78
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 111.77	\$ 223.55	\$ 335.32	\$ 190.55	\$ 284.78
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 13.15	\$ 29.30	\$ 42.17	\$ 13.15	\$ 29.30	\$ 42.17	\$ 29.30	\$ 42.17
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	
		Age	100% Monthly Rates
Dependent Life Insurance		<25	\$0.049
\$2,000/\$1,000	\$0.263	25-29	\$0.056
\$4,000/\$2,000	\$1.751	30-34	\$0.069
\$10,000/\$5,000	\$4.377	35-39	\$0.078
		40-44	\$0.084
Basic Term Life Insurance		45-49	\$0.118
		50-54	\$0.172
per \$1,000 coverage	\$0.089	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

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, 2025

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)	\$ 264.22	\$ 457.08	\$ 769.63	\$ 142.37	\$ 263.88	\$ 293.40	\$ 335.23	\$ 647.78
CareFirst Standard Option POS (medical only)	\$ 245.73	\$ 425.08	\$ 715.76	\$ 132.41	\$ 245.41	\$ 272.86	\$ 311.76	\$ 602.44
UnitedHealthcare Select HMO (medical only)	\$ 216.29	\$ 415.80	\$ 661.00	\$ 116.54	\$ 237.68	\$ 377.21	\$ 316.05	\$ 561.26
Kaiser HMO (medical with Rx)	\$ 255.74	\$ 480.79	\$ 756.99	\$ 108.43	\$ 216.87	\$ 325.30	\$ 333.49	\$ 609.69
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	\$ 96.82	\$ 179.11	\$ 277.56	N/A	N/A	N/A	\$ 199.06	\$ 297.50
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 116.76	\$ 233.53	\$ 350.29	\$ 199.06	\$ 297.50
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 13.74	\$ 30.61	\$ 44.05	\$ 13.74	\$ 30.61	\$ 44.05	\$ 30.61	\$ 44.05
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	
		Age	100% Monthly Rates
Dependent Life Insurance		<25	\$0.049
\$2,000/\$1,000	\$0.274	25-29	\$0.056
\$4,000/\$2,000	\$1.751	30-34	\$0.069
\$10,000/\$5,000	\$4.377	35-39	\$0.078
		40-44	\$0.084
Basic Term Life Insurance		45-49	\$0.118
per \$1,000 coverage	\$0.093	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

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, 2025

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)	\$ 269.79	\$ 466.70	\$ 785.84	\$ 145.37	\$ 269.43	\$ 299.58	\$ 342.29	\$ 661.42
CareFirst Standard Option POS (medical only)	\$ 250.91	\$ 434.03	\$ 730.83	\$ 135.20	\$ 250.58	\$ 278.61	\$ 318.32	\$ 615.13
UnitedHealthcare Select HMO (medical only)	\$ 220.85	\$ 424.56	\$ 674.92	\$ 119.00	\$ 242.68	\$ 385.16	\$ 322.71	\$ 573.08
Kaiser HMO (medical with Rx)	\$ 261.13	\$ 490.92	\$ 772.93	\$ 110.72	\$ 221.43	\$ 332.15	\$ 340.51	\$ 622.52
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	\$ 98.85	\$ 182.88	\$ 283.40	N/A	N/A	N/A	\$ 203.25	\$ 303.77
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 119.22	\$ 238.45	\$ 357.67	\$ 203.25	\$ 303.77
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 14.03	\$ 31.26	\$ 44.98	\$ 14.03	\$ 31.26	\$ 44.98	\$ 31.26	\$ 44.98
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	
		Age	100% Monthly Rates
Dependent Life Insurance		<25	\$0.049
\$2,000/\$1,000	\$0.280	25-29	\$0.056
\$4,000/\$2,000	\$1.751	30-34	\$0.069
\$10,000/\$5,000	\$4.377	35-39	\$0.078
		40-44	\$0.084
Basic Term Life Insurance		45-49	\$0.118
per \$1,000 coverage		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

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, 2025

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)	\$ 275.44	\$ 476.48	\$ 802.29	\$ 148.42	\$ 275.07	\$ 305.85	\$ 349.45	\$ 675.27
CareFirst Standard Option POS (medical only)	\$ 256.16	\$ 443.12	\$ 746.13	\$ 138.03	\$ 255.82	\$ 284.44	\$ 324.99	\$ 628.01
UnitedHealthcare Select HMO (medical only)	\$ 225.47	\$ 433.45	\$ 689.06	\$ 121.49	\$ 247.77	\$ 393.22	\$ 329.46	\$ 585.07
Kaiser HMO (medical with Rx)	\$ 266.59	\$ 501.20	\$ 789.12	\$ 113.03	\$ 226.07	\$ 339.10	\$ 347.64	\$ 635.56
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	\$ 100.92	\$ 186.71	\$ 289.34	N/A	N/A	N/A	\$ 207.50	\$ 310.13
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 121.72	\$ 243.44	\$ 365.16	\$ 207.50	\$ 310.13
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 14.32	\$ 31.91	\$ 45.92	\$ 14.32	\$ 31.91	\$ 45.92	\$ 31.91	\$ 45.92
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	
		Age	100% Monthly Rates
Dependent Life Insurance		<25	\$0.049
\$2,000/\$1,000	\$0.286	25-29	\$0.056
\$4,000/\$2,000	\$1.751	30-34	\$0.069
\$10,000/\$5,000	\$4.377	35-39	\$0.078
		40-44	\$0.084
Basic Term Life Insurance		45-49	\$0.118
per \$1,000 coverage	\$0.097	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

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, 2025

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)	\$ 286.65	\$ 495.87	\$ 834.95	\$ 154.46	\$ 286.27	\$ 318.30	\$ 363.68	\$ 702.76
CareFirst Standard Option POS (medical only)	\$ 266.59	\$ 461.16	\$ 776.51	\$ 143.65	\$ 266.24	\$ 296.02	\$ 338.22	\$ 653.57
UnitedHealthcare Select HMO (medical only)	\$ 234.65	\$ 451.09	\$ 717.11	\$ 126.44	\$ 257.85	\$ 409.23	\$ 342.88	\$ 608.89
Kaiser HMO (medical with Rx)	\$ 277.45	\$ 521.60	\$ 821.24	\$ 117.64	\$ 235.27	\$ 352.91	\$ 361.79	\$ 661.43
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	\$ 105.03	\$ 194.31	\$ 301.11	N/A	N/A	N/A	\$ 215.95	\$ 322.76
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 126.67	\$ 253.35	\$ 380.02	\$ 215.95	\$ 322.76
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 14.91	\$ 33.21	\$ 47.79	\$ 14.91	\$ 33.21	\$ 47.79	\$ 33.21	\$ 47.79
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	
		Age	100% Monthly Rates
Dependent Life Insurance		<25	\$0.049
\$2,000/\$1,000	\$0.298	25-29	\$0.056
\$4,000/\$2,000	\$1.751	30-34	\$0.069
\$10,000/\$5,000	\$4.377	35-39	\$0.078
Basic Term Life Insurance		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
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, 2025

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)	\$ 295.08	\$ 510.46	\$ 859.51	\$ 159.00	\$ 294.69	\$ 327.67	\$ 374.38	\$ 723.43
CareFirst Standard Option POS (medical only)	\$ 274.43	\$ 474.72	\$ 799.35	\$ 147.88	\$ 274.07	\$ 304.73	\$ 348.17	\$ 672.79
UnitedHealthcare Select HMO (medical only)	\$ 241.55	\$ 464.36	\$ 738.20	\$ 130.15	\$ 265.44	\$ 421.26	\$ 352.96	\$ 626.80
Kaiser HMO (medical with Rx)	\$ 285.61	\$ 536.94	\$ 845.40	\$ 121.10	\$ 242.19	\$ 363.29	\$ 372.43	\$ 680.89
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	\$ 108.12	\$ 200.03	\$ 309.97	N/A	N/A	N/A	\$ 222.30	\$ 332.25
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 130.40	\$ 260.81	\$ 391.20	\$ 222.30	\$ 332.25
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 15.34	\$ 34.19	\$ 49.20	\$ 15.34	\$ 34.19	\$ 49.20	\$ 34.19	\$ 49.20
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	
		Age	100% Monthly Rates
Dependent Life Insurance		<25	\$0.049
\$2,000/\$1,000	\$0.306	25-29	\$0.056
\$4,000/\$2,000	\$1.751	30-34	\$0.069
\$10,000/\$5,000	\$4.377	35-39	\$0.078
		40-44	\$0.084
Basic Term Life Insurance		45-49	\$0.118
per \$1,000 coverage	\$0.104	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

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, 2025

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)	\$ 297.95	\$ 515.42	\$ 867.86	\$ 160.55	\$ 297.56	\$ 330.85	\$ 378.01	\$ 730.46
CareFirst Standard Option POS (medical only)	\$ 277.09	\$ 479.33	\$ 807.11	\$ 149.31	\$ 276.73	\$ 307.69	\$ 351.55	\$ 679.33
UnitedHealthcare Select HMO (medical only)	\$ 243.90	\$ 468.87	\$ 745.37	\$ 131.42	\$ 268.02	\$ 425.36	\$ 356.39	\$ 632.89
Kaiser HMO (medical with Rx)	\$ 288.38	\$ 542.16	\$ 853.61	\$ 122.27	\$ 244.55	\$ 366.82	\$ 376.05	\$ 687.50
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	\$ 109.17	\$ 201.97	\$ 312.98	N/A	N/A	N/A	\$ 224.46	\$ 335.48
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 131.67	\$ 263.34	\$ 395.00	\$ 224.46	\$ 335.48
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 15.49	\$ 34.52	\$ 49.68	\$ 15.49	\$ 34.52	\$ 49.68	\$ 34.52	\$ 49.68
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	
		Age	100% Monthly Rates
Dependent Life Insurance		<25	\$0.049
\$2,000/\$1,000	\$0.309	25-29	\$0.056
\$4,000/\$2,000	\$1.751	30-34	\$0.069
\$10,000/\$5,000	\$4.377	35-39	\$0.078
		40-44	\$0.084
Basic Term Life Insurance		45-49	\$0.118
per \$1,000 coverage	\$0.105	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

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, 2025

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)	\$ 303.51	\$ 525.04	\$ 884.07	\$ 163.54	\$ 303.11	\$ 337.03	\$ 385.07	\$ 744.10
CareFirst Standard Option POS (medical only)	\$ 282.27	\$ 488.28	\$ 822.19	\$ 152.10	\$ 281.90	\$ 313.43	\$ 358.11	\$ 692.02
UnitedHealthcare Select HMO (medical only)	\$ 248.45	\$ 477.63	\$ 759.29	\$ 133.87	\$ 273.02	\$ 433.30	\$ 363.05	\$ 644.71
Kaiser HMO (medical with Rx)	\$ 293.77	\$ 552.28	\$ 869.55	\$ 124.56	\$ 249.11	\$ 373.67	\$ 383.07	\$ 700.34
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	\$ 111.21	\$ 205.74	\$ 318.83	N/A	N/A	N/A	\$ 228.65	\$ 341.74
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 134.13	\$ 268.26	\$ 402.38	\$ 228.65	\$ 341.74
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 15.78	\$ 35.16	\$ 50.61	\$ 15.78	\$ 35.16	\$ 50.61	\$ 35.16	\$ 50.61
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	
		Age	100% Monthly Rates
Dependent Life Insurance		<25	\$0.049
\$2,000/\$1,000	\$0.315	25-29	\$0.056
\$4,000/\$2,000	\$1.751	30-34	\$0.069
\$10,000/\$5,000	\$4.377	35-39	\$0.078
		40-44	\$0.084
Basic Term Life Insurance		45-49	\$0.118
per \$1,000 coverage	\$0.107	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

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, 2025

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)	\$ 309.16	\$ 534.81	\$ 900.52	\$ 166.59	\$ 308.75	\$ 343.30	\$ 392.24	\$ 757.95
CareFirst Standard Option POS (medical only)	\$ 287.52	\$ 497.37	\$ 837.49	\$ 154.93	\$ 287.14	\$ 319.27	\$ 364.78	\$ 704.90
UnitedHealthcare Select HMO (medical only)	\$ 253.08	\$ 486.52	\$ 773.42	\$ 136.36	\$ 278.10	\$ 441.36	\$ 369.80	\$ 656.71
Kaiser HMO (medical with Rx)	\$ 299.23	\$ 562.56	\$ 885.73	\$ 126.87	\$ 253.75	\$ 380.62	\$ 390.20	\$ 713.37
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	\$ 113.28	\$ 209.57	\$ 324.76	N/A	N/A	N/A	\$ 232.91	\$ 348.10
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 136.62	\$ 273.25	\$ 409.87	\$ 232.91	\$ 348.10
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 16.08	\$ 35.82	\$ 51.55	\$ 16.08	\$ 35.82	\$ 51.55	\$ 35.82	\$ 51.55
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	
		Age	100% Monthly Rates
Dependent Life Insurance		<25	\$0.049
\$2,000/\$1,000	\$0.321	25-29	\$0.056
\$4,000/\$2,000	\$1.751	30-34	\$0.069
\$10,000/\$5,000	\$4.377	35-39	\$0.078
		40-44	\$0.084
Basic Term Life Insurance		45-49	\$0.118
per \$1,000 coverage	\$0.109	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

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, 2025

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)	\$ 320.37	\$ 554.21	\$ 933.18	\$ 172.63	\$ 319.95	\$ 355.75	\$ 406.47	\$ 785.44
CareFirst Standard Option POS (medical only)	\$ 297.95	\$ 515.41	\$ 867.86	\$ 160.55	\$ 297.56	\$ 330.85	\$ 378.01	\$ 730.46
UnitedHealthcare Select HMO (medical only)	\$ 262.26	\$ 504.16	\$ 801.47	\$ 141.31	\$ 288.19	\$ 457.37	\$ 383.21	\$ 680.53
Kaiser HMO (medical with Rx)	\$ 310.09	\$ 582.97	\$ 917.86	\$ 131.48	\$ 262.95	\$ 394.43	\$ 404.35	\$ 739.25
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	\$ 117.39	\$ 217.17	\$ 336.54	N/A	N/A	N/A	\$ 241.36	\$ 360.73
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 141.58	\$ 283.16	\$ 424.73	\$ 241.36	\$ 360.73
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 16.66	\$ 37.12	\$ 53.42	\$ 16.66	\$ 37.12	\$ 53.42	\$ 37.12	\$ 53.42
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	
		Age	100% Monthly Rates
Dependent Life Insurance		<25	\$0.049
\$2,000/\$1,000	\$0.333	25-29	\$0.056
\$4,000/\$2,000	\$1.751	30-34	\$0.069
\$10,000/\$5,000	\$4.377	35-39	\$0.078
		40-44	\$0.084
Basic Term Life Insurance		45-49	\$0.118
per \$1,000 coverage	\$0.112	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

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, 2025

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)	\$ 331.67	\$ 573.75	\$ 966.09	\$ 178.72	\$ 331.23	\$ 368.30	\$ 420.80	\$ 813.13
CareFirst Standard Option POS (medical only)	\$ 308.46	\$ 533.58	\$ 898.47	\$ 166.21	\$ 308.05	\$ 342.51	\$ 391.34	\$ 756.22
UnitedHealthcare Select HMO (medical only)	\$ 271.51	\$ 521.94	\$ 829.74	\$ 146.29	\$ 298.35	\$ 473.50	\$ 396.73	\$ 704.52
Kaiser HMO (medical with Rx)	\$ 321.02	\$ 603.52	\$ 950.23	\$ 136.11	\$ 272.22	\$ 408.34	\$ 418.61	\$ 765.32
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	\$ 121.53	\$ 224.83	\$ 348.41	N/A	N/A	N/A	\$ 249.87	\$ 373.45
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 146.57	\$ 293.15	\$ 439.71	\$ 249.87	\$ 373.45
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 17.25	\$ 38.43	\$ 55.30	\$ 17.25	\$ 38.43	\$ 55.30	\$ 38.43	\$ 55.30
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	
		Age	100% Monthly Rates
Dependent Life Insurance		<25	\$0.049
\$2,000/\$1,000	\$0.344	25-29	\$0.056
\$4,000/\$2,000	\$1.751	30-34	\$0.069
\$10,000/\$5,000	\$4.377	35-39	\$0.078
		40-44	\$0.084
Basic Term Life Insurance		45-49	\$0.118
per \$1,000 coverage	\$0.116	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

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, 2025

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)	\$ 337.24	\$ 583.38	\$ 982.30	\$ 181.72	\$ 336.79	\$ 374.48	\$ 427.86	\$ 826.78
CareFirst Standard Option POS (medical only)	\$ 313.63	\$ 542.54	\$ 913.54	\$ 169.00	\$ 313.22	\$ 348.26	\$ 397.90	\$ 768.91
UnitedHealthcare Select HMO (medical only)	\$ 276.06	\$ 530.70	\$ 843.66	\$ 148.75	\$ 303.36	\$ 481.44	\$ 403.38	\$ 716.34
Kaiser HMO (medical with Rx)	\$ 326.41	\$ 613.65	\$ 966.17	\$ 138.40	\$ 276.79	\$ 415.19	\$ 425.64	\$ 778.16
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	\$ 123.57	\$ 228.60	\$ 354.25	N/A	N/A	N/A	\$ 254.06	\$ 379.71
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 149.03	\$ 298.06	\$ 447.09	\$ 254.06	\$ 379.71
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 17.54	\$ 39.07	\$ 56.23	\$ 17.54	\$ 39.07	\$ 56.23	\$ 39.07	\$ 56.23
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	
		Age	100% Monthly Rates
Dependent Life Insurance		<25	\$0.049
\$2,000/\$1,000	\$0.350	25-29	\$0.056
\$4,000/\$2,000	\$1.751	30-34	\$0.069
\$10,000/\$5,000	\$4.377	35-39	\$0.078
		40-44	\$0.084
Basic Term Life Insurance		45-49	\$0.118
per \$1,000 coverage	\$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

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, 2025

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)	\$ 342.88	\$ 593.15	\$ 998.75	\$ 184.76	\$ 342.43	\$ 380.75	\$ 435.03	\$ 840.62
CareFirst Standard Option POS (medical only)	\$ 318.89	\$ 551.62	\$ 928.84	\$ 171.83	\$ 318.47	\$ 354.09	\$ 404.57	\$ 781.79
UnitedHealthcare Select HMO (medical only)	\$ 280.68	\$ 539.59	\$ 857.79	\$ 151.24	\$ 308.44	\$ 489.51	\$ 410.14	\$ 728.34
Kaiser HMO (medical with Rx)	\$ 331.88	\$ 623.93	\$ 982.35	\$ 140.71	\$ 281.43	\$ 422.14	\$ 432.77	\$ 791.19
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	\$ 125.64	\$ 232.43	\$ 360.19	N/A	N/A	N/A	\$ 258.32	\$ 386.07
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 151.52	\$ 303.06	\$ 454.58	\$ 258.32	\$ 386.07
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 17.83	\$ 39.73	\$ 57.17	\$ 17.83	\$ 39.73	\$ 57.17	\$ 39.73	\$ 57.17
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	
		Age	100% Monthly Rates
Dependent Life Insurance		<25	\$0.049
\$2,000/\$1,000	\$0.356	25-29	\$0.056
\$4,000/\$2,000	\$1.751	30-34	\$0.069
\$10,000/\$5,000	\$4.377	35-39	\$0.078
		40-44	\$0.084
Basic Term Life Insurance		45-49	\$0.118
per \$1,000 coverage	\$0.120	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

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, 2025

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)	\$ 354.10	\$ 612.55	\$ 1,031.41	\$ 190.80	\$ 353.63	\$ 393.20	\$ 449.25	\$ 868.11
CareFirst Standard Option POS (medical only)	\$ 329.31	\$ 569.66	\$ 959.22	\$ 177.45	\$ 328.88	\$ 365.67	\$ 417.80	\$ 807.35
UnitedHealthcare Select HMO (medical only)	\$ 289.86	\$ 557.23	\$ 885.84	\$ 156.19	\$ 318.52	\$ 505.52	\$ 423.55	\$ 752.16
Kaiser HMO (medical with Rx)	\$ 342.73	\$ 644.33	\$ 1,014.48	\$ 145.32	\$ 290.63	\$ 435.95	\$ 446.92	\$ 817.06
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	\$ 129.75	\$ 240.03	\$ 371.96	N/A	N/A	N/A	\$ 266.76	\$ 398.70
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 156.48	\$ 312.97	\$ 469.44	\$ 266.76	\$ 398.70
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 18.41	\$ 41.03	\$ 59.04	\$ 18.41	\$ 41.03	\$ 59.04	\$ 41.03	\$ 59.04
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	
		Age	100% Monthly Rates
Dependent Life Insurance		<25	\$0.049
\$2,000/\$1,000	\$0.368	25-29	\$0.056
\$4,000/\$2,000	\$1.751	30-34	\$0.069
\$10,000/\$5,000	\$4.377	35-39	\$0.078
		40-44	\$0.084
Basic Term Life Insurance		45-49	\$0.118
per \$1,000 coverage	\$0.124	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

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, 2025

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)	\$ 365.40	\$ 632.09	\$ 1,064.32	\$ 196.89	\$ 364.91	\$ 405.74	\$ 463.59	\$ 895.81
CareFirst Standard Option POS (medical only)	\$ 339.82	\$ 587.84	\$ 989.82	\$ 183.11	\$ 339.37	\$ 377.34	\$ 431.13	\$ 833.11
UnitedHealthcare Select HMO (medical only)	\$ 299.11	\$ 575.01	\$ 914.10	\$ 161.17	\$ 328.69	\$ 521.64	\$ 437.07	\$ 776.16
Kaiser HMO (medical with Rx)	\$ 353.66	\$ 664.89	\$ 1,046.84	\$ 149.95	\$ 299.90	\$ 449.86	\$ 461.18	\$ 843.13
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	\$ 133.89	\$ 247.69	\$ 383.83	N/A	N/A	N/A	\$ 275.27	\$ 411.42
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 161.47	\$ 322.95	\$ 484.42	\$ 275.27	\$ 411.42
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 19.00	\$ 42.33	\$ 60.92	\$ 19.00	\$ 42.33	\$ 60.92	\$ 42.33	\$ 60.92
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	
		Age	100% Monthly Rates
Dependent Life Insurance		<25	\$0.049
\$2,000/\$1,000	\$0.379	25-29	\$0.056
\$4,000/\$2,000	\$1.751	30-34	\$0.069
\$10,000/\$5,000	\$4.377	35-39	\$0.078
		40-44	\$0.084
Basic Term Life Insurance		45-49	\$0.118
per \$1,000 coverage	\$0.128	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

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, 2025

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)	\$ 370.96	\$ 641.72	\$ 1,080.53	\$ 199.89	\$ 370.47	\$ 411.92	\$ 470.65	\$ 909.45
CareFirst Standard Option POS (medical only)	\$ 345.00	\$ 596.79	\$ 1,004.89	\$ 185.90	\$ 344.54	\$ 383.09	\$ 437.69	\$ 845.80
UnitedHealthcare Select HMO (medical only)	\$ 303.67	\$ 583.77	\$ 928.02	\$ 163.62	\$ 333.69	\$ 529.59	\$ 443.72	\$ 787.98
Kaiser HMO (medical with Rx)	\$ 359.05	\$ 675.01	\$ 1,062.78	\$ 152.24	\$ 304.47	\$ 456.71	\$ 468.20	\$ 855.97
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	\$ 135.92	\$ 251.46	\$ 389.68	N/A	N/A	N/A	\$ 279.47	\$ 417.68
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 163.93	\$ 327.87	\$ 491.80	\$ 279.47	\$ 417.68
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 19.29	\$ 42.98	\$ 61.85	\$ 19.29	\$ 42.98	\$ 61.85	\$ 42.98	\$ 61.85
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	
		Age	100% Monthly Rates
Dependent Life Insurance		<25	\$0.049
\$2,000/\$1,000	\$0.385	25-29	\$0.056
\$4,000/\$2,000	\$1.751	30-34	\$0.069
\$10,000/\$5,000	\$4.377	35-39	\$0.078
		40-44	\$0.084
Basic Term Life Insurance		45-49	\$0.118
per \$1,000 coverage	\$0.130	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

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, 2025

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)	\$ 376.61	\$ 651.49	\$ 1,096.98	\$ 202.93	\$ 376.11	\$ 418.20	\$ 477.81	\$ 923.30
CareFirst Standard Option POS (medical only)	\$ 350.25	\$ 605.88	\$ 1,020.20	\$ 188.73	\$ 349.79	\$ 388.92	\$ 444.36	\$ 858.68
UnitedHealthcare Select HMO (medical only)	\$ 308.29	\$ 592.65	\$ 942.15	\$ 166.11	\$ 338.77	\$ 537.65	\$ 450.48	\$ 799.98
Kaiser HMO (medical with Rx)	\$ 364.52	\$ 685.29	\$ 1,078.97	\$ 154.55	\$ 309.11	\$ 463.66	\$ 475.33	\$ 869.01
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	\$ 137.99	\$ 255.29	\$ 395.61	N/A	N/A	N/A	\$ 283.72	\$ 424.04
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 166.43	\$ 332.86	\$ 499.29	\$ 283.72	\$ 424.04
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 19.58	\$ 43.63	\$ 62.79	\$ 19.58	\$ 43.63	\$ 62.79	\$ 43.63	\$ 62.79
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	
		Age	100% Monthly Rates
Dependent Life Insurance		<25	\$0.049
\$2,000/\$1,000	\$0.391	25-29	\$0.056
\$4,000/\$2,000	\$1.751	30-34	\$0.069
\$10,000/\$5,000	\$4.377	35-39	\$0.078
		40-44	\$0.084
Basic Term Life Insurance		45-49	\$0.118
per \$1,000 coverage	\$0.132	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

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, 2025

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)	\$ 379.39	\$ 656.30	\$ 1,105.08	\$ 204.43	\$ 378.89	\$ 421.29	\$ 481.34	\$ 930.12
CareFirst Standard Option POS (medical only)	\$ 352.84	\$ 610.35	\$ 1,027.73	\$ 190.13	\$ 352.37	\$ 391.79	\$ 447.64	\$ 865.02
UnitedHealthcare Select HMO (medical only)	\$ 310.57	\$ 597.03	\$ 949.11	\$ 167.34	\$ 341.28	\$ 541.62	\$ 453.81	\$ 805.89
Kaiser HMO (medical with Rx)	\$ 367.21	\$ 690.35	\$ 1,086.94	\$ 155.70	\$ 311.39	\$ 467.09	\$ 478.84	\$ 875.43
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	\$ 139.01	\$ 257.18	\$ 398.53	N/A	N/A	N/A	\$ 285.82	\$ 427.18
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 167.66	\$ 335.32	\$ 502.97	\$ 285.82	\$ 427.18
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 19.73	\$ 43.96	\$ 63.26	\$ 19.73	\$ 43.96	\$ 63.26	\$ 43.96	\$ 63.26
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	
		Age	100% Monthly Rates
Dependent Life Insurance		<25	\$0.049
\$2,000/\$1,000	\$0.394	25-29	\$0.056
\$4,000/\$2,000	\$1.751	30-34	\$0.069
\$10,000/\$5,000	\$4.377	35-39	\$0.078
		40-44	\$0.084
Basic Term Life Insurance		45-49	\$0.118
per \$1,000 coverage	\$0.133	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

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, 2025

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)	\$ 387.82	\$ 670.89	\$ 1,129.64	\$ 208.97	\$ 387.31	\$ 430.65	\$ 492.04	\$ 950.79
CareFirst Standard Option POS (medical only)	\$ 360.68	\$ 623.92	\$ 1,050.57	\$ 194.35	\$ 360.20	\$ 400.50	\$ 457.59	\$ 884.24
UnitedHealthcare Select HMO (medical only)	\$ 317.47	\$ 610.30	\$ 970.20	\$ 171.06	\$ 348.86	\$ 553.66	\$ 463.89	\$ 823.80
Kaiser HMO (medical with Rx)	\$ 375.37	\$ 705.70	\$ 1,111.09	\$ 159.16	\$ 318.31	\$ 477.47	\$ 489.48	\$ 894.88
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	\$ 142.10	\$ 262.89	\$ 407.39	N/A	N/A	N/A	\$ 292.17	\$ 436.67
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 171.38	\$ 342.77	\$ 514.15	\$ 292.17	\$ 436.67
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 20.17	\$ 44.93	\$ 64.66	\$ 20.17	\$ 44.93	\$ 64.66	\$ 44.93	\$ 64.66
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	
		Age	100% Monthly Rates
Dependent Life Insurance		<25	\$0.049
\$2,000/\$1,000	\$0.403	25-29	\$0.056
\$4,000/\$2,000	\$1.751	30-34	\$0.069
\$10,000/\$5,000	\$4.377	35-39	\$0.078
		40-44	\$0.084
Basic Term Life Insurance		45-49	\$0.118
per \$1,000 coverage	\$0.136	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

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, 2025

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)	\$ 399.12	\$ 690.43	\$ 1,162.55	\$ 215.06	\$ 398.59	\$ 443.19	\$ 506.37	\$ 978.49
CareFirst Standard Option POS (medical only)	\$ 371.18	\$ 642.09	\$ 1,081.17	\$ 200.01	\$ 370.70	\$ 412.17	\$ 470.92	\$ 910.00
UnitedHealthcare Select HMO (medical only)	\$ 326.72	\$ 628.08	\$ 998.47	\$ 176.04	\$ 359.02	\$ 569.79	\$ 477.40	\$ 847.79
Kaiser HMO (medical with Rx)	\$ 386.30	\$ 726.25	\$ 1,143.46	\$ 163.79	\$ 327.58	\$ 491.37	\$ 503.74	\$ 920.95
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	\$ 146.24	\$ 270.55	\$ 419.26	N/A	N/A	N/A	\$ 300.68	\$ 449.39
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 176.37	\$ 352.76	\$ 529.13	\$ 300.68	\$ 449.39
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 20.75	\$ 46.24	\$ 66.55	\$ 20.75	\$ 46.24	\$ 66.55	\$ 46.24	\$ 66.55
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	
		Age	100% Monthly Rates
Dependent Life Insurance		<25	\$0.049
\$2,000/\$1,000	\$0.414	25-29	\$0.056
\$4,000/\$2,000	\$1.751	30-34	\$0.069
\$10,000/\$5,000	\$4.377	35-39	\$0.078
		40-44	\$0.084
Basic Term Life Insurance		45-49	\$0.118
per \$1,000 coverage	\$0.140	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

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, 2025

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)	\$ 404.68	\$ 700.06	\$ 1,178.76	\$ 218.06	\$ 404.15	\$ 449.37	\$ 513.43	\$ 992.13
CareFirst Standard Option POS (medical only)	\$ 376.36	\$ 651.04	\$ 1,096.25	\$ 202.80	\$ 375.86	\$ 417.91	\$ 477.48	\$ 922.69
UnitedHealthcare Select HMO (medical only)	\$ 331.27	\$ 636.84	\$ 1,012.39	\$ 178.50	\$ 364.03	\$ 577.73	\$ 484.06	\$ 859.61
Kaiser HMO (medical with Rx)	\$ 391.69	\$ 736.38	\$ 1,159.40	\$ 166.08	\$ 332.15	\$ 498.23	\$ 510.76	\$ 933.79
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	\$ 148.28	\$ 274.32	\$ 425.10	N/A	N/A	N/A	\$ 304.87	\$ 455.65
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 178.83	\$ 357.68	\$ 536.51	\$ 304.87	\$ 455.65
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 21.04	\$ 46.89	\$ 67.47	\$ 21.04	\$ 46.89	\$ 67.47	\$ 46.89	\$ 67.47
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	
		Age	100% Monthly Rates
Dependent Life Insurance		<25	\$0.049
\$2,000/\$1,000	\$0.420	25-29	\$0.056
\$4,000/\$2,000	\$1.751	30-34	\$0.069
\$10,000/\$5,000	\$4.377	35-39	\$0.078
		40-44	\$0.084
Basic Term Life Insurance		45-49	\$0.118
		50-54	\$0.172
per \$1,000 coverage	\$0.142	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

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, 2025

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)	\$ 410.33	\$ 709.83	\$ 1,195.21	\$ 221.10	\$ 409.79	\$ 455.64	\$ 520.60	\$ 1,005.98
CareFirst Standard Option POS (medical only)	\$ 381.61	\$ 660.13	\$ 1,111.55	\$ 205.63	\$ 381.11	\$ 423.75	\$ 484.15	\$ 935.57
UnitedHealthcare Select HMO (medical only)	\$ 335.90	\$ 645.72	\$ 1,026.52	\$ 180.99	\$ 369.11	\$ 585.80	\$ 490.82	\$ 871.61
Kaiser HMO (medical with Rx)	\$ 397.16	\$ 746.66	\$ 1,175.58	\$ 168.39	\$ 336.79	\$ 505.18	\$ 517.89	\$ 946.82
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	\$ 150.35	\$ 278.15	\$ 431.04	N/A	N/A	N/A	\$ 309.13	\$ 462.01
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 181.33	\$ 362.67	\$ 543.99	\$ 309.13	\$ 462.01
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 21.34	\$ 47.54	\$ 68.42	\$ 21.34	\$ 47.54	\$ 68.42	\$ 47.54	\$ 68.42
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	
		Age	100% Monthly Rates
Dependent Life Insurance		<25	\$0.049
\$2,000/\$1,000	\$0.426	25-29	\$0.056
\$4,000/\$2,000	\$1.751	30-34	\$0.069
\$10,000/\$5,000	\$4.377	35-39	\$0.078
		40-44	\$0.084
Basic Term Life Insurance		45-49	\$0.118
per \$1,000 coverage	\$0.144	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

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, 2025

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)	\$ 421.55	\$ 729.23	\$ 1,227.87	\$ 227.15	\$ 420.99	\$ 468.10	\$ 534.83	\$ 1,033.47
CareFirst Standard Option POS (medical only)	\$ 392.04	\$ 678.17	\$ 1,141.93	\$ 211.25	\$ 391.53	\$ 435.33	\$ 497.38	\$ 961.14
UnitedHealthcare Select HMO (medical only)	\$ 345.08	\$ 663.37	\$ 1,054.57	\$ 185.94	\$ 379.20	\$ 601.81	\$ 504.23	\$ 895.43
Kaiser HMO (medical with Rx)	\$ 408.01	\$ 767.06	\$ 1,207.71	\$ 173.00	\$ 345.99	\$ 518.99	\$ 532.05	\$ 972.70
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	\$ 154.46	\$ 285.75	\$ 442.82	N/A	N/A	N/A	\$ 317.58	\$ 474.64
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$ 186.29	\$ 372.58	\$ 558.86	\$ 317.58	\$ 474.64
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$ 21.92	\$ 48.84	\$ 70.29	\$ 21.92	\$ 48.84	\$ 70.29	\$ 48.84	\$ 70.29
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	
		Age	100% Monthly Rates
Dependent Life Insurance		<25	\$0.049
\$2,000/\$1,000	\$0.438	25-29	\$0.056
\$4,000/\$2,000	\$1.751	30-34	\$0.069
\$10,000/\$5,000	\$4.377	35-39	\$0.078
		40-44	\$0.084
Basic Term Life Insurance		45-49	\$0.118
		50-54	\$0.172
per \$1,000 coverage	\$0.148	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

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, 2025

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)	\$843.09	\$1,458.45	\$2,455.74	\$454.29	\$841.98	\$936.19	\$1,069.65	\$2,066.94
Carefirst Standard Option POS (medical only)	\$784.08	\$1,356.34	\$2,283.85	\$422.50	\$783.05	\$870.65	\$994.76	\$1,922.27
UnitedHealthcare Select HMO (medical only)	\$690.15	\$1,326.74	\$2,109.14	\$371.87	\$758.39	\$1,203.61	\$1,008.46	\$1,790.86
Kaiser HMO (medical with Rx)	\$816.02	\$1,534.12	\$2,415.42	\$345.99	\$691.98	\$1,037.97	\$1,064.09	\$1,945.39
Carefirst Indemnity (medical with Rx discount) ¹	\$1,291.88	\$2,751.57	\$4,127.57	\$479.15	\$958.30	\$1,437.45	\$1,938.84	\$3,314.84
PRESCRIPTION:								
Caremark Standard Option \$10/\$20/\$35	\$308.92	\$571.50	\$885.63	\$312.46	\$624.92	\$937.38	\$575.04	\$939.05
SilverScript Standard Option \$10/\$20/\$35	N/A	N/A	N/A	\$312.46	\$624.92	\$937.38	\$575.04	\$939.05
DENTAL:								
Dental PPO (Traditional Dental Plan)	\$43.84	\$97.68	\$140.57	\$43.84	\$97.68	\$140.57	\$97.68	\$140.57
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)		50-54	\$0.172
\$0.296		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