

# RETIREE GROUP INSURANCE RATES

## 20.00% Cost Share

Effective January 1, 2026

| HEALTH PLANS  | Non-Medicare |           |           | Medicare Only |           |           | Non-Medicare & Medicare Split <sup>1</sup> |           |
|---|--------------|-----------|-----------|---------------|-----------|-----------|--|-----------|
|   | 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%    |
| <b>MEDICAL:</b>   |              |           |           |               |           |           |  |           |
| CareFirst High Option POS (medical only)                    | \$ 177.22    | \$ 306.57 | \$ 516.20 | \$ 95.49      | \$ 176.98 | \$ 196.79 | \$ 224.84                                  | \$ 434.47 |
| CareFirst Standard Option POS (medical only)                | \$ 164.81    | \$ 285.10 | \$ 480.07 | \$ 88.81      | \$ 164.60 | \$ 183.01 | \$ 209.10                                  | \$ 404.06 |
| UnitedHealthcare Select HMO (medical only)                  | \$ 145.07    | \$ 278.88 | \$ 443.34 | \$ 78.17      | \$ 159.41 | \$ 253.00 | \$ 211.98                                  | \$ 376.44 |
| Kaiser HMO (medical with Rx)                                | \$ 171.36    | \$ 322.16 | \$ 507.24 | \$ 75.23      | \$ 150.46 | \$ 225.69 | \$ 226.03                                  | \$ 411.10 |
| CareFirst Indemnity (medical with Rx discount) <sup>2</sup> | \$ 258.38    | \$ 550.31 | \$ 825.51 | \$ 133.40     | \$ 277.74 | \$ 344.35 | \$ 425.34                                  | \$ 700.54 |
| <b>PRESCRIPTION:</b>  |              |           |           |               |           |           |  |           |
| Caremark Standard Option \$10/\$20/\$35                     | \$ 67.72     | \$ 125.27 | \$ 194.13 | N/A           | N/A       | N/A       | \$ 139.22                                  | \$ 208.08 |
| SilverScript Standard Option \$10/\$20/\$35                 | N/A          | N/A       | N/A       | \$ 81.67      | \$ 163.34 | \$ 245.00 | \$ 139.22                                  | \$ 208.08 |
| <b>DENTAL:</b>  |              |           |           |               |           |           |  |           |
| Dental PPO (Traditional Dental Plan)                        | \$ 8.89      | \$ 19.81  | \$ 28.51  | \$ 8.89       | \$ 19.81  | \$ 28.51  | \$ 19.81                                   | \$ 28.51  |
| <b>VISION:</b>  |              |           |           |               |           |           |  |           |
| 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 |                    |
|---------------------------|---------|--|--------------------|
| Dependent Life Insurance  |         | Age  | 100% Monthly Rates |
| \$2,000/\$1,000           | \$0.175 | <25  | \$0.049            |
| \$4,000/\$2,000           | \$1.751 | 25-29  | \$0.056            |
| \$10,000/\$5,000          | \$4.377 | 30-34  | \$0.069            |
|                           |         | 35-39  | \$0.078            |
|                           |         | 40-44  | \$0.084            |
| Basic Term Life Insurance |         | 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            |

To determine your total monthly premium, enter the costs for each of your plans

Medical \$ \_\_\_\_\_

Prescription \$ \_\_\_\_\_

Dental \$ \_\_\_\_\_

Vision \$ \_\_\_\_\_

Basic Life<sup>3</sup> \$ \_\_\_\_\_

Dep Life<sup>3</sup> \$ \_\_\_\_\_

Opt Life<sup>3</sup> \$ \_\_\_\_\_

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, 2026*

| HEALTH PLANS  | Non-Medicare |           |             | Medicare Only |           |           | Non-Medicare & Medicare Split <sup>1</sup> |           |
|---|--------------|-----------|-------------|---------------|-----------|-----------|--|-----------|
|   | 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%    |
| <b>MEDICAL:</b>   |              |           |             |               |           |           |  |           |
| CareFirst High Option POS (medical only)                    | \$ 221.52    | \$ 383.21 | \$ 645.25   | \$ 119.37     | \$ 221.23 | \$ 245.99 | \$ 281.05                                  | \$ 543.09 |
| CareFirst Standard Option POS (medical only)                | \$ 206.02    | \$ 356.38 | \$ 600.08   | \$ 111.01     | \$ 205.75 | \$ 228.76 | \$ 261.37                                  | \$ 505.08 |
| UnitedHealthcare Select HMO (medical only)                  | \$ 181.34    | \$ 348.60 | \$ 554.18   | \$ 97.71      | \$ 199.27 | \$ 316.25 | \$ 264.97                                  | \$ 470.55 |
| Kaiser HMO (medical with Rx)                                | \$ 214.21    | \$ 402.71 | \$ 634.05   | \$ 94.04      | \$ 188.08 | \$ 282.11 | \$ 282.54                                  | \$ 513.88 |
| CareFirst Indemnity (medical with Rx discount) <sup>2</sup> | \$ 322.97    | \$ 687.89 | \$ 1,031.89 | \$ 166.76     | \$ 347.17 | \$ 430.44 | \$ 531.68                                  | \$ 875.68 |
| <b>PRESCRIPTION:</b>  |              |           |             |               |           |           |  |           |
| Caremark Standard Option \$10/\$20/\$35                     | \$ 84.65     | \$ 156.59 | \$ 242.66   | N/A           | N/A       | N/A       | \$ 174.03                                  | \$ 260.10 |
| SilverScript Standard Option \$10/\$20/\$35                 | N/A          | N/A       | N/A         | \$ 102.09     | \$ 204.18 | \$ 306.26 | \$ 174.03                                  | \$ 260.10 |
| <b>DENTAL:</b>  |              |           |             |               |           |           |  |           |
| Dental PPO (Traditional Dental Plan)                        | \$ 11.11     | \$ 24.76  | \$ 35.64    | \$ 11.11      | \$ 24.76  | \$ 35.64  | \$ 24.76                                   | \$ 35.64  |
| <b>VISION:</b>  |              |           |             |               |           |           |  |           |
| 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 |                    |
|---------------------------|---------|--|--------------------|
| Dependent Life Insurance  |         | Age  | 100% Monthly Rates |
| \$2,000/\$1,000           | \$0.219 | <25  | \$0.049            |
| \$4,000/\$2,000           | \$1.751 | 25-29  | \$0.056            |
| \$10,000/\$5,000          | \$4.377 | 30-34  | \$0.069            |
|                           |         | 35-39  | \$0.078            |
|                           |         | 40-44  | \$0.084            |
| Basic Term Life Insurance |         | 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      | \$0.074 |  |                    |

To determine your total monthly premium, enter the costs for each of your plans

Medical \$ \_\_\_\_\_

Prescription \$ \_\_\_\_\_

Dental \$ \_\_\_\_\_

Vision \$ \_\_\_\_\_

Basic Life<sup>3</sup> \$ \_\_\_\_\_

Dep Life<sup>3</sup> \$ \_\_\_\_\_

Opt Life<sup>3</sup> \$ \_\_\_\_\_

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, 2026*

| HEALTH PLANS  | Non-Medicare |           |             | Medicare Only |           |           | Non-Medicare & Medicare Split <sup>1</sup> |             |
|---|--------------|-----------|-------------|---------------|-----------|-----------|--|-------------|
|   | 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%      |
| <b>MEDICAL:</b>   |              |           |             |               |           |           |  |             |
| CareFirst High Option POS (medical only)                    | \$ 265.83    | \$ 459.85 | \$ 774.29   | \$ 143.24     | \$ 265.48 | \$ 295.18 | \$ 337.26                                  | \$ 651.71   |
| CareFirst Standard Option POS (medical only)                | \$ 247.22    | \$ 427.65 | \$ 720.10   | \$ 133.22     | \$ 246.90 | \$ 274.52 | \$ 313.65                                  | \$ 606.09   |
| UnitedHealthcare Select HMO (medical only)                  | \$ 217.61    | \$ 418.32 | \$ 665.01   | \$ 117.25     | \$ 239.12 | \$ 379.50 | \$ 317.97                                  | \$ 564.66   |
| Kaiser HMO (medical with Rx)                                | \$ 257.05    | \$ 483.25 | \$ 760.86   | \$ 112.85     | \$ 225.69 | \$ 338.54 | \$ 339.05                                  | \$ 616.66   |
| CareFirst Indemnity (medical with Rx discount) <sup>2</sup> | \$ 387.56    | \$ 825.47 | \$ 1,238.27 | \$ 200.11     | \$ 416.60 | \$ 516.53 | \$ 638.01                                  | \$ 1,050.81 |
| <b>PRESCRIPTION:</b>  |              |           |             |               |           |           |  |             |
| Caremark Standard Option \$10/\$20/\$35                     | \$ 101.57    | \$ 187.91 | \$ 291.20   | N/A           | N/A       | N/A       | \$ 208.84                                  | \$ 312.12   |
| SilverScript Standard Option \$10/\$20/\$35                 | N/A          | N/A       | N/A         | \$ 122.50     | \$ 245.01 | \$ 367.51 | \$ 208.84                                  | \$ 312.12   |
| <b>DENTAL:</b>  |              |           |             |               |           |           |  |             |
| Dental PPO (Traditional Dental Plan)                        | \$ 13.34     | \$ 29.72  | \$ 42.76    | \$ 13.34      | \$ 29.72  | \$ 42.76  | \$ 29.72                                   | \$ 42.76    |
| <b>VISION:</b>  |              |           |             |               |           |           |  |             |
| 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 |                    |
|---------------------------|---------|--|--------------------|
| Dependent Life Insurance  |         | Age  | 100% Monthly Rates |
| \$2,000/\$1,000           | \$0.263 | <25  | \$0.049            |
| \$4,000/\$2,000           | \$1.751 | 25-29  | \$0.056            |
| \$10,000/\$5,000          | \$4.377 | 30-34  | \$0.069            |
|                           |         | 35-39  | \$0.078            |
|                           |         | 40-44  | \$0.084            |
| Basic Term Life Insurance |         | 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      | \$0.089 |  |                    |

To determine your total monthly premium, enter the costs for each of your plans

Medical \$ \_\_\_\_\_

Prescription \$ \_\_\_\_\_

Dental \$ \_\_\_\_\_

Vision \$ \_\_\_\_\_

Basic Life<sup>3</sup> \$ \_\_\_\_\_

Dep Life<sup>3</sup> \$ \_\_\_\_\_

Opt Life<sup>3</sup> \$ \_\_\_\_\_

**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, 2026*

| HEALTH PLANS  | Non-Medicare |           |             | Medicare Only |           |           | Non-Medicare & Medicare Split <sup>1</sup> |             |
|---|--------------|-----------|-------------|---------------|-----------|-----------|--|-------------|
|   | 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%      |
| <b>MEDICAL:</b>   |              |           |             |               |           |           |  |             |
| CareFirst High Option POS (medical only)                    | \$ 277.70    | \$ 480.39 | \$ 808.88   | \$ 149.64     | \$ 277.33 | \$ 308.37 | \$ 352.32                                  | \$ 680.81   |
| CareFirst Standard Option POS (medical only)                | \$ 258.26    | \$ 446.75 | \$ 752.26   | \$ 139.17     | \$ 257.93 | \$ 286.78 | \$ 327.66                                  | \$ 633.17   |
| UnitedHealthcare Select HMO (medical only)                  | \$ 227.32    | \$ 437.00 | \$ 694.72   | \$ 122.49     | \$ 249.80 | \$ 396.45 | \$ 332.17                                  | \$ 589.88   |
| Kaiser HMO (medical with Rx)                                | \$ 268.53    | \$ 504.83 | \$ 794.84   | \$ 117.89     | \$ 235.77 | \$ 353.66 | \$ 354.19                                  | \$ 644.20   |
| CareFirst Indemnity (medical with Rx discount) <sup>2</sup> | \$ 404.88    | \$ 862.34 | \$ 1,293.58 | \$ 209.04     | \$ 435.21 | \$ 539.60 | \$ 666.51                                  | \$ 1,097.75 |
| <b>PRESCRIPTION:</b>  |              |           |             |               |           |           |  |             |
| Caremark Standard Option \$10/\$20/\$35                     | \$ 106.11    | \$ 196.30 | \$ 304.20   | N/A           | N/A       | N/A       | \$ 218.16                                  | \$ 326.06   |
| SilverScript Standard Option \$10/\$20/\$35                 | N/A          | N/A       | N/A         | \$ 127.97     | \$ 255.95 | \$ 383.92 | \$ 218.16                                  | \$ 326.06   |
| <b>DENTAL:</b>  |              |           |             |               |           |           |  |             |
| Dental PPO (Traditional Dental Plan)                        | \$ 13.93     | \$ 31.04  | \$ 44.67    | \$ 13.93      | \$ 31.04  | \$ 44.67  | \$ 31.04                                   | \$ 44.67    |
| <b>VISION:</b>  |              |           |             |               |           |           |  |             |
| 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 |                    |
|---------------------------|---------|--|--------------------|
| Dependent Life Insurance  |         | Age  | 100% Monthly Rates |
| \$2,000/\$1,000           | \$0.274 | <25  | \$0.049            |
| \$4,000/\$2,000           | \$1.751 | 25-29  | \$0.056            |
| \$10,000/\$5,000          | \$4.377 | 30-34  | \$0.069            |
|                           |         | 35-39  | \$0.078            |
|                           |         | 40-44  | \$0.084            |
| Basic Term Life Insurance |         | 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      | \$0.093 |  |                    |

To determine your total monthly premium, enter the costs for each of your plans

Medical \$ \_\_\_\_\_

Prescription \$ \_\_\_\_\_

Dental \$ \_\_\_\_\_

Vision \$ \_\_\_\_\_

Basic Life<sup>3</sup> \$ \_\_\_\_\_

Dep Life<sup>3</sup> \$ \_\_\_\_\_

Opt Life<sup>3</sup> \$ \_\_\_\_\_

**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, 2026*

| HEALTH PLANS  | Non-Medicare |           |             | Medicare Only |           |           | Non-Medicare & Medicare Split <sup>1</sup> |             |
|---|--------------|-----------|-------------|---------------|-----------|-----------|--|-------------|
|   | 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%      |
| <b>MEDICAL:</b>   |              |           |             |               |           |           |  |             |
| CareFirst High Option POS (medical only)                    | \$ 283.55    | \$ 490.51 | \$ 825.91   | \$ 152.79     | \$ 283.17 | \$ 314.86 | \$ 359.74                                  | \$ 695.15   |
| CareFirst Standard Option POS (medical only)                | \$ 263.70    | \$ 456.16 | \$ 768.11   | \$ 142.10     | \$ 263.36 | \$ 292.82 | \$ 334.56                                  | \$ 646.50   |
| UnitedHealthcare Select HMO (medical only)                  | \$ 232.11    | \$ 446.21 | \$ 709.35   | \$ 125.07     | \$ 255.06 | \$ 404.80 | \$ 339.16                                  | \$ 602.30   |
| Kaiser HMO (medical with Rx)                                | \$ 274.18    | \$ 515.46 | \$ 811.58   | \$ 120.37     | \$ 240.74 | \$ 361.10 | \$ 361.65                                  | \$ 657.77   |
| CareFirst Indemnity (medical with Rx discount) <sup>2</sup> | \$ 413.40    | \$ 880.50 | \$ 1,320.82 | \$ 213.45     | \$ 444.38 | \$ 550.96 | \$ 680.55                                  | \$ 1,120.87 |
| <b>PRESCRIPTION:</b>  |              |           |             |               |           |           |  |             |
| Caremark Standard Option \$10/\$20/\$35                     | \$ 108.35    | \$ 200.44 | \$ 310.61   | N/A           | N/A       | N/A       | \$ 222.76                                  | \$ 332.93   |
| SilverScript Standard Option \$10/\$20/\$35                 | N/A          | N/A       | N/A         | \$ 130.67     | \$ 261.34 | \$ 392.01 | \$ 222.76                                  | \$ 332.93   |
| <b>DENTAL:</b>  |              |           |             |               |           |           |  |             |
| Dental PPO (Traditional Dental Plan)                        | \$ 14.22     | \$ 31.70  | \$ 45.61    | \$ 14.22      | \$ 31.70  | \$ 45.61  | \$ 31.70                                   | \$ 45.61    |
| <b>VISION:</b>  |              |           |             |               |           |           |  |             |
| 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 |                    |
|---------------------------|---------|--|--------------------|
| Dependent Life Insurance  |         | Age  | 100% Monthly Rates |
| \$2,000/\$1,000           | \$0.280 | <25  | \$0.049            |
| \$4,000/\$2,000           | \$1.751 | 25-29  | \$0.056            |
| \$10,000/\$5,000          | \$4.377 | 30-34  | \$0.069            |
|                           |         | 35-39  | \$0.078            |
|                           |         | 40-44  | \$0.084            |
| Basic Term Life Insurance |         | 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            |

To determine your total monthly premium, enter the costs for each of your plans

Medical \$ \_\_\_\_\_

Prescription \$ \_\_\_\_\_

Dental \$ \_\_\_\_\_

Vision \$ \_\_\_\_\_

Basic Life<sup>3</sup> \$ \_\_\_\_\_

Dep Life<sup>3</sup> \$ \_\_\_\_\_

Opt Life<sup>3</sup> \$ \_\_\_\_\_

**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, 2026*

| HEALTH PLANS  | Non-Medicare |           |             | Medicare Only |           |           | Non-Medicare & Medicare Split <sup>1</sup> |             |
|---|--------------|-----------|-------------|---------------|-----------|-----------|--|-------------|
|   | 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%      |
| <b>MEDICAL:</b>   |              |           |             |               |           |           |  |             |
| CareFirst High Option POS (medical only)                    | \$ 289.49    | \$ 500.78 | \$ 843.21   | \$ 155.99     | \$ 289.10 | \$ 321.45 | \$ 367.28                                  | \$ 709.71   |
| CareFirst Standard Option POS (medical only)                | \$ 269.22    | \$ 465.71 | \$ 784.19   | \$ 145.07     | \$ 268.87 | \$ 298.95 | \$ 341.56                                  | \$ 660.04   |
| UnitedHealthcare Select HMO (medical only)                  | \$ 236.97    | \$ 455.55 | \$ 724.20   | \$ 127.69     | \$ 260.40 | \$ 413.27 | \$ 346.27                                  | \$ 614.91   |
| Kaiser HMO (medical with Rx)                                | \$ 279.92    | \$ 526.25 | \$ 828.57   | \$ 122.89     | \$ 245.78 | \$ 368.66 | \$ 369.22                                  | \$ 671.54   |
| CareFirst Indemnity (medical with Rx discount) <sup>2</sup> | \$ 422.06    | \$ 898.94 | \$ 1,348.48 | \$ 217.92     | \$ 453.68 | \$ 562.50 | \$ 694.80                                  | \$ 1,144.34 |
| <b>PRESCRIPTION:</b>  |              |           |             |               |           |           |  |             |
| Caremark Standard Option \$10/\$20/\$35                     | \$ 110.61    | \$ 204.63 | \$ 317.11   | N/A           | N/A       | N/A       | \$ 227.42                                  | \$ 339.90   |
| SilverScript Standard Option \$10/\$20/\$35                 | N/A          | N/A       | N/A         | \$ 133.40     | \$ 266.82 | \$ 400.21 | \$ 227.42                                  | \$ 339.90   |
| <b>DENTAL:</b>  |              |           |             |               |           |           |  |             |
| Dental PPO (Traditional Dental Plan)                        | \$ 14.52     | \$ 32.36  | \$ 46.57    | \$ 14.52      | \$ 32.36  | \$ 46.57  | \$ 32.36                                   | \$ 46.57    |
| <b>VISION:</b>  |              |           |             |               |           |           |  |             |
| 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 |                    |
|---------------------------|---------|--|--------------------|
| Dependent Life Insurance  |         | Age  | 100% Monthly Rates |
| \$2,000/\$1,000           | \$0.286 | <25  | \$0.049            |
| \$4,000/\$2,000           | \$1.751 | 25-29  | \$0.056            |
| \$10,000/\$5,000          | \$4.377 | 30-34  | \$0.069            |
|                           |         | 35-39  | \$0.078            |
|                           |         | 40-44  | \$0.084            |
| Basic Term Life Insurance |         | 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      | \$0.097 |  |                    |

To determine your total monthly premium, enter the costs for each of your plans

Medical \$ \_\_\_\_\_

Prescription \$ \_\_\_\_\_

Dental \$ \_\_\_\_\_

Vision \$ \_\_\_\_\_

Basic Life<sup>3</sup> \$ \_\_\_\_\_

Dep Life<sup>3</sup> \$ \_\_\_\_\_

Opt Life<sup>3</sup> \$ \_\_\_\_\_

**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, 2026*

| HEALTH PLANS  | Non-Medicare |           |             | Medicare Only |           |           | Non-Medicare & Medicare Split <sup>1</sup> |             |
|---|--------------|-----------|-------------|---------------|-----------|-----------|--|-------------|
|   | 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%      |
| <b>MEDICAL:</b>   |              |           |             |               |           |           |  |             |
| CareFirst High Option POS (medical only)                    | \$ 301.27    | \$ 521.16 | \$ 877.53   | \$ 162.34     | \$ 300.87 | \$ 334.54 | \$ 382.23                                  | \$ 738.60   |
| CareFirst Standard Option POS (medical only)                | \$ 280.18    | \$ 484.67 | \$ 816.11   | \$ 150.98     | \$ 279.82 | \$ 311.12 | \$ 355.47                                  | \$ 686.91   |
| UnitedHealthcare Select HMO (medical only)                  | \$ 246.62    | \$ 474.10 | \$ 753.68   | \$ 132.89     | \$ 271.00 | \$ 430.10 | \$ 360.36                                  | \$ 639.95   |
| Kaiser HMO (medical with Rx)                                | \$ 291.32    | \$ 547.68 | \$ 862.30   | \$ 127.89     | \$ 255.78 | \$ 383.67 | \$ 384.25                                  | \$ 698.88   |
| CareFirst Indemnity (medical with Rx discount) <sup>2</sup> | \$ 439.24    | \$ 935.53 | \$ 1,403.37 | \$ 226.79     | \$ 472.15 | \$ 585.40 | \$ 723.08                                  | \$ 1,190.92 |
| <b>PRESCRIPTION:</b>  |              |           |             |               |           |           |  |             |
| Caremark Standard Option \$10/\$20/\$35                     | \$ 115.12    | \$ 212.96 | \$ 330.02   | N/A           | N/A       | N/A       | \$ 236.68                                  | \$ 353.74   |
| SilverScript Standard Option \$10/\$20/\$35                 | N/A          | N/A       | N/A         | \$ 138.84     | \$ 277.68 | \$ 416.51 | \$ 236.68                                  | \$ 353.74   |
| <b>DENTAL:</b>  |              |           |             |               |           |           |  |             |
| Dental PPO (Traditional Dental Plan)                        | \$ 15.11     | \$ 33.68  | \$ 48.46    | \$ 15.11      | \$ 33.68  | \$ 48.46  | \$ 33.68                                   | \$ 48.46    |
| <b>VISION:</b>  |              |           |             |               |           |           |  |             |
| 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 |                    |
|---------------------------|---------|--|--------------------|
| Dependent Life Insurance  |         | Age  | 100% Monthly Rates |
| \$2,000/\$1,000           | \$0.298 | <25  | \$0.049            |
| \$4,000/\$2,000           | \$1.751 | 25-29  | \$0.056            |
| \$10,000/\$5,000          | \$4.377 | 30-34  | \$0.069            |
|                           |         | 35-39  | \$0.078            |
|                           |         | 40-44  | \$0.084            |
| Basic Term Life Insurance |         | 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            |

To determine your total monthly premium, enter the costs for each of your plans

Medical \$ \_\_\_\_\_

Prescription \$ \_\_\_\_\_

Dental \$ \_\_\_\_\_

Vision \$ \_\_\_\_\_

Basic Life<sup>3</sup> \$ \_\_\_\_\_

Dep Life<sup>3</sup> \$ \_\_\_\_\_

Opt Life<sup>3</sup> \$ \_\_\_\_\_

**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, 2026*

| HEALTH PLANS  | Non-Medicare |           |             | Medicare Only |           |           | Non-Medicare & Medicare Split <sup>1</sup> |             |
|---|--------------|-----------|-------------|---------------|-----------|-----------|--|-------------|
|   | 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%      |
| <b>MEDICAL:</b>   |              |           |             |               |           |           |  |             |
| CareFirst High Option POS (medical only)                    | \$ 310.13    | \$ 536.49 | \$ 903.34   | \$ 167.11     | \$ 309.72 | \$ 344.38 | \$ 393.47                                  | \$ 760.32   |
| CareFirst Standard Option POS (medical only)                | \$ 288.42    | \$ 498.93 | \$ 840.12   | \$ 155.42     | \$ 288.05 | \$ 320.27 | \$ 365.92                                  | \$ 707.11   |
| UnitedHealthcare Select HMO (medical only)                  | \$ 253.87    | \$ 488.04 | \$ 775.85   | \$ 136.79     | \$ 278.97 | \$ 442.75 | \$ 370.96                                  | \$ 658.77   |
| Kaiser HMO (medical with Rx)                                | \$ 299.89    | \$ 563.79 | \$ 887.67   | \$ 131.65     | \$ 263.31 | \$ 394.96 | \$ 395.55                                  | \$ 719.43   |
| CareFirst Indemnity (medical with Rx discount) <sup>2</sup> | \$ 452.16    | \$ 963.05 | \$ 1,444.65 | \$ 233.46     | \$ 486.04 | \$ 602.61 | \$ 744.35                                  | \$ 1,225.95 |
| <b>PRESCRIPTION:</b>  |              |           |             |               |           |           |  |             |
| Caremark Standard Option \$10/\$20/\$35                     | \$ 118.50    | \$ 219.23 | \$ 339.73   | N/A           | N/A       | N/A       | \$ 243.64                                  | \$ 364.14   |
| SilverScript Standard Option \$10/\$20/\$35                 | N/A          | N/A       | N/A         | \$ 142.92     | \$ 285.85 | \$ 428.76 | \$ 243.64                                  | \$ 364.14   |
| <b>DENTAL:</b>  |              |           |             |               |           |           |  |             |
| Dental PPO (Traditional Dental Plan)                        | \$ 15.56     | \$ 34.67  | \$ 49.89    | \$ 15.56      | \$ 34.67  | \$ 49.89  | \$ 34.67                                   | \$ 49.89    |
| <b>VISION:</b>  |              |           |             |               |           |           |  |             |
| 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 |                    |
|---------------------------|---------|--|--------------------|
| Dependent Life Insurance  |         | Age  | 100% Monthly Rates |
| \$2,000/\$1,000           | \$0.306 | <25  | \$0.049            |
| \$4,000/\$2,000           | \$1.751 | 25-29  | \$0.056            |
| \$10,000/\$5,000          | \$4.377 | 30-34  | \$0.069            |
|                           |         | 35-39  | \$0.078            |
|                           |         | 40-44  | \$0.084            |
| Basic Term Life Insurance |         | 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      | \$0.104 |  |                    |

To determine your total monthly premium, enter the costs for each of your plans

Medical \$ \_\_\_\_\_

Prescription \$ \_\_\_\_\_

Dental \$ \_\_\_\_\_

Vision \$ \_\_\_\_\_

Basic Life<sup>3</sup> \$ \_\_\_\_\_

Dep Life<sup>3</sup> \$ \_\_\_\_\_

Opt Life<sup>3</sup> \$ \_\_\_\_\_

**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, 2026*

| HEALTH PLANS  | Non-Medicare |           |             | Medicare Only |           |           | Non-Medicare & Medicare Split <sup>1</sup> |             |
|---|--------------|-----------|-------------|---------------|-----------|-----------|--|-------------|
|   | 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%      |
| <b>MEDICAL:</b>   |              |           |             |               |           |           |  |             |
| CareFirst High Option POS (medical only)                    | \$ 313.14    | \$ 541.70 | \$ 912.12   | \$ 168.73     | \$ 312.73 | \$ 347.72 | \$ 397.29                                  | \$ 767.71   |
| CareFirst Standard Option POS (medical only)                | \$ 291.23    | \$ 503.78 | \$ 848.28   | \$ 156.93     | \$ 290.84 | \$ 323.38 | \$ 369.48                                  | \$ 713.98   |
| UnitedHealthcare Select HMO (medical only)                  | \$ 256.34    | \$ 492.78 | \$ 783.39   | \$ 138.12     | \$ 281.68 | \$ 447.05 | \$ 374.57                                  | \$ 665.17   |
| Kaiser HMO (medical with Rx)                                | \$ 302.80    | \$ 569.26 | \$ 896.29   | \$ 132.93     | \$ 265.86 | \$ 398.79 | \$ 399.40                                  | \$ 726.42   |
| CareFirst Indemnity (medical with Rx discount) <sup>2</sup> | \$ 456.55    | \$ 972.40 | \$ 1,458.68 | \$ 235.72     | \$ 490.76 | \$ 608.47 | \$ 751.58                                  | \$ 1,237.86 |
| <b>PRESCRIPTION:</b>  |              |           |             |               |           |           |  |             |
| Caremark Standard Option \$10/\$20/\$35                     | \$ 119.65    | \$ 221.36 | \$ 343.03   | N/A           | N/A       | N/A       | \$ 246.01                                  | \$ 367.68   |
| SilverScript Standard Option \$10/\$20/\$35                 | N/A          | N/A       | N/A         | \$ 144.31     | \$ 288.62 | \$ 432.92 | \$ 246.01                                  | \$ 367.68   |
| <b>DENTAL:</b>  |              |           |             |               |           |           |  |             |
| Dental PPO (Traditional Dental Plan)                        | \$ 15.71     | \$ 35.00  | \$ 50.37    | \$ 15.71      | \$ 35.00  | \$ 50.37  | \$ 35.00                                   | \$ 50.37    |
| <b>VISION:</b>  |              |           |             |               |           |           |  |             |
| 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 |                    |
|---------------------------|---------|--|--------------------|
| Dependent Life Insurance  |         | Age  | 100% Monthly Rates |
| \$2,000/\$1,000           | \$0.309 | <25  | \$0.049            |
| \$4,000/\$2,000           | \$1.751 | 25-29  | \$0.056            |
| \$10,000/\$5,000          | \$4.377 | 30-34  | \$0.069            |
|                           |         | 35-39  | \$0.078            |
|                           |         | 40-44  | \$0.084            |
| Basic Term Life Insurance |         | 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            |

To determine your total monthly premium, enter the costs for each of your plans

Medical \$ \_\_\_\_\_

Prescription \$ \_\_\_\_\_

Dental \$ \_\_\_\_\_

Vision \$ \_\_\_\_\_

Basic Life<sup>3</sup> \$ \_\_\_\_\_

Dep Life<sup>3</sup> \$ \_\_\_\_\_

Opt Life<sup>3</sup> \$ \_\_\_\_\_

**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, 2026*

| HEALTH PLANS  | Non-Medicare |           |             | Medicare Only |           |           | Non-Medicare & Medicare Split <sup>1</sup> |             |
|---|--------------|-----------|-------------|---------------|-----------|-----------|--|-------------|
|   | 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%      |
| <b>MEDICAL:</b>   |              |           |             |               |           |           |  |             |
| CareFirst High Option POS (medical only)                    | \$ 318.99    | \$ 551.82 | \$ 929.15   | \$ 171.89     | \$ 318.57 | \$ 354.22 | \$ 404.71                                  | \$ 782.05   |
| CareFirst Standard Option POS (medical only)                | \$ 296.67    | \$ 513.18 | \$ 864.12   | \$ 159.86     | \$ 296.28 | \$ 329.42 | \$ 376.38                                  | \$ 727.31   |
| UnitedHealthcare Select HMO (medical only)                  | \$ 261.13    | \$ 501.98 | \$ 798.02   | \$ 140.70     | \$ 286.95 | \$ 455.40 | \$ 381.56                                  | \$ 677.59   |
| Kaiser HMO (medical with Rx)                                | \$ 308.46    | \$ 579.90 | \$ 913.03   | \$ 135.41     | \$ 270.83 | \$ 406.24 | \$ 406.85                                  | \$ 739.99   |
| CareFirst Indemnity (medical with Rx discount) <sup>2</sup> | \$ 465.08    | \$ 990.57 | \$ 1,485.93 | \$ 240.13     | \$ 499.92 | \$ 619.83 | \$ 765.62                                  | \$ 1,260.98 |
| <b>PRESCRIPTION:</b>  |              |           |             |               |           |           |  |             |
| Caremark Standard Option \$10/\$20/\$35                     | \$ 121.89    | \$ 225.49 | \$ 349.43   | N/A           | N/A       | N/A       | \$ 250.60                                  | \$ 374.55   |
| SilverScript Standard Option \$10/\$20/\$35                 | N/A          | N/A       | N/A         | \$ 147.00     | \$ 294.01 | \$ 441.01 | \$ 250.60                                  | \$ 374.55   |
| <b>DENTAL:</b>  |              |           |             |               |           |           |  |             |
| Dental PPO (Traditional Dental Plan)                        | \$ 16.00     | \$ 35.66  | \$ 51.31    | \$ 16.00      | \$ 35.66  | \$ 51.31  | \$ 35.66                                   | \$ 51.31    |
| <b>VISION:</b>  |              |           |             |               |           |           |  |             |
| 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 |                    |
|---------------------------|---------|--|--------------------|
| Dependent Life Insurance  |         | Age  | 100% Monthly Rates |
| \$2,000/\$1,000           | \$0.315 | <25  | \$0.049            |
| \$4,000/\$2,000           | \$1.751 | 25-29  | \$0.056            |
| \$10,000/\$5,000          | \$4.377 | 30-34  | \$0.069            |
|                           |         | 35-39  | \$0.078            |
|                           |         | 40-44  | \$0.084            |
| Basic Term Life Insurance |         | 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            |

To determine your total monthly premium, enter the costs for each of your plans

Medical \$ \_\_\_\_\_

Prescription \$ \_\_\_\_\_

Dental \$ \_\_\_\_\_

Vision \$ \_\_\_\_\_

Basic Life<sup>3</sup> \$ \_\_\_\_\_

Dep Life<sup>3</sup> \$ \_\_\_\_\_

Opt Life<sup>3</sup> \$ \_\_\_\_\_

**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, 2026*

| HEALTH PLANS  | Non-Medicare |             |             | Medicare Only |           |           | Non-Medicare & Medicare Split <sup>1</sup> |             |
|---|--------------|-------------|-------------|---------------|-----------|-----------|--|-------------|
|   | 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%      |
| <b>MEDICAL:</b>   |              |             |             |               |           |           |  |             |
| CareFirst High Option POS (medical only)                    | \$ 324.93    | \$ 562.09   | \$ 946.45   | \$ 175.08     | \$ 324.50 | \$ 360.81 | \$ 412.24                                  | \$ 796.60   |
| CareFirst Standard Option POS (medical only)                | \$ 302.19    | \$ 522.73   | \$ 880.20   | \$ 162.83     | \$ 301.79 | \$ 335.55 | \$ 383.38                                  | \$ 740.85   |
| UnitedHealthcare Select HMO (medical only)                  | \$ 265.99    | \$ 511.33   | \$ 812.87   | \$ 143.32     | \$ 292.29 | \$ 463.87 | \$ 388.66                                  | \$ 690.20   |
| Kaiser HMO (medical with Rx)                                | \$ 314.20    | \$ 590.69   | \$ 930.02   | \$ 137.93     | \$ 275.87 | \$ 413.80 | \$ 414.43                                  | \$ 753.76   |
| CareFirst Indemnity (medical with Rx discount) <sup>2</sup> | \$ 473.73    | \$ 1,009.00 | \$ 1,513.58 | \$ 244.60     | \$ 509.23 | \$ 631.37 | \$ 779.86                                  | \$ 1,284.44 |
| <b>PRESCRIPTION:</b>  |              |             |             |               |           |           |  |             |
| Caremark Standard Option \$10/\$20/\$35                     | \$ 124.16    | \$ 229.69   | \$ 355.94   | N/A           | N/A       | N/A       | \$ 255.27                                  | \$ 381.52   |
| SilverScript Standard Option \$10/\$20/\$35                 | N/A          | N/A         | N/A         | \$ 149.74     | \$ 299.48 | \$ 449.21 | \$ 255.27                                  | \$ 381.52   |
| <b>DENTAL:</b>  |              |             |             |               |           |           |  |             |
| Dental PPO (Traditional Dental Plan)                        | \$ 16.30     | \$ 36.32    | \$ 52.27    | \$ 16.30      | \$ 36.32  | \$ 52.27  | \$ 36.32                                   | \$ 52.27    |
| <b>VISION:</b>  |              |             |             |               |           |           |  |             |
| 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 |                    |
|---------------------------|---------|--|--------------------|
| Dependent Life Insurance  |         | Age  | 100% Monthly Rates |
| \$2,000/\$1,000           | \$0.321 | <25  | \$0.049            |
| \$4,000/\$2,000           | \$1.751 | 25-29  | \$0.056            |
| \$10,000/\$5,000          | \$4.377 | 30-34  | \$0.069            |
|                           |         | 35-39  | \$0.078            |
|                           |         | 40-44  | \$0.084            |
| Basic Term Life Insurance |         | 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      | \$0.109 |  |                    |

To determine your total monthly premium, enter the costs for each of your plans

Medical \$ \_\_\_\_\_

Prescription \$ \_\_\_\_\_

Dental \$ \_\_\_\_\_

Vision \$ \_\_\_\_\_

Basic Life<sup>3</sup> \$ \_\_\_\_\_

Dep Life<sup>3</sup> \$ \_\_\_\_\_

Opt Life<sup>3</sup> \$ \_\_\_\_\_

**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, 2026*

| HEALTH PLANS  | Non-Medicare |             |             | Medicare Only |           |           | Non-Medicare & Medicare Split <sup>1</sup> |             |
|---|--------------|-------------|-------------|---------------|-----------|-----------|--|-------------|
|   | 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%      |
| <b>MEDICAL:</b>   |              |             |             |               |           |           |  |             |
| CareFirst High Option POS (medical only)                    | \$ 336.71    | \$ 582.48   | \$ 980.77   | \$ 181.43     | \$ 336.27 | \$ 373.90 | \$ 427.20                                  | \$ 825.49   |
| CareFirst Standard Option POS (medical only)                | \$ 313.15    | \$ 541.69   | \$ 912.13   | \$ 168.74     | \$ 312.74 | \$ 347.72 | \$ 397.29                                  | \$ 767.72   |
| UnitedHealthcare Select HMO (medical only)                  | \$ 275.63    | \$ 529.87   | \$ 842.35   | \$ 148.52     | \$ 302.89 | \$ 480.70 | \$ 402.76                                  | \$ 715.24   |
| Kaiser HMO (medical with Rx)                                | \$ 325.59    | \$ 612.11   | \$ 963.75   | \$ 142.94     | \$ 285.87 | \$ 428.81 | \$ 429.46                                  | \$ 781.10   |
| CareFirst Indemnity (medical with Rx discount) <sup>2</sup> | \$ 490.91    | \$ 1,045.60 | \$ 1,568.48 | \$ 253.47     | \$ 527.70 | \$ 654.27 | \$ 808.15                                  | \$ 1,331.03 |
| <b>PRESCRIPTION:</b>  |              |             |             |               |           |           |  |             |
| Caremark Standard Option \$10/\$20/\$35                     | \$ 128.66    | \$ 238.02   | \$ 368.85   | N/A           | N/A       | N/A       | \$ 264.53                                  | \$ 395.36   |
| SilverScript Standard Option \$10/\$20/\$35                 | N/A          | N/A         | N/A         | \$ 155.17     | \$ 310.35 | \$ 465.51 | \$ 264.53                                  | \$ 395.36   |
| <b>DENTAL:</b>  |              |             |             |               |           |           |  |             |
| Dental PPO (Traditional Dental Plan)                        | \$ 16.89     | \$ 37.64    | \$ 54.17    | \$ 16.89      | \$ 37.64  | \$ 54.17  | \$ 37.64                                   | \$ 54.17    |
| <b>VISION:</b>  |              |             |             |               |           |           |  |             |
| 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 |                    |
|---------------------------|---------|--|--------------------|
| Dependent Life Insurance  |         | Age  | 100% Monthly Rates |
| \$2,000/\$1,000           | \$0.333 | <25  | \$0.049            |
| \$4,000/\$2,000           | \$1.751 | 25-29  | \$0.056            |
| \$10,000/\$5,000          | \$4.377 | 30-34  | \$0.069            |
|                           |         | 35-39  | \$0.078            |
|                           |         | 40-44  | \$0.084            |
| Basic Term Life Insurance |         | 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      | \$0.112 |  |                    |

To determine your total monthly premium, enter the costs for each of your plans

Medical \$ \_\_\_\_\_

Prescription \$ \_\_\_\_\_

Dental \$ \_\_\_\_\_

Vision \$ \_\_\_\_\_

Basic Life<sup>3</sup> \$ \_\_\_\_\_

Dep Life<sup>3</sup> \$ \_\_\_\_\_

Opt Life<sup>3</sup> \$ \_\_\_\_\_

**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, 2026*

| HEALTH PLANS  | Non-Medicare |             |             | Medicare Only |           |           | Non-Medicare & Medicare Split <sup>1</sup> |             |
|---|--------------|-------------|-------------|---------------|-----------|-----------|--|-------------|
|   | 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%      |
| <b>MEDICAL:</b>   |              |             |             |               |           |           |  |             |
| CareFirst High Option POS (medical only)                    | \$ 348.59    | \$ 603.02   | \$ 1,015.36 | \$ 187.83     | \$ 348.13 | \$ 387.08 | \$ 442.26                                  | \$ 854.60   |
| CareFirst Standard Option POS (medical only)                | \$ 324.19    | \$ 560.80   | \$ 944.29   | \$ 174.69     | \$ 323.76 | \$ 359.98 | \$ 411.30                                  | \$ 794.79   |
| UnitedHealthcare Select HMO (medical only)                  | \$ 285.35    | \$ 548.56   | \$ 872.05   | \$ 153.76     | \$ 313.57 | \$ 497.65 | \$ 416.96                                  | \$ 740.46   |
| Kaiser HMO (medical with Rx)                                | \$ 337.07    | \$ 633.70   | \$ 997.74   | \$ 147.98     | \$ 295.95 | \$ 443.93 | \$ 444.60                                  | \$ 808.64   |
| CareFirst Indemnity (medical with Rx discount) <sup>2</sup> | \$ 508.23    | \$ 1,082.47 | \$ 1,623.79 | \$ 262.41     | \$ 546.31 | \$ 677.34 | \$ 836.65                                  | \$ 1,377.97 |
| <b>PRESCRIPTION:</b>  |              |             |             |               |           |           |  |             |
| Caremark Standard Option \$10/\$20/\$35                     | \$ 133.20    | \$ 246.41   | \$ 381.85   | N/A           | N/A       | N/A       | \$ 273.85                                  | \$ 409.30   |
| SilverScript Standard Option \$10/\$20/\$35                 | N/A          | N/A         | N/A         | \$ 160.64     | \$ 321.29 | \$ 481.92 | \$ 273.85                                  | \$ 409.30   |
| <b>DENTAL:</b>  |              |             |             |               |           |           |  |             |
| Dental PPO (Traditional Dental Plan)                        | \$ 17.49     | \$ 38.97    | \$ 56.08    | \$ 17.49      | \$ 38.97  | \$ 56.08  | \$ 38.97                                   | \$ 56.08    |
| <b>VISION:</b>  |              |             |             |               |           |           |  |             |
| 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 |                    |
|---------------------------|---------|--|--------------------|
| Dependent Life Insurance  |         | Age  | 100% Monthly Rates |
| \$2,000/\$1,000           | \$0.344 | <25  | \$0.049            |
| \$4,000/\$2,000           | \$1.751 | 25-29  | \$0.056            |
| \$10,000/\$5,000          | \$4.377 | 30-34  | \$0.069            |
|                           |         | 35-39  | \$0.078            |
|                           |         | 40-44  | \$0.084            |
| Basic Term Life Insurance |         | 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      | \$0.116 |  |                    |

To determine your total monthly premium, enter the costs for each of your plans

Medical \$ \_\_\_\_\_

Prescription \$ \_\_\_\_\_

Dental \$ \_\_\_\_\_

Vision \$ \_\_\_\_\_

Basic Life<sup>3</sup> \$ \_\_\_\_\_

Dep Life<sup>3</sup> \$ \_\_\_\_\_

Opt Life<sup>3</sup> \$ \_\_\_\_\_

**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, 2026*

| HEALTH PLANS  | Non-Medicare |             |             | Medicare Only |           |           | Non-Medicare & Medicare Split <sup>1</sup> |             |
|---|--------------|-------------|-------------|---------------|-----------|-----------|--|-------------|
|   | 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%      |
| <b>MEDICAL:</b>   |              |             |             |               |           |           |  |             |
| CareFirst High Option POS (medical only)                    | \$ 354.44    | \$ 613.13   | \$ 1,032.39 | \$ 190.98     | \$ 353.97 | \$ 393.58 | \$ 449.68                                  | \$ 868.94   |
| CareFirst Standard Option POS (medical only)                | \$ 329.63    | \$ 570.20   | \$ 960.13   | \$ 177.62     | \$ 329.20 | \$ 366.02 | \$ 418.20                                  | \$ 808.12   |
| UnitedHealthcare Select HMO (medical only)                  | \$ 290.14    | \$ 557.76   | \$ 886.68   | \$ 156.34     | \$ 318.83 | \$ 506.00 | \$ 423.96                                  | \$ 752.88   |
| Kaiser HMO (medical with Rx)                                | \$ 342.73    | \$ 644.33   | \$ 1,014.48 | \$ 150.46     | \$ 300.92 | \$ 451.38 | \$ 452.06                                  | \$ 822.21   |
| CareFirst Indemnity (medical with Rx discount) <sup>2</sup> | \$ 516.75    | \$ 1,100.63 | \$ 1,651.03 | \$ 266.81     | \$ 555.47 | \$ 688.70 | \$ 850.68                                  | \$ 1,401.08 |
| <b>PRESCRIPTION:</b>  |              |             |             |               |           |           |  |             |
| Caremark Standard Option \$10/\$20/\$35                     | \$ 135.43    | \$ 250.54   | \$ 388.26   | N/A           | N/A       | N/A       | \$ 278.45                                  | \$ 416.16   |
| SilverScript Standard Option \$10/\$20/\$35                 | N/A          | N/A         | N/A         | \$ 163.34     | \$ 326.68 | \$ 490.01 | \$ 278.45                                  | \$ 416.16   |
| <b>DENTAL:</b>  |              |             |             |               |           |           |  |             |
| Dental PPO (Traditional Dental Plan)                        | \$ 17.78     | \$ 39.62    | \$ 57.02    | \$ 17.78      | \$ 39.62  | \$ 57.02  | \$ 39.62                                   | \$ 57.02    |
| <b>VISION:</b>  |              |             |             |               |           |           |  |             |
| 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 |                    |
|---------------------------|---------|--|--------------------|
| Dependent Life Insurance  |         | Age  | 100% Monthly Rates |
| \$2,000/\$1,000           | \$0.350 | <25  | \$0.049            |
| \$4,000/\$2,000           | \$1.751 | 25-29  | \$0.056            |
| \$10,000/\$5,000          | \$4.377 | 30-34  | \$0.069            |
|                           |         | 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<sup>3</sup> \$ \_\_\_\_\_

Dep Life<sup>3</sup> \$ \_\_\_\_\_

Opt Life<sup>3</sup> \$ \_\_\_\_\_

**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, 2026*

| HEALTH PLANS  | Non-Medicare |             |             | Medicare Only |           |           | Non-Medicare & Medicare Split <sup>1</sup> |             |
|---|--------------|-------------|-------------|---------------|-----------|-----------|--|-------------|
|   | 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%      |
| <b>MEDICAL:</b>   |              |             |             |               |           |           |  |             |
| CareFirst High Option POS (medical only)                    | \$ 360.37    | \$ 623.40   | \$ 1,049.68 | \$ 194.18     | \$ 359.90 | \$ 400.17 | \$ 457.21                                  | \$ 883.49   |
| CareFirst Standard Option POS (medical only)                | \$ 335.15    | \$ 579.75   | \$ 976.21   | \$ 180.60     | \$ 334.71 | \$ 372.15 | \$ 425.20                                  | \$ 821.66   |
| UnitedHealthcare Select HMO (medical only)                  | \$ 295.00    | \$ 567.10   | \$ 901.54   | \$ 158.95     | \$ 324.17 | \$ 514.47 | \$ 431.06                                  | \$ 765.49   |
| Kaiser HMO (medical with Rx)                                | \$ 348.47    | \$ 655.12   | \$ 1,031.47 | \$ 152.98     | \$ 305.96 | \$ 458.94 | \$ 459.63                                  | \$ 835.98   |
| CareFirst Indemnity (medical with Rx discount) <sup>2</sup> | \$ 525.41    | \$ 1,119.06 | \$ 1,678.68 | \$ 271.28     | \$ 564.78 | \$ 700.24 | \$ 864.93                                  | \$ 1,424.55 |
| <b>PRESCRIPTION:</b>  |              |             |             |               |           |           |  |             |
| Caremark Standard Option \$10/\$20/\$35                     | \$ 137.70    | \$ 254.74   | \$ 394.76   | N/A           | N/A       | N/A       | \$ 283.11                                  | \$ 423.13   |
| SilverScript Standard Option \$10/\$20/\$35                 | N/A          | N/A         | N/A         | \$ 166.07     | \$ 332.15 | \$ 498.22 | \$ 283.11                                  | \$ 423.13   |
| <b>DENTAL:</b>  |              |             |             |               |           |           |  |             |
| Dental PPO (Traditional Dental Plan)                        | \$ 18.08     | \$ 40.28    | \$ 57.97    | \$ 18.08      | \$ 40.28  | \$ 57.97  | \$ 40.28                                   | \$ 57.97    |
| <b>VISION:</b>  |              |             |             |               |           |           |  |             |
| 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 |                    |
|---------------------------|---------|--|--------------------|
| Dependent Life Insurance  |         | Age  | 100% Monthly Rates |
| \$2,000/\$1,000           | \$0.356 | <25  | \$0.049            |
| \$4,000/\$2,000           | \$1.751 | 25-29  | \$0.056            |
| \$10,000/\$5,000          | \$4.377 | 30-34  | \$0.069            |
|                           |         | 35-39  | \$0.078            |
|                           |         | 40-44  | \$0.084            |
| Basic Term Life Insurance |         | 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      | \$0.120 |  |                    |

To determine your total monthly premium, enter the costs for each of your plans

Medical \$ \_\_\_\_\_

Prescription \$ \_\_\_\_\_

Dental \$ \_\_\_\_\_

Vision \$ \_\_\_\_\_

Basic Life<sup>3</sup> \$ \_\_\_\_\_

Dep Life<sup>3</sup> \$ \_\_\_\_\_

Opt Life<sup>3</sup> \$ \_\_\_\_\_

**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, 2026*

| HEALTH PLANS  | Non-Medicare |             |             | Medicare Only |           |           | Non-Medicare & Medicare Split <sup>1</sup> |             |
|---|--------------|-------------|-------------|---------------|-----------|-----------|--|-------------|
|   | 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%      |
| <b>MEDICAL:</b>   |              |             |             |               |           |           |  |             |
| CareFirst High Option POS (medical only)                    | \$ 372.16    | \$ 643.79   | \$ 1,084.01 | \$ 200.53     | \$ 371.67 | \$ 413.25 | \$ 472.16                                  | \$ 912.39   |
| CareFirst Standard Option POS (medical only)                | \$ 346.11    | \$ 598.71   | \$ 1,008.14 | \$ 186.50     | \$ 345.66 | \$ 384.32 | \$ 439.11                                  | \$ 848.53   |
| UnitedHealthcare Select HMO (medical only)                  | \$ 304.65    | \$ 585.65   | \$ 931.02   | \$ 164.15     | \$ 334.77 | \$ 531.30 | \$ 445.15                                  | \$ 790.52   |
| Kaiser HMO (medical with Rx)                                | \$ 359.86    | \$ 676.54   | \$ 1,065.20 | \$ 157.98     | \$ 315.97 | \$ 473.95 | \$ 474.66                                  | \$ 863.32   |
| CareFirst Indemnity (medical with Rx discount) <sup>2</sup> | \$ 542.59    | \$ 1,155.66 | \$ 1,733.58 | \$ 280.15     | \$ 583.25 | \$ 723.14 | \$ 893.22                                  | \$ 1,471.14 |
| <b>PRESCRIPTION:</b>  |              |             |             |               |           |           |  |             |
| Caremark Standard Option \$10/\$20/\$35                     | \$ 142.20    | \$ 263.07   | \$ 407.67   | N/A           | N/A       | N/A       | \$ 292.37                                  | \$ 436.97   |
| SilverScript Standard Option \$10/\$20/\$35                 | N/A          | N/A         | N/A         | \$ 171.50     | \$ 343.01 | \$ 514.51 | \$ 292.37                                  | \$ 436.97   |
| <b>DENTAL:</b>  |              |             |             |               |           |           |  |             |
| Dental PPO (Traditional Dental Plan)                        | \$ 18.67     | \$ 41.60    | \$ 59.87    | \$ 18.67      | \$ 41.60  | \$ 59.87  | \$ 41.60                                   | \$ 59.87    |
| <b>VISION:</b>  |              |             |             |               |           |           |  |             |
| 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 |                    |
|---------------------------|---------|--|--------------------|
| Dependent Life Insurance  |         | Age  | 100% Monthly Rates |
| \$2,000/\$1,000           | \$0.368 | <25  | \$0.049            |
| \$4,000/\$2,000           | \$1.751 | 25-29  | \$0.056            |
| \$10,000/\$5,000          | \$4.377 | 30-34  | \$0.069            |
|                           |         | 35-39  | \$0.078            |
|                           |         | 40-44  | \$0.084            |
| Basic Term Life Insurance |         | 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      | \$0.124 |  |                    |

To determine your total monthly premium, enter the costs for each of your plans

Medical \$ \_\_\_\_\_

Prescription \$ \_\_\_\_\_

Dental \$ \_\_\_\_\_

Vision \$ \_\_\_\_\_

Basic Life<sup>3</sup> \$ \_\_\_\_\_

Dep Life<sup>3</sup> \$ \_\_\_\_\_

Opt Life<sup>3</sup> \$ \_\_\_\_\_

**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, 2026*

| HEALTH PLANS  | Non-Medicare |             |             | Medicare Only |           |           | Non-Medicare & Medicare Split <sup>1</sup> |             |
|---|--------------|-------------|-------------|---------------|-----------|-----------|--|-------------|
|   | 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%      |
| <b>MEDICAL:</b>   |              |             |             |               |           |           |  |             |
| CareFirst High Option POS (medical only)                    | \$ 384.03    | \$ 664.33   | \$ 1,118.60 | \$ 206.93     | \$ 383.52 | \$ 426.44 | \$ 487.23                                  | \$ 941.50   |
| CareFirst Standard Option POS (medical only)                | \$ 357.15    | \$ 617.82   | \$ 1,040.30 | \$ 192.45     | \$ 356.68 | \$ 396.58 | \$ 453.12                                  | \$ 875.60   |
| UnitedHealthcare Select HMO (medical only)                  | \$ 314.37    | \$ 604.33   | \$ 960.72   | \$ 169.39     | \$ 345.45 | \$ 548.25 | \$ 459.36                                  | \$ 815.75   |
| Kaiser HMO (medical with Rx)                                | \$ 371.35    | \$ 698.13   | \$ 1,099.18 | \$ 163.02     | \$ 326.05 | \$ 489.07 | \$ 489.81                                  | \$ 890.86   |
| CareFirst Indemnity (medical with Rx discount) <sup>2</sup> | \$ 559.90    | \$ 1,192.53 | \$ 1,788.89 | \$ 289.09     | \$ 601.85 | \$ 746.21 | \$ 921.72                                  | \$ 1,518.07 |
| <b>PRESCRIPTION:</b>  |              |             |             |               |           |           |  |             |
| Caremark Standard Option \$10/\$20/\$35                     | \$ 146.74    | \$ 271.46   | \$ 420.68   | N/A           | N/A       | N/A       | \$ 301.70                                  | \$ 450.91   |
| SilverScript Standard Option \$10/\$20/\$35                 | N/A          | N/A         | N/A         | \$ 176.97     | \$ 353.96 | \$ 530.92 | \$ 301.70                                  | \$ 450.91   |
| <b>DENTAL:</b>  |              |             |             |               |           |           |  |             |
| Dental PPO (Traditional Dental Plan)                        | \$ 19.26     | \$ 42.93    | \$ 61.78    | \$ 19.26      | \$ 42.93  | \$ 61.78  | \$ 42.93                                   | \$ 61.78    |
| <b>VISION:</b>  |              |             |             |               |           |           |  |             |
| 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 |                    |
|---------------------------|---------|--|--------------------|
| Dependent Life Insurance  |         | Age  | 100% Monthly Rates |
| \$2,000/\$1,000           | \$0.379 | <25  | \$0.049            |
| \$4,000/\$2,000           | \$1.751 | 25-29  | \$0.056            |
| \$10,000/\$5,000          | \$4.377 | 30-34  | \$0.069            |
|                           |         | 35-39  | \$0.078            |
|                           |         | 40-44  | \$0.084            |
| Basic Term Life Insurance |         | 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      | \$0.128 |  |                    |

To determine your total monthly premium, enter the costs for each of your plans

Medical \$ \_\_\_\_\_

Prescription \$ \_\_\_\_\_

Dental \$ \_\_\_\_\_

Vision \$ \_\_\_\_\_

Basic Life<sup>3</sup> \$ \_\_\_\_\_

Dep Life<sup>3</sup> \$ \_\_\_\_\_

Opt Life<sup>3</sup> \$ \_\_\_\_\_

**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, 2026*

| HEALTH PLANS  | Non-Medicare |             |             | Medicare Only |           |           | Non-Medicare & Medicare Split <sup>1</sup> |             |
|---|--------------|-------------|-------------|---------------|-----------|-----------|--|-------------|
|   | 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%      |
| <b>MEDICAL:</b>   |              |             |             |               |           |           |  |             |
| CareFirst High Option POS (medical only)                    | \$ 389.88    | \$ 674.45   | \$ 1,135.63 | \$ 210.08     | \$ 389.36 | \$ 432.93 | \$ 494.65                                  | \$ 955.83   |
| CareFirst Standard Option POS (medical only)                | \$ 362.59    | \$ 627.22   | \$ 1,056.15 | \$ 195.38     | \$ 362.12 | \$ 402.62 | \$ 460.02                                  | \$ 888.94   |
| UnitedHealthcare Select HMO (medical only)                  | \$ 319.15    | \$ 613.54   | \$ 975.35   | \$ 171.97     | \$ 350.71 | \$ 556.60 | \$ 466.35                                  | \$ 828.17   |
| Kaiser HMO (medical with Rx)                                | \$ 377.00    | \$ 708.76   | \$ 1,115.92 | \$ 165.51     | \$ 331.01 | \$ 496.52 | \$ 497.27                                  | \$ 904.43   |
| CareFirst Indemnity (medical with Rx discount) <sup>2</sup> | \$ 568.43    | \$ 1,210.69 | \$ 1,816.13 | \$ 293.49     | \$ 611.02 | \$ 757.57 | \$ 935.75                                  | \$ 1,541.19 |
| <b>PRESCRIPTION:</b>  |              |             |             |               |           |           |  |             |
| Caremark Standard Option \$10/\$20/\$35                     | \$ 148.98    | \$ 275.60   | \$ 427.09   | N/A           | N/A       | N/A       | \$ 306.29                                  | \$ 457.78   |
| SilverScript Standard Option \$10/\$20/\$35                 | N/A          | N/A         | N/A         | \$ 179.67     | \$ 359.35 | \$ 539.01 | \$ 306.29                                  | \$ 457.78   |
| <b>DENTAL:</b>  |              |             |             |               |           |           |  |             |
| Dental PPO (Traditional Dental Plan)                        | \$ 19.56     | \$ 43.58    | \$ 62.72    | \$ 19.56      | \$ 43.58  | \$ 62.72  | \$ 43.58                                   | \$ 62.72    |
| <b>VISION:</b>  |              |             |             |               |           |           |  |             |
| 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 |                    |
|---------------------------|---------|--|--------------------|
| Dependent Life Insurance  |         | Age  | 100% Monthly Rates |
| \$2,000/\$1,000           | \$0.385 | <25  | \$0.049            |
| \$4,000/\$2,000           | \$1.751 | 25-29  | \$0.056            |
| \$10,000/\$5,000          | \$4.377 | 30-34  | \$0.069            |
|                           |         | 35-39  | \$0.078            |
|                           |         | 40-44  | \$0.084            |
| Basic Term Life Insurance |         | 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      | \$0.130 |  |                    |

To determine your total monthly premium, enter the costs for each of your plans

Medical \$ \_\_\_\_\_

Prescription \$ \_\_\_\_\_

Dental \$ \_\_\_\_\_

Vision \$ \_\_\_\_\_

Basic Life<sup>3</sup> \$ \_\_\_\_\_

Dep Life<sup>3</sup> \$ \_\_\_\_\_

Opt Life<sup>3</sup> \$ \_\_\_\_\_

**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, 2026*

| HEALTH PLANS  | Non-Medicare |             |             | Medicare Only |           |           | Non-Medicare & Medicare Split <sup>1</sup> |             |
|---|--------------|-------------|-------------|---------------|-----------|-----------|--|-------------|
|   | 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%      |
| <b>MEDICAL:</b>   |              |             |             |               |           |           |  |             |
| CareFirst High Option POS (medical only)                    | \$ 395.82    | \$ 684.72   | \$ 1,152.92 | \$ 213.28     | \$ 395.29 | \$ 439.53 | \$ 502.18                                  | \$ 970.39   |
| CareFirst Standard Option POS (medical only)                | \$ 368.11    | \$ 636.78   | \$ 1,072.23 | \$ 198.36     | \$ 367.63 | \$ 408.75 | \$ 467.02                                  | \$ 902.47   |
| UnitedHealthcare Select HMO (medical only)                  | \$ 324.01    | \$ 622.88   | \$ 990.20   | \$ 174.59     | \$ 356.05 | \$ 565.07 | \$ 473.45                                  | \$ 840.78   |
| Kaiser HMO (medical with Rx)                                | \$ 382.74    | \$ 719.55   | \$ 1,132.92 | \$ 168.03     | \$ 336.05 | \$ 504.08 | \$ 504.84                                  | \$ 918.20   |
| CareFirst Indemnity (medical with Rx discount) <sup>2</sup> | \$ 577.08    | \$ 1,229.13 | \$ 1,843.79 | \$ 297.96     | \$ 620.32 | \$ 769.11 | \$ 950.00                                  | \$ 1,564.66 |
| <b>PRESCRIPTION:</b>  |              |             |             |               |           |           |  |             |
| Caremark Standard Option \$10/\$20/\$35                     | \$ 151.24    | \$ 279.80   | \$ 433.59   | N/A           | N/A       | N/A       | \$ 310.96                                  | \$ 464.75   |
| SilverScript Standard Option \$10/\$20/\$35                 | N/A          | N/A         | N/A         | \$ 182.41     | \$ 364.82 | \$ 547.22 | \$ 310.96                                  | \$ 464.75   |
| <b>DENTAL:</b>  |              |             |             |               |           |           |  |             |
| Dental PPO (Traditional Dental Plan)                        | \$ 19.86     | \$ 44.25    | \$ 63.67    | \$ 19.86      | \$ 44.25  | \$ 63.67  | \$ 44.25                                   | \$ 63.67    |
| <b>VISION:</b>  |              |             |             |               |           |           |  |             |
| 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 |                    |
|---------------------------|---------|--|--------------------|
| Dependent Life Insurance  |         | Age  | 100% Monthly Rates |
| \$2,000/\$1,000           | \$0.391 | <25  | \$0.049            |
| \$4,000/\$2,000           | \$1.751 | 25-29  | \$0.056            |
| \$10,000/\$5,000          | \$4.377 | 30-34  | \$0.069            |
|                           |         | 35-39  | \$0.078            |
|                           |         | 40-44  | \$0.084            |
| Basic Term Life Insurance |         | 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      | \$0.132 |  |                    |

To determine your total monthly premium, enter the costs for each of your plans

Medical \$ \_\_\_\_\_

Prescription \$ \_\_\_\_\_

Dental \$ \_\_\_\_\_

Vision \$ \_\_\_\_\_

Basic Life<sup>3</sup> \$ \_\_\_\_\_

Dep Life<sup>3</sup> \$ \_\_\_\_\_

Opt Life<sup>3</sup> \$ \_\_\_\_\_

**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, 2026*

| HEALTH PLANS  | Non-Medicare |             |             | Medicare Only |           |           | Non-Medicare & Medicare Split <sup>1</sup> |             |
|---|--------------|-------------|-------------|---------------|-----------|-----------|--|-------------|
|   | 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%      |
| <b>MEDICAL:</b>   |              |             |             |               |           |           |  |             |
| CareFirst High Option POS (medical only)                    | \$ 398.74    | \$ 689.77   | \$ 1,161.44 | \$ 214.86     | \$ 398.21 | \$ 442.77 | \$ 505.89                                  | \$ 977.56   |
| CareFirst Standard Option POS (medical only)                | \$ 370.83    | \$ 641.48   | \$ 1,080.15 | \$ 199.82     | \$ 370.35 | \$ 411.77 | \$ 470.47                                  | \$ 909.14   |
| UnitedHealthcare Select HMO (medical only)                  | \$ 326.41    | \$ 627.48   | \$ 997.52   | \$ 175.88     | \$ 358.68 | \$ 569.25 | \$ 476.95                                  | \$ 846.99   |
| Kaiser HMO (medical with Rx)                                | \$ 385.57    | \$ 724.87   | \$ 1,141.29 | \$ 169.27     | \$ 338.54 | \$ 507.80 | \$ 508.57                                  | \$ 924.98   |
| CareFirst Indemnity (medical with Rx discount) <sup>2</sup> | \$ 581.35    | \$ 1,238.21 | \$ 1,857.41 | \$ 300.16     | \$ 624.91 | \$ 774.79 | \$ 957.02                                  | \$ 1,576.22 |
| <b>PRESCRIPTION:</b>  |              |             |             |               |           |           |  |             |
| Caremark Standard Option \$10/\$20/\$35                     | \$ 152.36    | \$ 281.86   | \$ 436.79   | N/A           | N/A       | N/A       | \$ 313.25                                  | \$ 468.18   |
| SilverScript Standard Option \$10/\$20/\$35                 | N/A          | N/A         | N/A         | \$ 183.75     | \$ 367.52 | \$ 551.26 | \$ 313.25                                  | \$ 468.18   |
| <b>DENTAL:</b>  |              |             |             |               |           |           |  |             |
| Dental PPO (Traditional Dental Plan)                        | \$ 20.00     | \$ 44.57    | \$ 64.14    | \$ 20.00      | \$ 44.57  | \$ 64.14  | \$ 44.57                                   | \$ 64.14    |
| <b>VISION:</b>  |              |             |             |               |           |           |  |             |
| 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 |                    |
|---------------------------|---------|--|--------------------|
| Dependent Life Insurance  |         | Age  | 100% Monthly Rates |
| \$2,000/\$1,000           | \$0.394 | <25  | \$0.049            |
| \$4,000/\$2,000           | \$1.751 | 25-29  | \$0.056            |
| \$10,000/\$5,000          | \$4.377 | 30-34  | \$0.069            |
|                           |         | 35-39  | \$0.078            |
|                           |         | 40-44  | \$0.084            |
| Basic Term Life Insurance |         | 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      | \$0.133 |  |                    |

To determine your total monthly premium, enter the costs for each of your plans

Medical \$ \_\_\_\_\_

Prescription \$ \_\_\_\_\_

Dental \$ \_\_\_\_\_

Vision \$ \_\_\_\_\_

Basic Life<sup>3</sup> \$ \_\_\_\_\_

Dep Life<sup>3</sup> \$ \_\_\_\_\_

Opt Life<sup>3</sup> \$ \_\_\_\_\_

**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, 2026*

| HEALTH PLANS  | Non-Medicare |             |             | Medicare Only |           |           | Non-Medicare & Medicare Split <sup>1</sup> |             |
|---|--------------|-------------|-------------|---------------|-----------|-----------|--|-------------|
|   | 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%      |
| <b>MEDICAL:</b>   |              |             |             |               |           |           |  |             |
| CareFirst High Option POS (medical only)                    | \$ 407.60    | \$ 705.10   | \$ 1,187.25 | \$ 219.63     | \$ 407.06 | \$ 452.61 | \$ 517.13                                  | \$ 999.28   |
| CareFirst Standard Option POS (medical only)                | \$ 379.07    | \$ 655.73   | \$ 1,104.15 | \$ 204.26     | \$ 378.58 | \$ 420.92 | \$ 480.93                                  | \$ 929.34   |
| UnitedHealthcare Select HMO (medical only)                  | \$ 333.66    | \$ 641.42   | \$ 1,019.69 | \$ 179.79     | \$ 366.65 | \$ 581.90 | \$ 487.55                                  | \$ 865.81   |
| Kaiser HMO (medical with Rx)                                | \$ 394.14    | \$ 740.98   | \$ 1,166.65 | \$ 173.03     | \$ 346.06 | \$ 519.09 | \$ 519.87                                  | \$ 945.54   |
| CareFirst Indemnity (medical with Rx discount) <sup>2</sup> | \$ 594.26    | \$ 1,265.72 | \$ 1,898.68 | \$ 306.83     | \$ 638.79 | \$ 792.01 | \$ 978.29                                  | \$ 1,611.25 |
| <b>PRESCRIPTION:</b>  |              |             |             |               |           |           |  |             |
| Caremark Standard Option \$10/\$20/\$35                     | \$ 155.75    | \$ 288.13   | \$ 446.50   | N/A           | N/A       | N/A       | \$ 320.22                                  | \$ 478.59   |
| SilverScript Standard Option \$10/\$20/\$35                 | N/A          | N/A         | N/A         | \$ 187.84     | \$ 375.68 | \$ 563.51 | \$ 320.22                                  | \$ 478.59   |
| <b>DENTAL:</b>  |              |             |             |               |           |           |  |             |
| Dental PPO (Traditional Dental Plan)                        | \$ 20.45     | \$ 45.56    | \$ 65.57    | \$ 20.45      | \$ 45.56  | \$ 65.57  | \$ 45.56                                   | \$ 65.57    |
| <b>VISION:</b>  |              |             |             |               |           |           |  |             |
| 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 |                    |
|---------------------------|---------|--|--------------------|
| Dependent Life Insurance  |         | Age  | 100% Monthly Rates |
| \$2,000/\$1,000           | \$0.403 | <25  | \$0.049            |
| \$4,000/\$2,000           | \$1.751 | 25-29  | \$0.056            |
| \$10,000/\$5,000          | \$4.377 | 30-34  | \$0.069            |
|                           |         | 35-39  | \$0.078            |
|                           |         | 40-44  | \$0.084            |
| Basic Term Life Insurance |         | 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            |

To determine your total monthly premium, enter the costs for each of your plans

Medical \$ \_\_\_\_\_

Prescription \$ \_\_\_\_\_

Dental \$ \_\_\_\_\_

Vision \$ \_\_\_\_\_

Basic Life<sup>3</sup> \$ \_\_\_\_\_

Dep Life<sup>3</sup> \$ \_\_\_\_\_

Opt Life<sup>3</sup> \$ \_\_\_\_\_

**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, 2026*

| HEALTH PLANS  | Non-Medicare |             |             | Medicare Only |           |           | Non-Medicare & Medicare Split <sup>1</sup> |             |
|---|--------------|-------------|-------------|---------------|-----------|-----------|--|-------------|
|   | 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%      |
| <b>MEDICAL:</b>   |              |             |             |               |           |           |  |             |
| CareFirst High Option POS (medical only)                    | \$ 419.48    | \$ 725.64   | \$ 1,221.84 | \$ 226.03     | \$ 418.92 | \$ 465.80 | \$ 532.20                                  | \$ 1,028.39 |
| CareFirst Standard Option POS (medical only)                | \$ 390.11    | \$ 674.84   | \$ 1,136.32 | \$ 210.21     | \$ 389.60 | \$ 433.18 | \$ 494.93                                  | \$ 956.41   |
| UnitedHealthcare Select HMO (medical only)                  | \$ 343.38    | \$ 660.11   | \$ 1,049.39 | \$ 185.02     | \$ 377.33 | \$ 598.85 | \$ 501.75                                  | \$ 891.03   |
| Kaiser HMO (medical with Rx)                                | \$ 405.62    | \$ 762.56   | \$ 1,200.63 | \$ 178.07     | \$ 356.14 | \$ 534.21 | \$ 535.01                                  | \$ 973.08   |
| CareFirst Indemnity (medical with Rx discount) <sup>2</sup> | \$ 611.58    | \$ 1,302.59 | \$ 1,953.99 | \$ 315.77     | \$ 657.40 | \$ 815.08 | \$ 1,006.78                                | \$ 1,658.18 |
| <b>PRESCRIPTION:</b>  |              |             |             |               |           |           |  |             |
| Caremark Standard Option \$10/\$20/\$35                     | \$ 160.28    | \$ 296.52   | \$ 459.51   | N/A           | N/A       | N/A       | \$ 329.54                                  | \$ 492.53   |
| SilverScript Standard Option \$10/\$20/\$35                 | N/A          | N/A         | N/A         | \$ 193.31     | \$ 386.63 | \$ 579.92 | \$ 329.54                                  | \$ 492.53   |
| <b>DENTAL:</b>  |              |             |             |               |           |           |  |             |
| Dental PPO (Traditional Dental Plan)                        | \$ 21.04     | \$ 46.89    | \$ 67.48    | \$ 21.04      | \$ 46.89  | \$ 67.48  | \$ 46.89                                   | \$ 67.48    |
| <b>VISION:</b>  |              |             |             |               |           |           |  |             |
| 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 |                    |
|---------------------------|---------|--|--------------------|
| Dependent Life Insurance  |         | Age  | 100% Monthly Rates |
| \$2,000/\$1,000           | \$0.414 | <25  | \$0.049            |
| \$4,000/\$2,000           | \$1.751 | 25-29  | \$0.056            |
| \$10,000/\$5,000          | \$4.377 | 30-34  | \$0.069            |
|                           |         | 35-39  | \$0.078            |
|                           |         | 40-44  | \$0.084            |
| Basic Term Life Insurance |         | 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      | \$0.140 |  |                    |

To determine your total monthly premium, enter the costs for each of your plans

Medical \$ \_\_\_\_\_

Prescription \$ \_\_\_\_\_

Dental \$ \_\_\_\_\_

Vision \$ \_\_\_\_\_

Basic Life<sup>3</sup> \$ \_\_\_\_\_

Dep Life<sup>3</sup> \$ \_\_\_\_\_

Opt Life<sup>3</sup> \$ \_\_\_\_\_

**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, 2026*

| HEALTH PLANS  | Non-Medicare |             |             | Medicare Only |           |           | Non-Medicare & Medicare Split <sup>1</sup> |             |
|---|--------------|-------------|-------------|---------------|-----------|-----------|--|-------------|
|   | 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%      |
| <b>MEDICAL:</b>   |              |             |             |               |           |           |  |             |
| CareFirst High Option POS (medical only)                    | \$ 425.32    | \$ 735.76   | \$ 1,238.87 | \$ 229.18     | \$ 424.76 | \$ 472.29 | \$ 539.62                                  | \$ 1,042.73 |
| CareFirst Standard Option POS (medical only)                | \$ 395.55    | \$ 684.24   | \$ 1,152.16 | \$ 213.14     | \$ 395.04 | \$ 439.22 | \$ 501.84                                  | \$ 969.75   |
| UnitedHealthcare Select HMO (medical only)                  | \$ 348.17    | \$ 669.31   | \$ 1,064.02 | \$ 187.60     | \$ 382.59 | \$ 607.20 | \$ 508.75                                  | \$ 903.46   |
| Kaiser HMO (medical with Rx)                                | \$ 411.27    | \$ 773.19   | \$ 1,217.37 | \$ 180.55     | \$ 361.10 | \$ 541.66 | \$ 542.47                                  | \$ 986.65   |
| CareFirst Indemnity (medical with Rx discount) <sup>2</sup> | \$ 620.10    | \$ 1,320.75 | \$ 1,981.23 | \$ 320.17     | \$ 666.57 | \$ 826.44 | \$ 1,020.82                                | \$ 1,681.30 |
| <b>PRESCRIPTION:</b>  |              |             |             |               |           |           |  |             |
| Caremark Standard Option \$10/\$20/\$35                     | \$ 162.52    | \$ 300.65   | \$ 465.91   | N/A           | N/A       | N/A       | \$ 334.14                                  | \$ 499.40   |
| SilverScript Standard Option \$10/\$20/\$35                 | N/A          | N/A         | N/A         | \$ 196.00     | \$ 392.02 | \$ 588.01 | \$ 334.14                                  | \$ 499.40   |
| <b>DENTAL:</b>  |              |             |             |               |           |           |  |             |
| Dental PPO (Traditional Dental Plan)                        | \$ 21.34     | \$ 47.54    | \$ 68.42    | \$ 21.34      | \$ 47.54  | \$ 68.42  | \$ 47.54                                   | \$ 68.42    |
| <b>VISION:</b>  |              |             |             |               |           |           |  |             |
| 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 |                    |
|---------------------------|---------|--|--------------------|
| Dependent Life Insurance  |         | Age  | 100% Monthly Rates |
| \$2,000/\$1,000           | \$0.420 | <25  | \$0.049            |
| \$4,000/\$2,000           | \$1.751 | 25-29  | \$0.056            |
| \$10,000/\$5,000          | \$4.377 | 30-34  | \$0.069            |
|                           |         | 35-39  | \$0.078            |
|                           |         | 40-44  | \$0.084            |
| Basic Term Life Insurance |         | 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      | \$0.142 |  |                    |

To determine your total monthly premium, enter the costs for each of your plans

Medical \$ \_\_\_\_\_

Prescription \$ \_\_\_\_\_

Dental \$ \_\_\_\_\_

Vision \$ \_\_\_\_\_

Basic Life<sup>3</sup> \$ \_\_\_\_\_

Dep Life<sup>3</sup> \$ \_\_\_\_\_

Opt Life<sup>3</sup> \$ \_\_\_\_\_

**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, 2026*

| HEALTH PLANS  | Non-Medicare |             |             | Medicare Only |           |           | Non-Medicare & Medicare Split <sup>1</sup> |             |
|---|--------------|-------------|-------------|---------------|-----------|-----------|--|-------------|
|   | 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%      |
| <b>MEDICAL:</b>   |              |             |             |               |           |           |  |             |
| CareFirst High Option POS (medical only)                    | \$ 431.26    | \$ 746.03   | \$ 1,256.16 | \$ 232.38     | \$ 430.69 | \$ 478.88 | \$ 547.15                                  | \$ 1,057.28 |
| CareFirst Standard Option POS (medical only)                | \$ 401.07    | \$ 693.80   | \$ 1,168.24 | \$ 216.12     | \$ 400.55 | \$ 445.35 | \$ 508.84                                  | \$ 983.28   |
| UnitedHealthcare Select HMO (medical only)                  | \$ 353.03    | \$ 678.65   | \$ 1,078.87 | \$ 190.22     | \$ 387.93 | \$ 615.67 | \$ 515.85                                  | \$ 916.07   |
| Kaiser HMO (medical with Rx)                                | \$ 417.01    | \$ 783.99   | \$ 1,234.36 | \$ 183.07     | \$ 366.14 | \$ 549.22 | \$ 550.04                                  | \$ 1,000.42 |
| CareFirst Indemnity (medical with Rx discount) <sup>2</sup> | \$ 628.76    | \$ 1,339.19 | \$ 2,008.89 | \$ 324.64     | \$ 675.87 | \$ 837.98 | \$ 1,035.07                                | \$ 1,704.77 |
| <b>PRESCRIPTION:</b>  |              |             |             |               |           |           |  |             |
| Caremark Standard Option \$10/\$20/\$35                     | \$ 164.79    | \$ 304.85   | \$ 472.42   | N/A           | N/A       | N/A       | \$ 338.80                                  | \$ 506.37   |
| SilverScript Standard Option \$10/\$20/\$35                 | N/A          | N/A         | N/A         | \$ 198.74     | \$ 397.49 | \$ 596.22 | \$ 338.80                                  | \$ 506.37   |
| <b>DENTAL:</b>  |              |             |             |               |           |           |  |             |
| Dental PPO (Traditional Dental Plan)                        | \$ 21.63     | \$ 48.21    | \$ 69.37    | \$ 21.63      | \$ 48.21  | \$ 69.37  | \$ 48.21                                   | \$ 69.37    |
| <b>VISION:</b>  |              |             |             |               |           |           |  |             |
| 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 |                    |
|---------------------------|---------|--|--------------------|
| Dependent Life Insurance  |         | Age  | 100% Monthly Rates |
| \$2,000/\$1,000           | \$0.426 | <25  | \$0.049            |
| \$4,000/\$2,000           | \$1.751 | 25-29  | \$0.056            |
| \$10,000/\$5,000          | \$4.377 | 30-34  | \$0.069            |
|                           |         | 35-39  | \$0.078            |
|                           |         | 40-44  | \$0.084            |
| Basic Term Life Insurance |         | 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      | \$0.144 |  |                    |

To determine your total monthly premium, enter the costs for each of your plans

Medical \$ \_\_\_\_\_

Prescription \$ \_\_\_\_\_

Dental \$ \_\_\_\_\_

Vision \$ \_\_\_\_\_

Basic Life<sup>3</sup> \$ \_\_\_\_\_

Dep Life<sup>3</sup> \$ \_\_\_\_\_

Opt Life<sup>3</sup> \$ \_\_\_\_\_

**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, 2026*

| HEALTH PLANS  | Non-Medicare |             |             | Medicare Only |           |           | Non-Medicare & Medicare Split <sup>1</sup> |             |
|---|--------------|-------------|-------------|---------------|-----------|-----------|--|-------------|
|   | 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%      |
| <b>MEDICAL:</b>   |              |             |             |               |           |           |  |             |
| CareFirst High Option POS (medical only)                    | \$ 443.05    | \$ 766.42   | \$ 1,290.49 | \$ 238.73     | \$ 442.46 | \$ 491.97 | \$ 562.10                                  | \$ 1,086.18 |
| CareFirst Standard Option POS (medical only)                | \$ 412.04    | \$ 712.76   | \$ 1,200.17 | \$ 222.03     | \$ 411.50 | \$ 457.53 | \$ 522.75                                  | \$ 1,010.16 |
| UnitedHealthcare Select HMO (medical only)                  | \$ 362.68    | \$ 697.20   | \$ 1,108.36 | \$ 195.42     | \$ 398.54 | \$ 632.50 | \$ 529.95                                  | \$ 941.10   |
| Kaiser HMO (medical with Rx)                                | \$ 428.41    | \$ 805.41   | \$ 1,268.10 | \$ 188.08     | \$ 376.15 | \$ 564.23 | \$ 565.08                                  | \$ 1,027.76 |
| CareFirst Indemnity (medical with Rx discount) <sup>2</sup> | \$ 645.94    | \$ 1,375.79 | \$ 2,063.79 | \$ 333.51     | \$ 694.34 | \$ 860.88 | \$ 1,063.36                                | \$ 1,751.36 |
| <b>PRESCRIPTION:</b>  |              |             |             |               |           |           |  |             |
| Caremark Standard Option \$10/\$20/\$35                     | \$ 169.29    | \$ 313.18   | \$ 485.33   | N/A           | N/A       | N/A       | \$ 348.06                                  | \$ 520.21   |
| SilverScript Standard Option \$10/\$20/\$35                 | N/A          | N/A         | N/A         | \$ 204.17     | \$ 408.35 | \$ 612.51 | \$ 348.06                                  | \$ 520.21   |
| <b>DENTAL:</b>  |              |             |             |               |           |           |  |             |
| Dental PPO (Traditional Dental Plan)                        | \$ 22.23     | \$ 49.53    | \$ 71.27    | \$ 22.23      | \$ 49.53  | \$ 71.27  | \$ 49.53                                   | \$ 71.27    |
| <b>VISION:</b>  |              |             |             |               |           |           |  |             |
| 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 |                    |
|---------------------------|---------|--|--------------------|
| Dependent Life Insurance  |         | Age  | 100% Monthly Rates |
| \$2,000/\$1,000           | \$0.438 | <25  | \$0.049            |
| \$4,000/\$2,000           | \$1.751 | 25-29  | \$0.056            |
| \$10,000/\$5,000          | \$4.377 | 30-34  | \$0.069            |
|                           |         | 35-39  | \$0.078            |
|                           |         | 40-44  | \$0.084            |
| Basic Term Life Insurance |         | 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      | \$0.148 |  |                    |

To determine your total monthly premium, enter the costs for each of your plans

Medical \$ \_\_\_\_\_

Prescription \$ \_\_\_\_\_

Dental \$ \_\_\_\_\_

Vision \$ \_\_\_\_\_

Basic Life<sup>3</sup> \$ \_\_\_\_\_

Dep Life<sup>3</sup> \$ \_\_\_\_\_

Opt Life<sup>3</sup> \$ \_\_\_\_\_

**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**  
**Effective January 1, 2026**

| HEALTH PLANS  | Non-Medicare 100% Monthly Rates <sup>1</sup> |            |            | Medicare 100% Monthly Rates <sup>1</sup> |            |            | Non-Medicare & Medicare Split Rates <sup>1,3</sup> |               |
|---|--|------------|------------|--|------------|------------|--|---------------|
|   | SELF   | SELF+1     | FAMILY     | SELF                                     | SELF+1     | FAMILY     |  |               |
| <b>MEDICAL:</b>   |  |            |            |  |            |            | <b>SELF+1</b>                                      | <b>FAMILY</b> |
| Carefirst High Option POS (medical only)                    | \$886.09                                     | \$1,532.83 | \$2,580.98 | \$477.46                                 | \$884.92   | \$983.94   | \$1,124.20   | \$2,172.35    |
| Carefirst Standard Option POS (medical only)                | \$824.07                                     | \$1,425.51 | \$2,400.33 | \$444.05                                 | \$822.99   | \$915.05   | \$1,045.49   | \$2,020.31    |
| UnitedHealthcare Select HMO (medical only)                  | \$725.35                                     | \$1,394.40 | \$2,216.71 | \$390.84                                 | \$797.07   | \$1,264.99 | \$1,059.89   | \$1,882.20    |
| Kaiser HMO (medical with Rx)                                | \$856.82                                     | \$1,610.82 | \$2,536.19 | \$376.15                                 | \$752.30   | \$1,128.45 | \$1,130.15   | \$2,055.52    |
| Carefirst Indemnity (medical with Rx discount) <sup>2</sup> | \$1,291.88                                   | \$2,751.57 | \$4,127.57 | \$667.02                                 | \$1,388.68 | \$1,721.75 | \$2,126.71   | \$3,502.71    |
| <b>DENTAL:</b>  |  |            |            |  |            |            |  |               |
| Dental PPO (Traditional Dental Plan)                        | \$44.45                                      | \$99.05    | \$142.54   | \$44.45                                  | \$99.05    | \$142.54   | \$99.05  | \$142.54      |
| <b>VISION:</b>  |  |            |            |  |            |            |  |               |
| 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<br>(per \$1,000 coverage) |                    |
|---------------------------------|------------------|--------------------|---|--------------------|
|                                 |                  |                    | AGE   | 100% Monthly Rates |
|                                 |                  |                    | <25   | \$0.049            |
| <b>Dependent Life Insurance</b> |                  |                    | 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            |
| <b>Term Life Insurance</b>      |                  |                    | 50-54   | \$0.172            |
| <i>(per \$1,000 coverage)</i>   |                  |                    | 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            |

**MONTGOMERY COUNTY RETIREE GROUP HEALTH PLAN & LIFE RATES**  
**100% Cost Share Rates - Effective January 1, 2026**

| HEALTH PLANS  | Non-Medicare 100% Monthly Rates |            |            | Medicare 100% Monthly Rates <sup>2</sup> |          |            | Non-Medicare & Medicare Split Rates <sup>2,3</sup> |               |
|---|---------------------------------|------------|------------|--|----------|------------|--|---------------|
|   | SELF                            | SELF+1     | FAMILY     | SELF                                     | SELF+1   | FAMILY     |  |               |
| <b>MEDICAL:</b>   |                                 |            |            |  |          |            | <b>SELF+1</b>                                      | <b>FAMILY</b> |
| Carefirst High Option POS (medical only)                    | \$886.09                        | \$1,532.83 | \$2,580.98 | \$477.46                                 | \$884.92 | \$983.94   | \$1,124.20   | \$2,172.35    |
| Carefirst Standard Option POS (medical only)                | \$824.07                        | \$1,425.51 | \$2,400.33 | \$444.05                                 | \$822.99 | \$915.05   | \$1,045.49   | \$2,020.31    |
| UnitedHealthcare Select HMO (medical only)                  | \$725.35                        | \$1,394.40 | \$2,216.71 | \$390.84                                 | \$797.07 | \$1,264.99 | \$1,059.89   | \$1,882.20    |
| Kaiser HMO (medical with Rx)                                | \$856.82                        | \$1,610.82 | \$2,536.19 | \$376.15                                 | \$752.30 | \$1,128.45 | \$1,130.15   | \$2,055.52    |
| Carefirst Indemnity (medical with Rx discount) <sup>1</sup> | \$1,291.88                      | \$2,751.57 | \$4,127.57 | \$495.12                                 | \$990.24 | \$1,485.36 | \$1,954.81   | \$3,330.81    |
| <b>PRESCRIPTION:</b>  |                                 |            |            |  |          |            |  |               |
| Caremark Standard Option \$10/\$20/\$35                     | \$338.58                        | \$626.36   | \$970.65   | \$315.01                                 | \$630.02 | \$945.03   | \$602.79   | \$974.31      |
| SilverScript Standard Option \$10/\$20/\$35                 | N/A                             | N/A        | N/A        | \$315.01                                 | \$630.02 | \$945.03   | \$602.79   | \$974.31      |
| <b>DENTAL:</b>  |                                 |            |            |  |          |            |  |               |
| Dental PPO (Traditional Dental Plan)                        | \$44.45                         | \$99.05    | \$142.54   | \$44.45                                  | \$99.05  | \$142.54   | \$99.05  | \$142.54      |
| <b>VISION:</b>  |                                 |            |            |  |          |            |  |               |
| 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<br>(per \$1,000 coverage) |                    |
|---------------------------------|---------|--------------------|---|--------------------|
|                                 |         |                    | AGE   | 100% Monthly Rates |
|                                 |         |                    | <25   | \$0.049            |
| <b>Dependent Life Insurance</b> |         |                    | 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            |
| <b>Term Life Insurance</b>      |         |                    | 50-54   | \$0.172            |
| (per \$1,000 coverage)          | \$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            |

| <b>100% MONTHLY HEALTH RATES</b><br><br><i>Effective January 1, 2026</i> | ACTIVE AND RETIREE<br>NON-MEDICARE |            |            | RETIREE MEDICARE* |            |            | RETIREE<br>NON-MEDICARE &<br>MEDICARE SPLIT* |            |
|--|------------------------------------|------------|------------|-------------------|------------|------------|--|------------|
|  |                                    |            |            |                   |            |            |  |            |
| HEALTH PLANS   | SELF                               | SELF+1     | FAMILY     | SELF              | SELF+1     | FAMILY     | SELF+1                                       | FAMILY     |
| <b>MEDICAL:</b>  |                                    |            |            |                   |            |            |  |            |
| Carefirst High Option POS (medical only)                                 | \$886.09                           | \$1,532.83 | \$2,580.98 | \$477.46          | \$884.92   | \$983.94   | \$1,124.20                                   | \$2,172.35 |
| Carefirst Standard Option POS (medical only)                             | \$824.07                           | \$1,425.51 | \$2,400.33 | \$444.05          | \$822.99   | \$915.05   | \$1,045.49                                   | \$2,020.31 |
| UnitedHealthcare Select HMO (medical only)                               | \$725.35                           | \$1,394.40 | \$2,216.71 | \$390.84          | \$797.07   | \$1,264.99 | \$1,059.89                                   | \$1,882.20 |
| Kaiser HMO (medical with Rx)   | \$856.82                           | \$1,610.82 | \$2,536.19 | \$376.15          | \$752.30   | \$1,128.45 | \$1,130.15                                   | \$2,055.52 |
| 1/ Carefirst Indemnity (medical with Rx)                                 | \$1,291.88                         | \$2,751.57 | \$4,127.57 | \$667.02          | \$1,388.68 | \$1,721.75 | \$2,126.71                                   | \$3,502.71 |
| <b>PRESCRIPTION:</b>   |                                    |            |            |                   |            |            |  |            |
| Caremark Standard Option \$10/\$20/\$35 Rx Plan                          | \$338.58                           | \$626.36   | \$970.65   | N/A               | N/A        | N/A        | \$696.12                                     | \$1,040.41 |
| SilverScript Standard Option \$10/\$20/\$35 Rx Plan                      | N/A                                | N/A        | N/A        | \$408.34          | \$816.70   | \$1,225.02 | \$696.12                                     | \$1,040.41 |
| <b>DENTAL:</b>   |                                    |            |            |                   |            |            |  |            |
| Dental PPO (Traditional Dental Plan)                                     | \$44.45                            | \$99.05    | \$142.54   | \$44.45           | \$99.05    | \$142.54   | \$99.05                                      | \$142.54   |
| Dental HMO (DHMO)  | \$14.65                            | \$27.73    | \$40.57    | N/A               | N/A        | N/A        | N/A  | N/A        |
| <b>VISION:</b>   |                                    |            |            |                   |            |            |  |            |
| Vision Plan  | \$4.74                             | \$7.50     | \$11.38    | N/A               | N/A        | N/A        | N/A  | N/A        |
| Discount Vision Plan   | \$0.00                             | \$0.00     | \$0.00     | \$0.00            | \$0.00     | \$0.00     | \$0.00                                       | \$0.00     |
| Vision Insured Plan  | \$2.74                             | \$5.21     | \$8.07     | \$2.74            | \$5.21     | \$8.07     | \$5.21                                       | \$8.07     |

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

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

**Direct Bill Additional Coverage determined per individual:**

Basic Life

Optional Life

Dependent Life