

Medical and Dental Deductions- Retired Employees

Rates retirees hired before July 1, 2006, and retirees hired or rehired on or after July 1, 2006, with 30+ consecutive years of service.

Plan	Total Annual Premium	Retiree Monthly Premium at 100%	BOE % of Annual Cost	Retiree % of Annual Cost	Retiree Monthly Premium
Medical Insurance Rates					
United Healthcare Medicare Advantage			90%	10%	
Retirees Medicare Eligible	\$5,552.88	\$462.74	\$4,997.59	\$555.29	\$46.27
CAREFIRST BLUECHOICE HMO			94%	6%	
Individual	\$13,093.87	\$1,091.16	\$12,308.23	\$785.63	\$65.47
Parent & Child	\$25,670.27	\$2,139.19	\$24,130.06	\$1,540.22	\$128.35
Employee & Spouse	\$30,655.24	\$2,554.60	\$28,815.92	\$1,839.31	\$153.28
Family	\$37,724.30	\$3,143.69	\$35,460.84	\$2,263.46	\$188.62
CAREFIRST PREFERRED PROVIDER CORE PLAN			89%	11%	
Individual	\$14,645.61	\$1,220.47	\$13,034.59	\$1,611.02	\$134.25
Parent & Child	\$31,652.53	\$2,637.71	\$28,170.76	\$3,481.78	\$290.15
Employee & Spouse	\$37,411.86	\$3,117.65	\$33,296.55	\$4,115.30	\$342.94
Family	\$40,552.96	\$3,379.41	\$36,092.13	\$4,460.83	\$371.74
CAREFIRST TRIPLE OPTION			83%	17%	
Individual	\$16,721.37	\$1,393.45	\$13,878.74	\$2,842.63	\$236.89
Parent & Child	\$36,137.46	\$3,011.46	\$29,994.09	\$6,143.37	\$511.95
Employee & Spouse	\$42,712.93	\$3,559.41	\$35,451.73	\$7,261.20	\$605.10
Family	\$46,299.40	\$3,858.28	\$38,428.51	\$7,870.90	\$655.91
Dental Insurance Rates					
CAREFIRST STANDARD			90%	10%	
Individual	\$307.43	\$25.62	\$276.69	\$30.74	\$2.56
Parent & Child	\$505.43	\$42.12	\$454.89	\$50.54	\$4.21
Employee & Spouse	\$647.46	\$53.96	\$582.71	\$64.75	\$5.40
Family	\$944.33	\$78.69	\$849.90	\$94.43	\$7.87
CAREFIRST COMPREHENSIVE			90%	10%	
Individual	\$419.23	\$34.94	\$377.31	\$41.92	\$3.49
Parent & Child	\$688.25	\$57.35	\$619.42	\$68.82	\$5.74
Employee & Spouse	\$882.55	\$73.55	\$794.30	\$88.26	\$7.35
Family	\$1,286.60	\$107.22	\$1,157.94	\$128.66	\$10.72
Vision Insurance Rates					
CAREFIRST BLUEVISION PLUS			0%	100%	
Individual	\$50.76	\$4.23	\$0.00	\$50.76	\$4.23
Parent & Child	\$93.96	\$7.83	\$0.00	\$93.96	\$7.83
Employee & Spouse	\$116.76	\$9.73	\$0.00	\$116.76	\$9.73
Family	\$154.32	\$12.86	\$0.00	\$154.32	\$12.86

Medical and Dental Deductions

Retired Employees

Rates for retirees hired or rehired on or after July 1, 2006, with 10 - 19 consecutive years of service.

Plan	Total Annual Premium	Retiree Monthly Premium at 100%	BOE % of Annual Cost	Retiree % of Annual Cost	Retiree Monthly Premium
Medical Insurance Rates					
United Healthcare Medicare Advantage			30%	70%	
Retirees Medicare Eligible	\$5,552.88	\$462.74	\$1,665.86	\$3,887.02	\$323.92
CAREFIRST BLUECHOICE HMO			31%	69%	
Individual	\$13,093.87	\$1,091.16	\$4,102.74	\$8,991.12	\$749.26
Parent & Child	\$25,670.27	\$2,139.19	\$8,043.35	\$17,626.92	\$1,468.91
Employee & Spouse	\$30,655.24	\$2,554.60	\$9,605.31	\$21,049.93	\$1,754.16
Family	\$37,724.30	\$3,143.69	\$11,820.28	\$25,904.02	\$2,158.67
CAREFIRST PREFERRED PROVIDER CORE PLAN			30%	70%	
Individual	\$14,645.61	\$1,220.47	\$4,344.86	\$10,300.74	\$858.40
Parent & Child	\$31,652.53	\$2,637.71	\$9,390.25	\$22,262.28	\$1,855.19
Employee & Spouse	\$37,411.86	\$3,117.65	\$11,098.85	\$26,313.00	\$2,192.75
Family	\$40,552.96	\$3,379.41	\$12,030.71	\$28,522.25	\$2,376.85
CAREFIRST TRIPLE OPTION			28%	72%	
Individual	\$16,721.37	\$1,393.45	\$4,626.25	\$12,095.13	\$1,007.93
Parent & Child	\$36,137.46	\$3,011.46	\$9,998.03	\$26,139.43	\$2,178.29
Employee & Spouse	\$42,712.93	\$3,559.41	\$11,817.24	\$30,895.68	\$2,574.64
Family	\$46,299.40	\$3,858.28	\$12,809.50	\$33,489.90	\$2,790.83
Dental Insurance Rates					
CAREFIRST STANDARD			30%	70%	
Individual	\$307.43	\$25.62	\$92.23	\$215.20	\$17.93
Parent & Child	\$505.43	\$42.12	\$151.63	\$353.80	\$29.48
Employee & Spouse	\$647.46	\$53.96	\$194.24	\$453.22	\$37.77
Family	\$944.33	\$78.69	\$283.30	\$661.03	\$55.09
CAREFIRST COMPREHENSIVE			30%	70%	
Individual	\$419.23	\$34.94	\$125.77	\$293.46	\$24.46
Parent & Child	\$688.25	\$57.35	\$206.47	\$481.77	\$40.15
Employee & Spouse	\$882.55	\$73.55	\$264.77	\$617.79	\$51.48
Family	\$1,286.60	\$107.22	\$385.98	\$900.62	\$75.05
Vision Insurance Rates					
CAREFIRST BLUEVISION PLUS			0%	100%	
Individual	\$50.76	\$4.23	\$0.00	\$50.76	\$4.23
Parent & Child	\$93.96	\$7.83	\$0.00	\$93.96	\$7.83
Employee & Spouse	\$116.76	\$9.73	\$0.00	\$116.76	\$9.73
Family	\$154.32	\$12.86	\$0.00	\$154.32	\$12.86

Medical and Dental Deductions

Retired Employees

Rates for retirees hired or rehired on or after July 1, 2006, with 20 - 29 consecutive years of service.

Plan	Total Annual Premium	Retiree Monthly Premium at 100%	BOE % of Annual Cost	Retiree % of Annual Cost	Retiree Monthly Premium
Medical Insurance Rates					
United Healthcare Medicare Advantage			60%	40%	
Retirees Medicare Eligible	\$5,552.88	\$462.74	\$3,331.73	\$2,221.15	\$185.10
CAREFIRST BLUECHOICE HMO			63%	37%	
Individual	\$13,093.87	\$1,091.16	\$8,205.49	\$4,888.38	\$407.36
Parent & Child	\$25,670.27	\$2,139.19	\$16,086.70	\$9,583.57	\$798.63
Employee & Spouse	\$30,655.24	\$2,554.60	\$19,210.62	\$11,444.62	\$953.72
Family	\$37,724.30	\$3,143.69	\$23,640.56	\$14,083.74	\$1,173.64
CAREFIRST PREFERRED PROVIDER CORE PLAN			59%	41%	
Individual	\$14,645.61	\$1,220.47	\$8,689.73	\$5,955.88	\$496.32
Parent & Child	\$31,652.53	\$2,637.71	\$18,780.50	\$12,872.03	\$1,072.67
Employee & Spouse	\$37,411.86	\$3,117.65	\$22,197.70	\$15,214.15	\$1,267.85
Family	\$40,552.96	\$3,379.41	\$24,061.42	\$16,491.54	\$1,374.29
CAREFIRST TRIPLE OPTION			55%	45%	
Individual	\$16,721.37	\$1,393.45	\$9,252.49	\$7,468.88	\$622.41
Parent & Child	\$36,137.46	\$3,011.46	\$19,996.06	\$16,141.40	\$1,345.12
Employee & Spouse	\$42,712.93	\$3,559.41	\$23,634.49	\$19,078.44	\$1,589.87
Family	\$46,299.40	\$3,858.28	\$25,619.00	\$20,680.40	\$1,723.37
Dental Insurance Rates					
CAREFIRST STANDARD			60%	40%	
Individual	\$307.43	\$25.62	\$184.46	\$122.97	\$10.25
Parent & Child	\$505.43	\$42.12	\$303.26	\$202.17	\$16.85
Employee & Spouse	\$647.46	\$53.96	\$388.48	\$258.98	\$21.58
Family	\$944.33	\$78.69	\$566.60	\$377.73	\$31.48
CAREFIRST COMPREHENSIVE			60%	40%	
Individual	\$419.23	\$34.94	\$251.54	\$167.69	\$13.97
Parent & Child	\$688.25	\$57.35	\$412.95	\$275.30	\$22.94
Employee & Spouse	\$882.55	\$73.55	\$529.53	\$353.02	\$29.42
Family	\$1,286.60	\$107.22	\$771.96	\$514.64	\$42.89
Vision Insurance Rates					
CAREFIRST BLUEVISION PLUS			0%	100%	
Individual	\$50.76	\$4.23	\$0.00	\$50.76	\$4.23
Parent & Child	\$93.96	\$7.83	\$0.00	\$93.96	\$7.83
Employee & Spouse	\$116.76	\$9.73	\$0.00	\$116.76	\$9.73
Family	\$154.32	\$12.86	\$0.00	\$154.32	\$12.86