

Retiree Monthly Premiums

(Based on years of service)

	Monthly Contribution Level 10% (grandfathered retirees only provision)	Monthly Contribution Level 15% (20+ years of service)	Monthly Contribution Level 25% (15-19 years of service)	Monthly Contribution Level 50% (10-14 years of service)	Monthly Contribution Level 100% (1-9 years of service)
CareFirst Triple Choice					
Individual	\$ 52.92	\$ 79.38	\$132.31	\$264.62	\$529.23
Parent/Child	\$ 77.67	\$116.50	\$194.17	\$388.35	\$776.69
Husband/Wife	\$112.94	\$169.41	\$282.35	\$564.70	\$1,129.40
Family	\$161.19	\$241.79	\$402.98	\$805.97	\$1,611.93
Kaiser Permanente Select HMO					
Individual	\$ 43.39	\$ 65.09	\$108.49	\$216.97	\$433.94
Parent/Child	\$ 82.45	\$ 123.68	\$206.13	\$412.26	\$824.52
Husband/Wife	\$ 91.12	\$ 136.68	\$227.81	\$455.62	\$911.23
Family	\$130.18	\$ 195.27	\$325.45	\$650.90	\$1,301.79
Optimum Choice HMO					
Individual	\$ 45.35	\$ 68.02	\$113.37	\$226.74	\$453.48
Parent/Child(ren)	\$ 65.84	\$ 98.75	\$164.59	\$329.18	\$658.36
Husband/Wife	\$ 97.09	\$145.64	\$242.73	\$485.46	\$970.92
Family	\$137.11	\$205.66	\$342.77	\$685.54	\$1,371.07
CareFirst Medicare Supplemental					
Individual*	\$50.53	\$75.80	\$126.34	\$252.67	\$505.34

CareFirst Regional Traditional Dental	
Individual	\$ 20.33
Parent/Child	\$ 42.64
Husband/Wife	\$ 42.64
Family	\$ 67.26
CareFirst Regional Preferred Dental	
Individual	\$ 24.43
Parent/Child	\$ 51.20
Husband/Wife	\$ 51.20
Family	\$ 80.80
CareFirst Vision	
Individual	\$ 2.81
Parent/Child	\$ 4.21
Husband/Wife	\$ 5.64
Family	\$ 7.30



*Multiply by two for husband/wife rate or retiree/disabled dependent rate