

Effective September 1, 2009 - August 31, 2010 RETIREE RATES

	Monthly Cont. 10% <small>(grandfathered retirees only provision)</small>	Monthly Cont. 15% <small>(20+ years of service)</small>	Monthly Cont. 25% <small>(15-19 years of service)</small>	Monthly Cont. 50% <small>(10-14 years of service)</small>	Monthly Cont. 100% <small>(1-9 years of service)</small>
CareFirst Triple Choice					
Individual	\$55.91	\$83.86	\$139.76	\$279.53	\$559.05
Parent/Child	\$82.05	\$123.07	\$205.11	\$410.23	\$820.45
Husband/Wife	\$119.30	\$178.96	\$298.26	\$596.52	\$1,193.04
Family	\$170.28	\$255.41	\$425.69	\$851.38	\$1,702.76
Kaiser Permanente Select HMO					
Individual	\$48.33	\$72.50	\$120.83	\$241.67	\$483.33
Parent/Child(ren)	\$91.82	\$137.73	\$229.55	\$459.10	\$918.19
Husband/Wife	\$101.47	\$152.21	\$253.69	\$507.37	\$1,014.74
Family	\$144.97	\$217.45	\$362.41	\$724.83	\$1,449.65
Optimum Choice HMO					
Individual	\$51.66	\$77.49	\$129.16	\$258.32	\$516.63
Parent/Child	\$75.00	\$112.51	\$187.51	\$375.02	\$750.04
Husband/Wife	\$110.61	\$165.92	\$276.53	\$553.06	\$1,106.12
Family	\$156.20	\$234.30	\$390.50	\$781.00	\$1,561.99
CF Medicare Supplemental					
Individual	\$51.28	\$76.92	\$128.20	\$256.39	\$512.78
Individual without prescription	20.21	30.32	50.53	101.05	\$202.10
CareFirst Regional Traditional Dental					
Individual	\$20.57				
Parent/Child	\$43.14				
Husband/Wife	\$43.14				
Family	\$68.05				
CareFirst Regional Preferred Dental					
Individual	\$24.72				
Parent/Child	\$51.80				
Husband/Wife	\$51.80				
Family	\$81.75				
CareFirst Vision					
Individual	\$2.91				
Parent/Child	\$4.35				
Husband/Wife	\$5.83				
Family	\$7.55				