

2018 REVISED



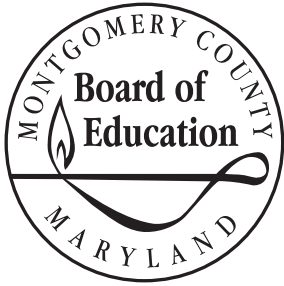
Retiree Benefit Rate Schedules

EFFECTIVE JANUARY 1, 2018

MONTHLY BENEFIT RATES FOR:

- Non-Medicare-eligible retirees and their non-Medicare-eligible spouses/dependents
- Medicare-eligible retirees and their Medicare-eligible spouses/dependents
- Non-Medicare-eligible retirees and their Medicare-eligible spouses/dependents
- Medicare-eligible retirees and their non-Medicare-eligible spouses/dependents





VISION

We inspire learning by providing the greatest public education to each and every student.

MISSION

Every student will have the academic, creative problem solving, and social emotional skills to be successful in college and career.

CORE PURPOSE

Prepare all students to thrive in their future.

CORE VALUES

*Learning
Relationships
Respect
Excellence
Equity*

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2018 Retiree Benefit Rate Schedules has been revised to include additional combinations of rates for retirees whose families include one or more members who are eligible for Medicare. In addition, rates have been corrected lower for families in which the retiree and dependent child are not eligible for Medicare but the retiree's spouse is eligible for Medicare.

Monthly Rates for

Non-Medicare-Eligible Retirees

and their

Non-Medicare-Eligible Spouses/Dependents

Non-Medicare-Eligible Individuals Monthly Rate Schedule
100% Cost for Medical, Prescription, Dental, and Vision Coverage
Retiree Cost = 100%

Effective January 1, 2018

Non-Tobacco-User; Completed Neither Health Risk Assessment nor Biometric Health Screening

	Medical			Prescription			Dental/ Vision		
	CareFirst BC Adv Indemnity	CareFirst BlueChoice Adv POS	CareFirst BlueChoice HMO/EPO	Caremark Prescription Option A	Caremark Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
Individual	834.08	764.16	493.63	507.19	268.06	67.55	36.08	26.00	1.00
2-PARTY	1,668.18	1,528.35	927.81	1,014.38	536.08	134.85	72.16	52.03	1.84
FAMILY	2,269.62	2,079.29	1,520.02	1,267.97	670.13	195.41	106.12	76.47	2.33

Non-Medicare-Eligible Individuals Monthly Rate Schedule
100% Cost for Medical, Prescription, Dental, and Vision Coverage
COBRA Retiree Cost = 102%
Effective January 1, 2018

	Medical			Prescription			Dental/ Vision			
	CareFirst BC Adv Indemnity	CareFirst BlueChoice Adv POS	CareFirst BlueChoice HMO/EPO	Kaiser Permanente HMO	Caremark Prescription Option A	Caremark Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
Individual	850.76	779.44	503.50	515.93	517.33	273.42	68.90	36.80	26.52	1.02
2-PARTY	1,701.54	1,558.92	946.37	1,029.60	1,034.67	546.80	137.55	73.60	53.07	1.88
FAMILY	2,315.01	2,120.88	1,550.42	1,491.90	1,293.33	683.53	199.32	108.24	78.00	2.38

**Non-Medicare-Eligible Individuals Monthly Rate Schedule
Retiree Contribution for Medical, Prescription, Dental, Vision, and Life Coverage
Effective January 1, 2018
Non-Tobacco-User; Completed Neither Health Risk Assessment nor Biometric Health Screening**

Retiree Cost Sharing = 60% (Ten up to Fifteen Years of Active Employment)

	Medical			Prescription			Dental/ Vision			
	CareFirst BC Adv Indemnity	CareFirst BlueChoice POS	CareFirst BlueChoice Adv HMO/EPO	Kaiser Permanente HMO	Caremark Prescription Option A	Caremark Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
Individual	500.45	458.50	296.18	303.49	304.31	160.84	40.53	21.65	15.60	0.60
2-PARTY	1,000.91	917.01	556.69	605.65	608.63	321.65	80.91	43.30	31.22	1.10
FAMILY	1,361.77	1,247.57	912.01	877.59	760.78	402.08	117.25	63.67	45.88	1.40

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 10 up to 15 years of service	1.01

Retiree Cost Sharing = 50% (Fifteen up to Twenty Years of Active Employment)

	Medical			Prescription			Dental/ Vision			
	CareFirst BC Adv Indemnity	CareFirst BlueChoice POS	CareFirst BlueChoice Adv HMO/EPO	Kaiser Permanente HMO	Caremark Prescription Option A	Caremark Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
Individual	417.04	382.08	246.82	252.91	253.60	134.03	33.78	18.04	13.00	0.50
2-PARTY	834.09	764.18	463.91	504.71	507.19	268.04	67.43	36.08	26.02	0.92
FAMILY	1,134.81	1,039.65	760.01	731.33	633.99	335.07	97.71	53.06	38.24	1.17

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 15 up to 20 years of service	0.85

Retiree Cost Sharing = 36% (Twenty or More Years of Active Employment)

	Medical			Prescription			Dental/ Vision			
	CareFirst BC Adv Indemnity	CareFirst BlueChoice POS	CareFirst BlueChoice Adv HMO/EPO	Kaiser Permanente HMO	Caremark Prescription Option A	Caremark Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
Individual	300.27	275.10	177.71	182.09	182.59	96.50	24.32	12.99	9.36	0.36
2-PARTY	600.54	550.21	334.01	363.39	365.18	192.99	48.55	25.98	18.73	0.66
FAMILY	817.06	748.54	547.21	526.55	456.47	241.25	70.35	38.20	27.53	0.84

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 20 or more years of service	0.61

Non-Medicare-Eligible Individuals Monthly Rate Schedule
Retiree Contribution for Medical, Prescription, Dental, Vision, and Life Coverage
Effective January 1, 2018
Non-Tobacco-User; Completed Both Health Risk Assessment and Biometric Health Screening

Retiree Cost Sharing = 58% (Ten up to Fifteen Years of Active Employment)

	Medical			Prescription			Dental/ Vision		
	CareFirst BC Adv Indemnity	CareFirst BlueChoice Adv POS	CareFirst BlueChoice Adv HMO/EPO	Caremark Prescription Option A	Caremark Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
	Individual	483.77	443.21	286.31	294.17	155.47	39.18	20.93	15.08
2-PARTY	967.54	886.44	538.13	588.34	310.93	78.21	41.85	30.18	1.07
FAMILY	1,316.38	1,205.99	881.61	735.42	388.68	113.34	61.55	44.35	1.35

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 10 up to 15 years of service	1.01

Retiree Cost Sharing = 48% (Fifteen up to Twenty Years of Active Employment)

	Medical			Prescription			Dental/ Vision		
	CareFirst BC Adv Indemnity	CareFirst BlueChoice Adv POS	CareFirst BlueChoice Adv HMO/EPO	Caremark Prescription Option A	Caremark Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
	Individual	400.36	366.80	236.94	243.45	128.67	32.42	17.32	12.48
2-PARTY	800.73	733.61	445.35	486.90	257.32	64.73	34.64	24.97	0.88
FAMILY	1,089.42	998.06	729.61	608.63	321.66	93.80	50.94	36.71	1.12

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 15 up to 20 years of service	0.85

Retiree Cost Sharing = 34% (Twenty or More Years of Active Employment)

	Medical			Prescription			Dental/ Vision		
	CareFirst BC Adv Indemnity	CareFirst BlueChoice Adv POS	CareFirst BlueChoice Adv HMO/EPO	Caremark Prescription Option A	Caremark Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
	Individual	283.59	259.81	167.83	172.44	91.14	22.97	12.27	8.84
2-PARTY	567.18	519.64	315.46	344.89	182.27	45.85	24.53	17.69	0.63
FAMILY	771.67	706.96	516.81	431.11	227.84	66.44	36.08	26.00	0.79

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 20 or more years of service	0.61

Non-Medicare-Eligible Individuals Monthly Rate Schedule
Retiree Contribution for Medical, Prescription, Dental, Vision, and Life Coverage
Effective January 1, 2018
Non-Tobacco-User; Completed Either Health Risk Assessment or Biometric Health Screening

Retiree Cost Sharing = 59% (Ten up to Fifteen Years of Active Employment)

	Medical			Prescription			Dental/ Vision			
	CareFirst BC Adv Indemnity	CareFirst BlueChoice Adv POS	CareFirst BlueChoice Adv HMO/EPO	Kaiser Permanente HMO	Caremark Prescription Option A	Caremark Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
Individual	492.11	450.85	291.24	298.43	299.24	158.16	39.85	21.29	15.34	0.59
2-PARTY	984.23	901.73	547.41	595.55	598.48	316.29	79.56	42.57	30.70	1.09
FAMILY	1,339.08	1,226.78	896.81	862.96	748.10	395.38	115.29	62.61	45.12	1.37
Life Insurance										
Cost Per \$1,000	Monthly per \$1,000									
Retirees with 10 up to 15 years of service	1.01									

Retiree Cost Sharing = 49% (Fifteen up to Twenty Years of Active Employment)

	Medical			Prescription			Dental/ Vision			
	CareFirst BC Adv Indemnity	CareFirst BlueChoice Adv POS	CareFirst BlueChoice Adv HMO/EPO	Kaiser Permanente HMO	Caremark Prescription Option A	Caremark Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
Individual	408.70	374.44	241.88	247.85	248.52	131.35	33.10	17.68	12.74	0.49
2-PARTY	817.41	748.89	454.63	494.61	497.05	262.68	66.08	35.36	25.49	0.90
FAMILY	1,112.11	1,018.85	744.81	716.70	621.31	328.36	95.75	52.00	37.47	1.14
Life Insurance										
Cost Per \$1,000	Monthly per \$1,000									
Retirees with 15 up to 20 years of service	0.85									

Retiree Cost Sharing = 35% (Twenty or More Years of Active Employment)

	Medical			Prescription			Dental/ Vision			
	CareFirst BC Adv Indemnity	CareFirst BlueChoice Adv POS	CareFirst BlueChoice Adv HMO/EPO	Kaiser Permanente HMO	Caremark Prescription Option A	Caremark Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
Individual	291.93	267.46	172.77	177.03	177.52	93.82	23.64	12.63	9.10	0.35
2-PARTY	583.86	534.92	324.73	353.29	355.03	187.63	47.20	25.26	18.21	0.64
FAMILY	794.37	727.75	532.01	511.93	443.79	234.55	68.39	37.14	26.76	0.82
Life Insurance										
Cost Per \$1,000	Monthly per \$1,000									
Retirees with 20 or more years of service	0.61									

**Non-Medicare-Eligible Individuals Monthly Rate Schedule
 Retiree Contribution for Medical, Prescription, Dental, Vision, and Life Coverage
 Effective January 1, 2018
 Tobacco-User; Completed Both Health Risk Assessment and Biometric Health Screening**

Retiree Cost Sharing = 61% (Ten up to Fifteen Years of Active Employment)

	Medical			Prescription			Dental/ Vision			
	CareFirst BC Adv Indemnity	CareFirst BlueChoice Adv POS	CareFirst BlueChoice HMO/EPO	Kaiser Permanente HMO	Caremark Prescription Option A	Caremark Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
Individual	508.79	466.14	301.11	308.54	309.39	163.52	41.21	22.01	15.86	0.61
2-PARTY	1,017.59	932.29	565.96	615.74	618.77	327.01	82.26	44.02	31.74	1.12
FAMILY	1,384.47	1,268.37	927.21	892.22	773.46	408.78	119.20	64.73	46.65	1.42
Life Insurance										
Cost Per \$1,000	Monthly per \$1,000									
Retirees with 10 up to 15 years of service	1.01									

Retiree Cost Sharing = 51% (Fifteen up to Twenty Years of Active Employment)

	Medical			Prescription			Dental/ Vision			
	CareFirst BC Adv Indemnity	CareFirst BlueChoice Adv POS	CareFirst BlueChoice HMO/EPO	Kaiser Permanente HMO	Caremark Prescription Option A	Caremark Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
Individual	425.38	389.72	251.75	257.96	258.67	136.71	34.45	18.40	13.26	0.51
2-PARTY	850.77	779.46	473.18	514.80	517.33	273.40	68.77	36.80	26.54	0.94
FAMILY	1,157.51	1,060.44	775.21	745.95	646.66	341.77	99.66	54.12	39.00	1.19
Life Insurance										
Cost Per \$1,000	Monthly per \$1,000									
Retirees with 15 up to 20 years of service	0.85									

Retiree Cost Sharing = 37% (Twenty or More Years of Active Employment)

	Medical			Prescription			Dental/ Vision			
	CareFirst BC Adv Indemnity	CareFirst BlueChoice Adv POS	CareFirst BlueChoice HMO/EPO	Kaiser Permanente HMO	Caremark Prescription Option A	Caremark Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
Individual	308.61	282.74	182.64	187.15	187.66	99.18	24.99	13.35	9.62	0.37
2-PARTY	617.23	565.49	343.29	373.48	375.32	198.35	49.89	26.70	19.25	0.68
FAMILY	839.76	769.34	562.41	541.18	469.15	247.95	72.30	39.26	28.29	0.86
Life Insurance										
Cost Per \$1,000	Monthly per \$1,000									
Retirees with 20 or more years of service	0.61									

Non-Medicare-Eligible Individuals Monthly Rate Schedule
Retiree Contribution for Medical, Prescription, Dental, Vision, and Life Coverage
Effective January 1, 2018
Tobacco-User; Completed Either Health Risk Assessment or Biometric Health Screening

Retiree Cost Sharing = 62% (Ten up to Fifteen Years of Active Employment)

	Medical			Prescription			Dental/ Vision			
	CareFirst BC Adv Indemnity	CareFirst BlueChoice Adv POS	CareFirst BlueChoice Adv HMO/EPO	Kaiser Permanente HMO	Caremark Prescription Option A	Caremark Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
Individual	517.13	473.78	306.05	313.60	314.46	166.20	41.88	22.37	16.12	0.62
2-PARTY	1,034.27	947.58	575.24	625.83	628.92	332.37	83.61	44.74	32.26	1.14
FAMILY	1,407.16	1,289.16	942.41	906.84	786.14	415.48	121.15	65.79	47.41	1.44
Life Insurance										
Cost Per \$1,000	Monthly per \$1,000									
Retirees with 10 up to 15 years of service	1.01									

Retiree Cost Sharing = 52% (Fifteen up to Twenty Years of Active Employment)

	Medical			Prescription			Dental/ Vision			
	CareFirst BC Adv Indemnity	CareFirst BlueChoice Adv POS	CareFirst BlueChoice Adv HMO/EPO	Kaiser Permanente HMO	Caremark Prescription Option A	Caremark Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
Individual	433.72	397.36	256.69	263.02	263.74	139.39	35.13	18.76	13.52	0.52
2-PARTY	867.45	794.74	482.46	524.89	527.48	278.76	70.12	37.52	27.06	0.96
FAMILY	1,180.20	1,081.23	790.41	760.58	659.34	348.47	101.61	55.18	39.76	1.21
Life Insurance										
Cost Per \$1,000	Monthly per \$1,000									
Retirees with 15 up to 20 years of service	0.85									

Retiree Cost Sharing = 38% (Twenty or More Years of Active Employment)

	Medical			Prescription			Dental/ Vision			
	CareFirst BC Adv Indemnity	CareFirst BlueChoice Adv POS	CareFirst BlueChoice Adv HMO/EPO	Kaiser Permanente HMO	Caremark Prescription Option A	Caremark Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
Individual	316.95	290.38	187.58	192.21	192.73	101.86	25.67	13.71	9.88	0.38
2-PARTY	633.91	580.77	352.57	383.58	385.46	203.71	51.24	27.42	19.77	0.70
FAMILY	862.46	790.13	577.61	555.81	481.83	254.65	74.26	40.33	29.06	0.89
Life Insurance										
Cost Per \$1,000	Monthly per \$1,000									
Retirees with 20 or more years of service	0.61									

Non-Medicare-Eligible Individuals Monthly Rate Schedule
Retiree Contribution for Medical, Prescription, Dental, Vision, and Life Coverage
Effective January 1, 2018
Tobacco-User; Completed Neither Health Risk Assessment nor Biometric Health Screening

Retiree Cost Sharing = 63% (Ten up to Fifteen Years of Active Employment)

	Medical			Prescription			Dental/ Vision			
	CareFirst BC Adv Indemnity	CareFirst BlueChoice Adv POS	CareFirst BlueChoice Adv HMO/EPO	Kaiser Permanente HMO	Caremark Prescription Option A	Caremark Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
Individual	525.47	481.42	310.99	318.66	319.53	168.88	42.56	22.73	16.38	0.63
2-PARTY	1,050.95	962.86	584.52	635.93	639.06	337.73	84.96	45.46	32.78	1.16
FAMILY	1,429.86	1,309.95	957.61	921.47	798.82	422.18	123.11	66.86	48.18	1.47
Life Insurance										
Cost Per \$1,000	Monthly per \$1,000									
Retirees with 10 up to 15 years of service	1.01									

Retiree Cost Sharing = 53% (Fifteen up to Twenty Years of Active Employment)

	Medical			Prescription			Dental/ Vision			
	CareFirst BC Adv Indemnity	CareFirst BlueChoice Adv POS	CareFirst BlueChoice Adv HMO/EPO	Kaiser Permanente HMO	Caremark Prescription Option A	Caremark Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
Individual	442.06	405.00	261.62	268.08	268.81	142.07	35.80	19.12	13.78	0.53
2-PARTY	884.14	810.03	491.74	534.99	537.62	284.12	71.47	38.24	27.58	0.98
FAMILY	1,202.90	1,102.02	805.61	775.20	672.02	355.17	103.57	56.24	40.53	1.23
Life Insurance										
Cost Per \$1,000	Monthly per \$1,000									
Retirees with 15 up to 20 years of service	0.85									

Retiree Cost Sharing = 39% (Twenty or More Years of Active Employment)

	Medical			Prescription			Dental/ Vision			
	CareFirst BC Adv Indemnity	CareFirst BlueChoice Adv POS	CareFirst BlueChoice Adv HMO/EPO	Kaiser Permanente HMO	Caremark Prescription Option A	Caremark Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
Individual	325.29	298.02	192.52	197.27	197.80	104.54	26.34	14.07	10.14	0.39
2-PARTY	650.59	596.06	361.85	393.67	395.61	209.07	52.59	28.14	20.29	0.72
FAMILY	885.15	810.92	592.81	570.43	494.51	261.35	76.21	41.39	29.82	0.91
Life Insurance										
Cost Per \$1,000	Monthly per \$1,000									
Retirees with 20 or more years of service	0.61									

Monthly Rates for
Medicare-Eligible Retirees
and their
Medicare-Eligible Spouses/Dependents

Medicare-Eligible Individuals Monthly Rate Schedule
100% Cost for Medical, Prescription, Dental, and Vision Coverage
Retiree Cost = 100%
Effective January 1, 2018

	Medical				Prescription			Dental/Vision		
	CareFirst BC Adv Medicare Supp	CareFirst BlueChoice Adv POS	CareFirst BlueChoice HMO/EPO	Kaiser Permanente HMO	SilverScript Prescription Option A	SilverScript Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
INDIVIDUAL Medicare	251.41	N/A	270.83	351.92	507.19	268.06	included in medical	36.08	26.00	1.00
2- PARTY Medicare	502.82	N/A	541.66	703.84	1,014.38	536.08		72.16	52.03	1.84
FAMILY Medicare	754.23	N/A	812.49	1,055.76	1,267.97	670.13		106.12	76.47	2.33

Medicare-Eligible Individuals Monthly Rate Schedule
100% Cost for Medical, Prescription, Dental, and Vision Coverage
COBRA Retiree Cost = 102%
Effective January 1, 2018

	Medical			Prescription			Dental/ Vision			
	CareFirst BC Adv Medicare Supp	CareFirst BlueChoice Adv POS	CareFirst BlueChoice HMO/EPO	Kaiser Permanente HMO	SilverScript Prescription Option A	SilverScript Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
INDIVIDUAL Medicare	256.44	N/A	276.25	358.96	517.33	273.42	included in medical	36.80	26.52	1.02
2- PARTY Medicare	512.88	N/A	552.49	717.92	1,034.67	546.80		73.60	53.07	1.88
FAMILY Medicare	769.31	N/A	828.74	1,076.88	1,293.33	683.53		108.24	78.00	2.38

Medicare-Eligible Individuals Monthly Rate Schedule
Retiree Contribution for Medical, Prescription, Dental, Vision, and Life Coverage
Effective January 1, 2018

Retiree Cost Sharing = 60% (Ten up to Fifteen Years of Active Employment)

	Medical			Prescription			Dental/ Vision			
	CareFirst BC Adv Medicare Supp	CareFirst BlueChoice Adv POS	CareFirst BlueChoice HMO/EPO	Kaiser Permanente HMO	SilverScript Prescription Option A	SilverScript Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
INDIVIDUAL Medicare	150.85	N/A	162.50	211.15	304.31	160.84	included in medical	21.65	15.60	0.60
2- PARTY Medicare	301.69	N/A	325.00	422.30	608.63	321.65		43.30	31.22	1.10
FAMILY Medicare	452.54	N/A	487.49	633.46	760.78	402.08		63.67	45.88	1.40

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 10 up to 15 years of service	1.03

Retiree Cost Sharing = 50% (Fifteen up to Twenty Years of Active Employment)

	Medical			Prescription			Dental/ Vision			
	CareFirst BC Adv Medicare Supp	CareFirst BlueChoice Adv POS	CareFirst BlueChoice HMO/EPO	Kaiser Permanente HMO	SilverScript Prescription Option A	SilverScript Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
INDIVIDUAL	125.71	N/A	135.42	175.96	253.60	134.03	included in medical	18.04	13.00	0.50
2- PARTY	251.41	N/A	270.83	351.92	507.19	268.04		36.08	26.02	0.92
FAMILY	377.12	N/A	406.25	527.88	633.99	335.07		53.06	38.24	1.17

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 15 up to 20 years of service	0.86

Retiree Cost Sharing = 36% (Twenty or More Years of Active Employment)

	Medical			Prescription			Dental/ Vision			
	CareFirst BC Adv Medicare Supp	CareFirst BlueChoice Adv POS	CareFirst BlueChoice HMO/EPO	Kaiser Permanente HMO	SilverScript Prescription Option A	SilverScript Prescription Option B	Kaiser Permanente Prescription	CareFirst Dental PPO	Aetna Dental DMO	Davis Vision
INDIVIDUAL	90.51	N/A	97.50	126.69	182.59	96.50	included in medical	12.99	9.36	0.36
2- PARTY	181.02	N/A	195.00	253.38	365.18	192.99		25.98	18.73	0.66
FAMILY	271.52	N/A	292.50	380.07	456.47	241.25		38.20	27.53	0.84

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 20 or more years of service	0.62

Monthly Rates for

Medicare-Eligible Retirees and their
Non-Medicare-Eligible Spouses/Dependents

and

Non-Medicare-Eligible Retirees and their
Medicare-Eligible Spouses/Dependents

Split-Family Monthly Rate Schedule
100% Cost for Medical, Prescription, Dental, and Vision Coverage

Retiree Cost = 100%
 Effective January 1, 2018

Non-Tobacco-User; Completed Neither Health Risk Assessment nor Biometric Health Screening

	2- PARTY Retiree Medicare Spouse Non-Medicare	2- PARTY Retiree Non-Medicare Spouse/Child Medicare	2- PARTY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Non-Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Non-Medicare, Spouse Non-Medicare, Dependent Non-Medicare
Medical										
CareFirst BC Adv Indemnity/Medicare Supp	1,085.49	1,085.49	1,085.49	1,336.90	1,336.90	1,336.90	1,336.90	1,336.90	1,919.59	1,919.59
CareFirst BlueChoice Adv POS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
CareFirst BlueChoice HMO/EPO	764.46	764.46	764.46	1,035.29	1,035.29	1,035.29	1,035.29	1,035.29	1,198.64	1,198.64
Kaiser Permanente HMO	857.73	857.73	857.73	1,209.65	1,209.65	1,209.65	1,209.65	1,209.65	1,361.33	1,361.33

Prescription Drugs, Dental, and Vision

Caremark/SilverScript Option A	1,014.38	1,014.38	1,014.38	1,267.97	1,267.97	1,267.97	1,267.97	1,267.97	1,267.97	1,267.97
Caremark/SilverScript Option B	536.08	536.08	536.08	670.13	670.13	670.13	670.13	670.13	670.13	670.13
Kaiser Permanente Prescription	67.55	67.55	67.55	67.55	67.55	67.55	67.55	67.55	134.85	134.85
CareFirst Dental PPO	72.16	72.16	72.16	106.12	106.12	106.12	106.12	106.12	106.12	106.12
Aetna Dental DMO	52.03	52.03	52.03	76.47	76.47	76.47	76.47	76.47	76.47	76.47
Davis Vision	1.84	1.84	1.84	2.33	2.33	2.33	2.33	2.33	2.33	2.33

Split-Family Monthly Rate Schedule
100% Cost for Medical, Prescription, Dental, and Vision Coverage
COBRA Retiree Cost = 102%
Effective January 1, 2018

	2- PARTY Retiree Medicare Spouse Non-Medicare	2- PARTY Retiree Non-Medicare Spouse/Child Medicare	2- PARTY Retiree Medicare, Spouse Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare
Medical										
CareFirst BC Adv Indemnity/Medicare Supp	1,107.20	1,107.20	1,107.20	1,363.64	1,363.64	1,363.64	1,363.64	1,363.64	1,363.64	1,957.98
CareFirst BlueChoice Adv POS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
CareFirst BlueChoice HMO/EPO	779.75	779.75	779.75	1,056.00	1,056.00	1,056.00	1,056.00	1,056.00	1,056.00	1,222.61
Kaiser Permanente HMO	874.88	874.88	874.88	1,233.84	1,233.84	1,233.84	1,233.84	1,233.84	1,233.84	1,388.56

Prescription Drugs, Dental, and Vision

Caremark/SilverScript Option A	1,034.67	1,034.67	1,034.67	1,293.33	1,293.33	1,293.33	1,293.33	1,293.33	1,293.33	1,293.33
Caremark/SilverScript Option B	546.80	546.80	546.80	683.53	683.53	683.53	683.53	683.53	683.53	683.53
Kaiser Permanente Prescription	68.90	68.90	68.90	68.90	68.90	68.90	68.90	68.90	68.90	137.55
CareFirst Dental PPO	73.60	73.60	73.60	108.24	108.24	108.24	108.24	108.24	108.24	108.24
Aetna Dental DMO	53.07	53.07	53.07	78.00	78.00	78.00	78.00	78.00	78.00	78.00
Davis Vision	1.88	1.88	1.88	2.38	2.38	2.38	2.38	2.38	2.38	2.38

Split-Family Monthly Rate Schedule
Retiree Contribution for Medical, Prescription, Dental, Vision, and Life Coverage
Ten up to Fifteen Years of Active Employment

Medicare-Eligible Individuals Cost Sharing = 60%
Non-Medicare-Eligible Individuals Cost Sharing = 60%

Effective January 1, 2018

Retiree/Spouse Non-Tobacco-User(s); Retiree Completed Neither Health Risk Assessment nor Biometric Health Screening*

	2- PARTY Retiree Medicare Non-Spouse Non-Medicare	2- PARTY Retiree Non-Medicare Spouse/Child Medicare	2- PARTY Retiree Medicare, Spouse Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Medicare, Dependent Non-Medicare
Medical										
CareFirst BC Adv Indemnity/Medicare Supp	651.30	651.30	802.15	802.15	802.15	802.15	802.15	802.15	802.15	1,151.76
CareFirst Blue Choice Adv POS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
CareFirst Blue Choice HMO/EPO	458.68	458.68	621.18	621.18	621.18	621.18	621.18	621.18	621.18	719.19
Kaiser Permanente HMO	514.64	514.64	725.79	725.79	725.79	725.79	725.79	725.79	725.79	816.80
Prescription Drugs, Dental, and Vision										
Caremark/SilverScript Option A	608.62	608.62	760.77	760.77	760.77	760.77	760.77	760.77	760.77	760.77
Caremark/SilverScript Option B	321.65	321.65	402.08	402.08	402.08	402.08	402.08	402.08	402.08	402.08
Kaiser Permanente Prescription	40.53	40.53	40.53	40.53	40.53	40.53	40.53	40.53	40.53	80.91
CareFirst Dental PPO	43.30	43.30	63.68	63.68	63.68	63.68	63.68	63.68	63.68	63.68
Aetna Dental DMO	31.22	31.22	45.88	45.88	45.88	45.88	45.88	45.88	45.88	45.88
Davis Vision	1.10	1.10	1.39	1.39	1.39	1.39	1.39	1.39	1.39	1.39

*Tobacco-user Surcharge only applies to non-Medicare participant (retiree/spouse). Health Risk Assessment and Biometric Health Screening credits only apply to non-Medicare retiree.

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 10 up to 15 years of service	1.01

Split-Family Monthly Rate Schedule
Retiree Contribution for Medical, Prescription, Dental, Vision, and Life Coverage
Ten up to Fifteen Years of Active Employment

Medicare-Eligible Individuals Cost Sharing = 60%
Non-Medicare-Eligible Individuals Cost Sharing = 58%
Effective January 1, 2018

Retiree/Spouse Non-Tobacco-User(s); Retiree Completed Both Health Risk Assessment and Biometric Health Screening*

	2- PARTY Retiree Medicare Spouse Non-Medicare	2- PARTY Retiree Non-Medicare Spouse/Child Medicare	2- PARTY Retiree Medicare, Spouse Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Medicare, Dependent Non-Medicare
Medical										
CareFirst BC Adv Indemnity/Medicare Supp	651.30	634.62	802.15	802.15	802.15	802.15	802.15	802.15	802.15	1,118.40
CareFirst BlueChoice Adv POS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
CareFirst BlueChoice HMO/EPO	458.68	448.81	621.18	621.18	621.18	621.18	621.18	621.18	621.18	700.63
Kaiser Permanente HMO	514.64	504.52	725.79	725.79	725.79	725.79	725.79	725.79	725.79	796.61
	608.62	598.48	760.77	760.77	760.77	760.77	760.77	760.77	760.77	740.49
	321.65	316.28	402.08	402.08	402.08	402.08	402.08	402.08	402.08	391.35
	40.53	39.18	40.53	40.53	40.53	40.53	40.53	40.53	40.53	78.21
	43.30	42.58	63.68	63.68	63.68	63.68	63.68	63.68	63.68	62.24
	31.22	30.70	45.88	45.88	45.88	45.88	45.88	45.88	45.88	44.84
	1.10	1.08	1.39	1.39	1.39	1.39	1.39	1.39	1.39	1.36

Prescription Drugs, Dental, and Vision

Caremark/SilverScript Option A	608.62	598.48	760.77	760.77	760.77	760.77	760.77	760.77	760.77	740.49
Caremark/SilverScript Option B	321.65	316.28	402.08	402.08	402.08	402.08	402.08	402.08	402.08	391.35
Kaiser Permanente Prescription	40.53	39.18	40.53	40.53	40.53	40.53	40.53	40.53	40.53	78.21
CareFirst Dental PPO	43.30	42.58	63.68	63.68	63.68	63.68	63.68	63.68	63.68	62.24
Aetna Dental DMO	31.22	30.70	45.88	45.88	45.88	45.88	45.88	45.88	45.88	44.84
Davis Vision	1.10	1.08	1.39	1.39	1.39	1.39	1.39	1.39	1.39	1.36

*Tobacco-user Surcharge only applies to non-Medicare participant (retiree/spouse). Health Risk Assessment and Biometric Health Screening credits only apply to non-Medicare retiree.

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 10 up to 15 years of service	1.01

Split-Family Monthly Rate Schedule
Retiree Contribution for Medical, Prescription, Dental, Vision, and Life Coverage
Ten up to Fifteen Years of Active Employment

Medicare-Eligible Individuals Cost Sharing = 60%
Non-Medicare-Eligible Individuals Cost Sharing = 59%

Effective January 1, 2018

Retiree/Spouse Non-Tobacco-User(s); Retiree Completed Either Health Risk Assessment or Biometric Health Screening*

	2- PARTY Retiree Medicare Non-Spouse Non-Medicare	2- PARTY Retiree Non-Medicare Spouse/Child Medicare	2- PARTY Retiree Medicare, Spouse Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Non-Medicare, Spouse Non-Medicare, Dependent Medicare	FAMILY Retiree Non-Medicare, Spouse Non-Medicare, Dependent Medicare
Medical										
CareFirst BC Adv Indemnity/Medicare Supp	651.30	642.96	802.15	802.15	802.15	802.15	802.15	802.15	1,151.76	1,135.08
CareFirst BlueChoice Adv POS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
CareFirst BlueChoice HMO/EPO	458.68	453.74	621.18	621.18	621.18	621.18	621.18	621.18	719.19	709.91
Kaiser Permanente HMO	514.64	509.58	725.79	725.79	725.79	725.79	725.79	725.79	816.80	806.70

Prescription Drugs, Dental, and Vision

Caremark/SilverScript Option A	608.62	603.55	760.77	760.77	760.77	760.77	760.77	760.77	760.77	750.63
Caremark/SilverScript Option B	321.65	318.97	402.08	402.08	402.08	402.08	402.08	402.08	402.08	396.72
Kaiser Permanente Prescription	40.53	39.85	40.53	40.53	40.53	40.53	40.53	40.53	80.91	79.56
CareFirst Dental PPO	43.30	42.94	63.68	63.68	63.68	63.68	63.68	63.68	63.68	62.96
Aetna Dental DMO	31.22	30.96	45.88	45.88	45.88	45.88	45.88	45.88	45.88	45.36
Davis Vision	1.10	1.09	1.39	1.39	1.39	1.39	1.39	1.39	1.39	1.38

*Tobacco-user Surcharge only applies to non-Medicare participant (retiree/spouse). Health Risk Assessment and Biometric Health Screening credits only apply to non-Medicare retiree.

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 10 up to 15 years of service	1.01

Split-Family Monthly Rate Schedule
Retiree Contribution for Medical, Prescription, Dental, Vision, and Life Coverage
Ten up to Fifteen Years of Active Employment

Medicare-Eligible Individuals Cost Sharing = 60%
Non-Medicare-Eligible Individuals Cost Sharing = 61%

Effective January 1, 2018

Retiree/Spouse Tobacco-User(s); Retiree Completed Both Health Risk Assessment and Biometric Health Screening*

	2- PARTY Retiree Medicare Spouse Non-Medicare	2- PARTY Retiree Non-Medicare Spouse/Child Medicare	2- PARTY Retiree Medicare Spouse Medicare Non-Dependent Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Medicare	FAMILY Retiree Non-Medicare, Spouse Non-Medicare, Dependent Medicare	FAMILY Retiree Non-Medicare, Spouse Non-Medicare, Dependent Medicare
Medical										
CareFirst BC Adv Indemnity/Medicare Supp	676.32	659.64	802.15	827.17	802.15	1,151.76	1,176.78	1,168.44	1,143.42	
CareFirst Blue Choice Adv POS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
CareFirst Blue Choice HMO/EPO	473.49	463.61	621.18	635.99	621.18	719.19	734.00	728.46	715.43	
Kaiser Permanente HMO	529.81	519.69	725.79	740.96	725.79	816.80	831.97	826.89	811.78	

Prescription Drugs, Dental, and Vision

Caremark/SilverScript Option A	623.84	613.70	760.77	775.99	760.77	760.77	775.99	770.93	755.71
Caremark/SilverScript Option B	329.69	324.33	402.08	410.12	402.08	402.08	410.12	407.44	399.40
Kaiser Permanente Prescription	42.56	41.21	40.53	42.56	40.53	80.91	82.94	82.26	80.24
CareFirst Dental PPO	44.38	43.66	63.68	64.76	63.68	63.68	64.76	64.40	63.32
Aetna Dental DMO	32.00	31.48	45.88	46.66	45.88	45.88	46.66	46.40	45.62
Davis Vision	1.13	1.11	1.39	1.42	1.39	1.39	1.42	1.41	1.39

*Tobacco-user Surcharge only applies to non-Medicare participant (retiree/spouse). Health Risk Assessment and Biometric Health Screening credits only apply to non-Medicare retiree.

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 10 up to 15 years of service	1.01

Split-Family Monthly Rate Schedule
Retiree Contribution for Medical, Prescription, Dental, Vision, and Life Coverage
Ten up to Fifteen Years of Active Employment

Medicare-Eligible Individuals Cost Sharing = 60%
Non-Medicare-Eligible Individuals Cost Sharing = 62%
Effective January 1, 2018

Retiree/Spouse Tobacco-User(s); Retiree Completed Either Health Risk Assessment or Biometric Health Screening*

	2- PARTY Retiree Medicare Spouse Non-Medicare	2- PARTY Retiree Non-Medicare Spouse/Child Medicare	2- PARTY Retiree Medicare Spouse Medicare Non-Dependent Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Medicare
Medical										
CareFirst BC Adv Indemnity/Medicare Supp	676.32	667.98	802.15	827.17	802.15	1,151.76	1,176.78	1,185.12	1,160.10	
CareFirst Blue Choice Adv POS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
CareFirst Blue Choice HMO/EPO	473.49	468.55	621.18	635.99	621.18	719.19	734.00	737.74	724.72	
Kaiser Permanente HMO	529.81	524.75	725.79	740.96	725.79	816.80	831.97	836.98	821.87	
Prescription Drugs, Dental, and Vision										
Caremark/SilverScript Option A	623.84	618.77	760.77	775.99	760.77	760.77	775.99	781.07	765.85	
Caremark/SilverScript Option B	329.69	327.01	402.08	410.12	402.08	402.08	410.12	412.80	404.76	
Kaiser Permanente Prescription	42.56	41.88	40.53	42.56	40.53	80.91	82.94	83.61	81.59	
CareFirst Dental PPO	44.38	44.02	63.68	64.76	63.68	63.68	64.76	65.12	64.04	
Aetna Dental DMO	32.00	31.74	45.88	46.66	45.88	45.88	46.66	46.92	46.14	
Davis Vision	1.13	1.12	1.39	1.42	1.39	1.39	1.42	1.43	1.41	
*Tobacco-user Surcharge only applies to non-Medicare participant (retiree/spouse). Health Risk Assessment and Biometric Health Screening credits only apply to non-Medicare retiree.										
Life Insurance										
Cost Per \$1,000										
Retirees with 10 up to 15 years of service										

Split-Family Monthly Rate Schedule
Retiree Contribution for Medical, Prescription, Dental, Vision, and Life Coverage
Ten up to Fifteen Years of Active Employment

Medicare-Eligible Individuals Cost Sharing = 60%
Non-Medicare-Eligible Individuals Cost Sharing = 63%
Effective January 1, 2018

Retiree/Spouse Tobacco-User(s); Retiree Completed Neither Health Risk Assessment nor Biometric Health Screening*

	2- PARTY Retiree Medicare Spouse Non-Medicare	2- PARTY Retiree Medicare Spouse/Child Medicare	2- PARTY Retiree Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Medicare
Medical										
CareFirst BC Adv Indemnity/Medicare Supp	676.32	676.32	802.15	827.17	802.15	1,151.76	1,176.78	1,176.78	1,201.80	1,176.78
CareFirst BlueChoice Adv POS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
CareFirst BlueChoice HMO/EPO	473.49	473.49	621.18	635.99	621.18	719.19	734.00	734.00	747.02	734.00
Kaiser Permanente HMO	529.81	529.81	725.79	740.96	725.79	816.80	831.97	831.97	847.08	831.97

Prescription Drugs, Dental, and Vision

Caremark/SilverScript Option A	623.84	623.84	760.77	775.99	760.77	760.77	775.99	775.99	791.21	775.99
Caremark/SilverScript Option B	329.69	329.69	402.08	410.12	402.08	402.08	410.12	410.12	418.16	410.12
Kaiser Permanente Prescription	42.56	42.56	40.53	42.56	40.53	80.91	82.94	82.94	84.96	82.94
CareFirst Dental PPO	44.38	44.38	63.68	64.76	63.68	63.68	64.76	64.76	65.84	64.76
Aetna Dental DMO	32.00	32.00	45.88	46.66	45.88	45.88	46.66	46.66	47.44	46.66
Davis Vision	1.13	1.13	1.39	1.42	1.39	1.39	1.42	1.42	1.45	1.42

*Tobacco-user Surcharge only applies to non-Medicare participant (retiree/spouse). Health Risk Assessment and Biometric Health Screening credits only apply to non-Medicare retiree.

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 10 up to 15 years of service	1.01

Split-Family Monthly Rate Schedule
Retiree Contribution for Medical, Prescription, Dental, Vision, and Life Coverage
Fifteen up to Twenty Years of Active Employment

Medicare-Eligible Individuals Cost Sharing = 50%
Non-Medicare-Eligible Individuals Cost Sharing = 50%

Effective January 1, 2018

Retiree/Spouse Non-Tobacco-User(s); Retiree Completed Neither Health Risk Assessment nor Biometric Health Screening*

	2- PARTY Retiree Medicare Non-Spouse Non-Medicare	2- PARTY Retiree Non-Medicare Spouse/Child Medicare	2- PARTY Retiree Medicare Spouse Non-Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Dependent Medicare	FAMILY Retiree Medicare, Spouse Non-Dependent Medicare	FAMILY Retiree Medicare, Spouse Non-Dependent Medicare	FAMILY Retiree Medicare, Spouse Non-Dependent Medicare	FAMILY Retiree Medicare, Spouse Non-Dependent Medicare	FAMILY Retiree Medicare, Spouse Non-Dependent Medicare	FAMILY Retiree Medicare, Spouse Non-Dependent Medicare	FAMILY Retiree Medicare, Spouse Non-Dependent Medicare
Medical											
CareFirst BC Adv Indemnity/Medicare Supp	542.75	542.75	668.46	668.46	668.46	668.46	668.46	668.46	668.46	668.46	668.46
CareFirst BlueChoice Adv POS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
CareFirst BlueChoice HMO/EPO	382.24	382.24	517.66	517.66	517.66	517.66	517.66	517.66	517.66	517.66	517.66
Kaiser Permanente HMO	428.87	428.87	604.83	604.83	604.83	604.83	604.83	604.83	604.83	604.83	604.83

Prescription Drugs, Dental, and Vision

Caremark/SilverScript Option A	507.20	507.20	634.00	634.00	634.00	634.00	634.00	634.00	634.00	634.00	634.00
Caremark/SilverScript Option B	268.04	268.04	335.07	335.07	335.07	335.07	335.07	335.07	335.07	335.07	335.07
Kaiser Permanente Prescription	33.78	33.78	33.78	33.78	33.78	33.78	33.78	33.78	33.78	33.78	33.78
CareFirst Dental PPO	36.08	36.08	53.06	53.06	53.06	53.06	53.06	53.06	53.06	53.06	53.06
Aetna Dental DMO	26.02	26.02	38.24	38.24	38.24	38.24	38.24	38.24	38.24	38.24	38.24
Davis Vision	0.92	0.92	1.17	1.17	1.17	1.17	1.17	1.17	1.17	1.17	1.17

*Tobacco-user Surcharge only applies to non-Medicare participant (retiree/spouse). Health Risk Assessment and Biometric Health Screening credits only apply to non-Medicare retiree.

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 15 up to 20 years of service	0.85

Split-Family Monthly Rate Schedule
Retiree Contribution for Medical, Prescription, Dental, Vision, and Life Coverage
Fifteen up to Twenty Years of Active Employment

Medicare-Eligible Individuals Cost Sharing = 50%
Non-Medicare-Eligible Individuals Cost Sharing = 49%

Effective January 1, 2018

Retiree/Spouse Non-Tobacco-User(s); Retiree Completed Either Health Risk Assessment or Biometric Health Screening*

	2- PARTY Retiree Medicare Non-Spouse Non-Medicare	2- PARTY Retiree Medicare Spouse/Child Medicare	2- PARTY Retiree Medicare Non-Dependent Medicare	FAMILY Retiree Medicare, Spouse Non-Dependent Medicare	FAMILY Retiree Medicare, Spouse Non-Dependent Medicare	FAMILY Retiree Medicare, Spouse Non-Dependent Medicare	FAMILY Retiree Medicare, Spouse Non-Dependent Medicare	FAMILY Retiree Medicare, Spouse Non-Dependent Medicare	FAMILY Retiree Medicare, Spouse Non-Dependent Medicare	FAMILY Retiree Medicare, Spouse Non-Dependent Medicare	FAMILY Retiree Medicare, Spouse Non-Dependent Medicare
Medical											
CareFirst BC Adv Indemnity/Medicare Supp	542.75	534.41	542.75	668.46	668.46	668.46	668.46	668.46	668.46	668.46	668.46
CareFirst BlueChoice Adv POS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
CareFirst BlueChoice HMO/EPO	382.24	377.30	382.24	517.66	517.66	517.66	517.66	517.66	517.66	517.66	517.66
Kaiser Permanente HMO	428.87	423.81	428.87	604.83	604.83	604.83	604.83	604.83	604.83	604.83	604.83
Prescription Drugs, Dental, and Vision											
Caremark/SilverScript Option A	507.20	502.12	507.20	634.00	634.00	634.00	634.00	634.00	634.00	634.00	634.00
Caremark/SilverScript Option B	268.04	265.36	268.04	335.07	335.07	335.07	335.07	335.07	335.07	335.07	335.07
Kaiser Permanente Prescription	33.78	33.10	33.78	33.78	33.78	33.78	33.78	33.78	33.78	33.78	33.78
CareFirst Dental PPO	36.08	35.72	36.08	53.06	53.06	53.06	53.06	53.06	53.06	53.06	53.06
Aetna Dental DMO	26.02	25.76	26.02	38.24	38.24	38.24	38.24	38.24	38.24	38.24	38.24
Davis Vision	0.92	0.91	0.92	1.17	1.17	1.17	1.17	1.17	1.17	1.17	1.17
*Tobacco-user Surcharge only applies to non-Medicare participant (retiree/spouse). Health Risk Assessment and Biometric Health Screening credits only apply to non-Medicare retiree.											
Life Insurance											
Cost Per \$1,000											
Retirees with 15 up to 20 years of service											

Split-Family Monthly Rate Schedule
Retiree Contribution for Medical, Prescription, Dental, Vision, and Life Coverage
Fifteen up to Twenty Years of Active Employment

Medicare-Eligible Individuals Cost Sharing = 50%
Non-Medicare-Eligible Individuals Cost Sharing = 51%

Effective January 1, 2018

Retiree/Spouse Tobacco-User(s); Retiree Completed Both Health Risk Assessment and Biometric Health Screening*

	2- PARTY Retiree Non-Medicare Spouse Non-Medicare	2- PARTY Retiree Medicare Spouse/Child Medicare	2- PARTY Retiree Medicare Spouse Non-Medicare Dependent Non-Medicare	FAMILY Retiree Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Medicare	FAMILY Retiree Non-Medicare, Spouse Non-Medicare, Dependent Medicare	FAMILY Retiree Non-Medicare, Spouse Non-Medicare, Dependent Medicare
Medical											
CareFirst BC Adv Indemnity/Medicare Supp	567.77	551.09	542.75	668.46	693.48	668.46	959.80	984.82	984.82	976.48	951.46
CareFirst BlueChoice Adv POS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
CareFirst BlueChoice HMO/EPO	397.04	387.17	382.24	517.66	532.46	517.66	599.33	614.13	614.13	608.60	595.58
Kaiser Permanente HMO	444.04	433.92	428.87	604.83	620.00	604.83	680.67	695.84	695.84	690.76	675.65

Prescription Drugs, Dental, and Vision

Caremark/SilverScript Option A	522.41	512.27	507.20	634.00	649.21	634.00	634.00	649.21	649.21	644.14	628.92
Caremark/SilverScript Option B	276.08	270.72	268.04	335.07	343.11	335.07	335.07	343.11	343.11	340.43	332.39
Kaiser Permanente Prescription	35.80	34.45	33.78	33.78	35.80	33.78	67.43	69.45	69.45	68.77	66.75
CareFirst Dental PPO	37.16	36.44	36.08	53.06	54.14	53.06	53.06	54.14	54.14	53.78	52.70
Aetna Dental DMO	26.80	26.28	26.02	38.24	39.02	38.24	38.24	39.02	39.02	38.76	37.97
Davis Vision	0.95	0.93	0.92	1.17	1.20	1.17	1.17	1.20	1.20	1.19	1.16

*Tobacco-user Surcharge only applies to non-Medicare participant (retiree/spouse). Health Risk Assessment and Biometric Health Screening credits only apply to non-Medicare retiree.

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 15 up to 20 years of service	0.85

Split-Family Monthly Rate Schedule
Retiree Contribution for Medical, Prescription, Dental, Vision, and Life Coverage
Fifteen up to Twenty Years of Active Employment

Medicare-Eligible Individuals Cost Sharing = 50%
Non-Medicare-Eligible Individuals Cost Sharing = 52%
Effective January 1, 2018

Retiree/Spouse Tobacco-User(s); Retiree Completed Either Health Risk Assessment or Biometric Health Screening*

	2- PARTY Retiree Medicare Non-Spouse Non-Medicare	2- PARTY Retiree Medicare Spouse/Child Medicare	2- PARTY Retiree Medicare Non-Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare
Medical										
CareFirst BC Adv Indemnity/Medicare Supp	567.77	559.43	542.75	668.46	668.46	668.46	668.46	668.46	668.46	668.46
CareFirst BlueChoice Adv POS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
CareFirst BlueChoice HMO/EPO	397.04	392.11	382.24	517.66	517.66	517.66	517.66	517.66	517.66	517.66
Kaiser Permanente HMO	444.04	438.98	428.87	604.83	604.83	604.83	604.83	604.83	604.83	604.83
Prescription Drugs, Dental, and Vision										
Caremark/SilverScript Option A	522.41	517.34	507.20	634.00	634.00	634.00	634.00	634.00	634.00	634.00
Caremark/SilverScript Option B	276.08	273.40	268.04	335.07	335.07	335.07	335.07	335.07	335.07	335.07
Kaiser Permanente Prescription	35.80	35.13	33.78	33.78	33.78	33.78	33.78	33.78	33.78	33.78
CareFirst Dental PPO	37.16	36.80	36.08	53.06	53.06	53.06	53.06	53.06	53.06	53.06
Aetna Dental DMO	26.80	26.54	26.02	38.24	38.24	38.24	38.24	38.24	38.24	38.24
Davis Vision	0.95	0.94	0.92	1.17	1.17	1.17	1.17	1.17	1.17	1.17
*Tobacco-user Surcharge only applies to non-Medicare participant (retiree/spouse). Health Risk Assessment and Biometric Health Screening credits only apply to non-Medicare retiree.										
Life Insurance										
Cost Per \$1,000										
Retirees with 15 up to 20 years of service										

Split-Family Monthly Rate Schedule
Retiree Contribution for Medical, Prescription, Dental, Vision, and Life Coverage
Fifteen up to Twenty Years of Active Employment

Medicare-Eligible Individuals Cost Sharing = 50%
Non-Medicare-Eligible Individuals Cost Sharing = 53%

Effective January 1, 2018

Retiree/Spouse Tobacco-User(s); Retiree Completed Neither Health Risk Assessment nor Biometric Health Screening*

	2- PARTY Retiree Medicare Non-Spouse Non-Medicare	2- PARTY Retiree Non-Medicare Spouse/Child Medicare	2- PARTY Retiree Medicare, Spouse Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Medicare, Dependent Non-Medicare
Medical											
CareFirst BC Adv Indemnity/Medicare Supp	567.77	567.77	668.46	693.48	668.46	959.80	984.82	984.82	1,009.84	984.82	984.82
CareFirst BlueChoice Adv POS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
CareFirst BlueChoice HMO/EPO	397.04	397.04	517.66	532.46	517.66	599.33	614.13	614.13	627.16	614.13	614.13
Kaiser Permanente HMO	444.04	444.04	604.83	620.00	604.83	680.67	695.84	695.84	710.95	695.84	695.84

Prescription Drugs, Dental, and Vision

Caremark/SilverScript Option A	522.41	522.41	634.00	649.21	634.00	634.00	649.21	649.21	664.42	649.21	649.21
Caremark/SilverScript Option B	276.08	276.08	335.07	343.11	335.07	335.07	343.11	343.11	351.15	343.11	343.11
Kaiser Permanente Prescription	35.80	35.80	33.78	35.80	33.78	67.43	69.45	69.45	71.47	69.45	69.45
CareFirst Dental PPO	37.16	37.16	53.06	54.14	53.06	53.06	54.14	54.14	55.22	54.14	54.14
Aetna Dental DMO	26.80	26.80	38.24	39.02	38.24	38.24	39.02	39.02	39.80	39.02	39.02
Davis Vision	0.95	0.95	1.17	1.20	1.17	1.17	1.20	1.20	1.23	1.20	1.20

*Tobacco-user Surcharge only applies to non-Medicare participant (retiree/spouse). Health Risk Assessment and Biometric Health Screening credits only apply to non-Medicare retiree.

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 15 up to 20 years of service	0.85

Split-Family Monthly Rate Schedule
Retiree Contribution for Medical, Prescription, Dental, Vision, and Life Coverage
Twenty or More Years of Active Employment

Medicare-Eligible Individuals Cost Sharing = 36%
Non-Medicare-Eligible Individuals Cost Sharing = 36%

Effective January 1, 2018

Retiree/Spouse Non-Tobacco-User(s); Retiree Completed Neither Health Risk Assessment nor Biometric Health Screening*

	2- PARTY Retiree Medicare Spouse Non-Medicare	2- PARTY Retiree Non-Medicare Spouse/Child Medicare	2- PARTY Retiree Medicare, Spouse Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Non-Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Non-Medicare, Spouse Non-Medicare, Dependent Non-Medicare
Medical										
CareFirst BC Adv Indemnity/Medicare Supp	390.78	390.78	481.29	481.29	481.29	481.29	481.29	481.29	691.06	691.06
CareFirst BlueChoice Adv POS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
CareFirst BlueChoice HMO/EPO	275.21	275.21	372.71	372.71	372.71	372.71	372.71	372.71	431.51	431.51
Kaiser Permanente HMO	308.78	308.78	435.47	435.47	435.47	435.47	435.47	435.47	490.08	490.08

Prescription Drugs, Dental, and Vision

Caremark/SilverScript Option A	365.18	365.18	456.47	456.47	456.47	456.47	456.47	456.47	456.47	456.47
Caremark/SilverScript Option B	192.99	192.99	241.25	241.25	241.25	241.25	241.25	241.25	241.25	241.25
Kaiser Permanente Prescription	24.32	24.32	24.32	24.32	24.32	24.32	24.32	24.32	48.55	48.55
CareFirst Dental PPO	25.98	25.98	38.21	38.21	38.21	38.21	38.21	38.21	38.21	38.21
Aetna Dental DMO	18.73	18.73	27.53	27.53	27.53	27.53	27.53	27.53	27.53	27.53
Davis Vision	0.66	0.66	0.84	0.84	0.84	0.84	0.84	0.84	0.84	0.84

*Tobacco-user Surcharge only applies to non-Medicare participant (retiree/spouse). Health Risk Assessment and Biometric Health Screening credits only apply to non-Medicare retiree.

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 20 or more years of service	0.61

Split-Family Monthly Rate Schedule
Retiree Contribution for Medical, Prescription, Dental, Vision, and Life Coverage
Twenty or More Years of Active Employment

Medicare-Eligible Individuals Cost Sharing = 36%
Non-Medicare-Eligible Individuals Cost Sharing = 34%

Effective January 1, 2018

Retiree/Spouse Non-Tobacco-User(s); Retiree Completed Both Health Risk Assessment and Biometric Health Screening*

	2- PARTY Retiree Medicare Spouse Non-Medicare	2- PARTY Retiree Medicare Spouse/Child Medicare	2- PARTY Retiree Medicare Spouse Non-Dependent Medicare	FAMILY Retiree Medicare, Spouse Non-Dependent Medicare	FAMILY Retiree Medicare, Spouse Non-Dependent Medicare	FAMILY Retiree Medicare, Spouse Non-Dependent Medicare	FAMILY Retiree Medicare, Spouse Non-Dependent Medicare	FAMILY Retiree Medicare, Spouse Non-Dependent Medicare	FAMILY Retiree Medicare, Spouse Non-Dependent Medicare	FAMILY Retiree Medicare, Spouse Non-Dependent Medicare	FAMILY Retiree Medicare, Spouse Non-Dependent Medicare
Medical											
CareFirst BC Adv Indemnity/Medicare Supp	390.78	374.10	481.29	481.29	481.29	481.29	481.29	481.29	481.29	481.29	657.69
CareFirst BlueChoice Adv POS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
CareFirst BlueChoice HMO/EPO	275.21	265.33	372.71	372.71	372.71	372.71	372.71	372.71	372.71	372.71	412.95
Kaiser Permanente HMO	308.78	298.67	435.47	435.47	435.47	435.47	435.47	435.47	435.47	435.47	469.89

Prescription Drugs, Dental, and Vision

Caremark/SilverScript Option A	365.18	355.03	456.47	456.47	456.47	456.47	456.47	456.47	456.47	456.47	436.17
Caremark/SilverScript Option B	192.99	187.63	241.25	241.25	241.25	241.25	241.25	241.25	241.25	241.25	230.53
Kaiser Permanente Prescription	24.32	22.97	24.32	24.32	24.32	24.32	24.32	24.32	24.32	24.32	45.85
CareFirst Dental PPO	25.98	25.26	38.21	38.21	38.21	38.21	38.21	38.21	38.21	38.21	36.77
Aetna Dental DMO	18.73	18.21	27.53	27.53	27.53	27.53	27.53	27.53	27.53	27.53	26.49
Davis Vision	0.66	0.64	0.66	0.66	0.66	0.66	0.66	0.66	0.66	0.66	0.81

*Tobacco-user Surcharge only applies to non-Medicare participant (retiree/spouse). Health Risk Assessment and Biometric Health Screening credits only apply to non-Medicare retiree.

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 20 or more years of service	0.61

Split-Family Monthly Rate Schedule
Retiree Contribution for Medical, Prescription, Dental, Vision, and Life Coverage
Twenty or More Years of Active Employment

Medicare-Eligible Individuals Cost Sharing = 36%
Non-Medicare-Eligible Individuals Cost Sharing = 35%

Effective January 1, 2018

Retiree/Spouse Non-Tobacco-User(s); Retiree Completed Either Health Risk Assessment or Biometric Health Screening*

	2- PARTY Retiree Medicare Spouse Non-Medicare	2- PARTY Retiree Medicare Spouse/Child Medicare	2- PARTY Retiree Medicare Spouse Non-Dependent Medicare	FAMILY Retiree Medicare, Spouse Non-Dependent Medicare	FAMILY Retiree Medicare, Spouse Non-Dependent Medicare	FAMILY Retiree Medicare, Spouse Non-Dependent Medicare	FAMILY Retiree Medicare, Spouse Non-Dependent Medicare	FAMILY Retiree Medicare, Spouse Non-Dependent Medicare	FAMILY Retiree Medicare, Spouse Non-Dependent Medicare	FAMILY Retiree Medicare, Spouse Non-Dependent Medicare	FAMILY Retiree Medicare, Spouse Non-Dependent Medicare
Medical											
CareFirst BC Adv Indemnity/Medicare Supp	390.78	382.44	481.29	481.29	481.29	481.29	481.29	481.29	481.29	481.29	674.38
CareFirst BlueChoice Adv POS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
CareFirst BlueChoice HMO/EPO	275.21	270.27	372.71	372.71	372.71	372.71	372.71	372.71	372.71	372.71	422.23
Kaiser Permanente HMO	308.78	303.72	435.47	435.47	435.47	435.47	435.47	435.47	435.47	435.47	479.98

Prescription Drugs, Dental, and Vision

Caremark/SilverScript Option A	365.18	360.11	456.47	456.47	456.47	456.47	456.47	456.47	456.47	456.47	446.33
Caremark/SilverScript Option B	192.99	190.31	241.25	241.25	241.25	241.25	241.25	241.25	241.25	241.25	235.89
Kaiser Permanente Prescription	24.32	23.64	24.32	24.32	24.32	24.32	24.32	24.32	24.32	24.32	47.20
CareFirst Dental PPO	25.98	25.62	38.21	38.21	38.21	38.21	38.21	38.21	38.21	38.21	37.49
Aetna Dental DMO	18.73	18.47	27.53	27.53	27.53	27.53	27.53	27.53	27.53	27.53	27.01
Davis Vision	0.66	0.65	0.66	0.66	0.66	0.66	0.66	0.66	0.66	0.66	0.82

*Tobacco-user Surcharge only applies to non-Medicare participant (retiree/spouse). Health Risk Assessment and Biometric Health Screening credits only apply to non-Medicare retiree.

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 20 or more years of service	0.61

Split-Family Monthly Rate Schedule
Retiree Contribution for Medical, Prescription, Dental, Vision, and Life Coverage
Twenty or More Years of Active Employment

Medicare-Eligible Individuals Cost Sharing = 36%
Non-Medicare-Eligible Individuals Cost Sharing = 39%

Effective January 1, 2018

Retiree/Spouse Tobacco-User(s); Retiree Completed Neither Health Risk Assessment nor Biometric Health Screening*

	2- PARTY Retiree Medicare Non-Spouse Non-Medicare	2- PARTY Retiree Non-Medicare Spouse/Child Medicare	2- PARTY Retiree Medicare, Spouse Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Dependent Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Dependent Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Non-Medicare, Spouse Non-Medicare, Dependent Non-Medicare	FAMILY Retiree Non-Medicare, Spouse Non-Medicare, Dependent Non-Medicare
Medical											
CareFirst BC Adv Indemnity/Medicare Supp	415.80	415.80	481.29	506.31	481.29	691.06	716.08	716.08	716.08	741.10	716.08
CareFirst BlueChoice Adv POS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
CareFirst BlueChoice HMO/EPO	290.02	290.02	372.71	387.52	372.71	431.51	446.32	446.32	446.32	459.35	446.32
Kaiser Permanente HMO	323.96	323.96	435.47	450.65	435.47	490.08	505.26	505.26	505.26	520.36	505.26

Prescription Drugs, Dental, and Vision

Caremark/SilverScript Option A	380.39	380.39	456.47	471.68	456.47	456.47	471.68	471.68	471.68	486.89	471.68
Caremark/SilverScript Option B	201.03	201.03	241.25	249.29	241.25	241.25	249.29	249.29	249.29	257.33	249.29
Kaiser Permanente Prescription	26.34	26.34	24.32	26.34	24.32	48.55	50.57	50.57	50.57	52.59	50.57
CareFirst Dental PPO	27.06	27.06	38.21	39.29	38.21	38.21	39.29	39.29	39.29	40.37	39.29
Aetna Dental DMO	19.51	19.51	27.53	28.31	27.53	27.53	28.31	28.31	28.31	29.09	28.31
Davis Vision	0.69	0.69	0.84	0.87	0.84	0.84	0.87	0.87	0.87	0.90	0.87

*Tobacco-user Surcharge only applies to non-Medicare participant (retiree/spouse). Health Risk Assessment and Biometric Health Screening credits only apply to non-Medicare retiree.

Life Insurance

Cost Per \$1,000	Monthly per \$1,000
Retirees with 20 or more years of service	0.61

MCPS NONDISCRIMINATION STATEMENT

Montgomery County Public Schools (MCPS) prohibits illegal discrimination based on race, ethnicity, color, ancestry, national origin, religion, immigration status, sex, gender, gender identity, gender expression, sexual orientation, family/parental status, marital status, age, physical or mental disability, poverty and socioeconomic status, language, or other legally or constitutionally protected attributes or affiliations. Discrimination undermines our community’s long-standing efforts to create, foster, and promote equity, inclusion, and acceptance for all. Some examples of discrimination include acts of hate, violence, insensitivity, harassment, bullying, disrespect, or retaliation. For more information, please review Montgomery County Board of Education Policy ACA, *Nondiscrimination, Equity, and Cultural Proficiency*. This Policy affirms the Board’s belief that each and every student matters, and in particular, that educational outcomes should never be predictable by any individual’s actual or perceived personal characteristics. The Policy also recognizes that equity requires proactive steps to identify and redress implicit biases, practices that have an unjustified disparate impact, and structural and institutional barriers that impede equality of educational or employment opportunities.

For inquiries or complaints about discrimination against MCPS staff *	For inquiries or complaints about discrimination against MCPS students *
<p>Office of Employee Engagement and Labor Relations Department of Compliance and Investigations 850 Hungerford Drive, Room 55 Rockville, MD 20850 240-314-4899 OCOO-EmployeeEngagement@mcpsmd.org</p>	<p>Office of School Administration Office of School Administration Compliance Unit 850 Hungerford Drive, Room 162 Rockville, MD 20850 301-279-3444 OSSI-SchoolAdministration@mcpsmd.org</p>

**Inquiries, complaints, or requests for accommodations for students with disabilities also may be directed to the supervisor of the Office of Special Education, Resolution and Compliance Unit, at 301-517-5864. Inquiries regarding accommodations or modifications for staff may be directed to the Office of Employee Engagement and Labor Relations, Department of Compliance and Investigations, at 240-314-4899. In addition, discrimination complaints may be filed with other agencies, such as: the U.S. Equal Employment Opportunity Commission, Baltimore Field Office, City Crescent Bldg., 10 S. Howard Street, Third Floor, Baltimore, MD 21201, 1-800-669-4000, 1-800-669-6820 (TTY); or U.S. Department of Education, Office for Civil Rights, Lyndon Baines Johnson Dept. of Education Bldg., 400 Maryland Avenue, SW, Washington, DC 20202-1100, 1-800-421-3481, 1-800-877-8339 (TDD), OCR@ed.gov, or www2.ed.gov/about/offices/list/ocr/complaintintro.html.*

This document is available, upon request, in languages other than English and in an alternate format under the *Americans with Disabilities Act*, by contacting the MCPS Public Information Office, at 301-279-3853, 1-800-735-2258 (Maryland Relay), or PIO@mcpsmd.org. Individuals who need sign language interpretation or cued speech transliteration may contact the MCPS Office of Interpreting Services at 240-740-1800, 301-637-2958 (VP) or Interpreting_Services@mcpsmd.org. MCPS also provides equal access to the Boy/Girl Scouts and other designated youth groups.

Montgomery County Public Schools
Employee and Retiree Service Center (ERSC)
45 West Gude Drive, Suite 1200
Rockville, MD 20850

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