

FY25 Retiree Health Insurance Premiums			
July 1, 2024 to June 30, 2025			
		Total Prem.	20+ yrs
Carrier	Level of Coverage	100.00%	33.30%
CareFirst BlueChoice Advantage w/Rx and CF Vision	Individual	\$ 1,131.07	\$376.65
	Retiree + Child	\$ 1,965.09	\$654.37
	Retiree + Spouse	\$ 2,353.69	\$783.78
	Family	\$ 2,766.90	\$921.38
CareFirst Standard Over 65 w/Rx and CF Vision	Individual	\$ 781.97	\$260.40
CareFirst BlueChoice HMO Open Access w/RX and CF Vision	Individual	\$ 782.53	\$260.58
	Retiree + Child	\$ 1,486.80	\$495.10
	Retiree + Spouse	\$ 1,799.82	\$599.34
	Family	\$ 2,307.43	\$768.37
CareFirst BlueChoice HMO Open Access w/RX - Over 65 and CF Vision	Individual	\$ 669.35	n
CareFirst PPO Dental	Individual	\$ 55.50	\$18.48
	Retiree + Child	\$ 84.76	\$28.23
	Retiree + Spouse	\$ 127.32	\$42.40
	Family	\$ 166.53	\$55.45
CareFirst PPO Dental - Over 65	Individual	\$ 51.22	\$17.06
Delta Dental	Individual	\$ 46.64	\$15.53
	Retiree + Child	\$ 74.10	\$24.68
	Retiree + Spouse	\$ 109.96	\$36.62
	Family	\$ 142.84	\$47.57
Delta Dental - Over 65	Individual	\$ 43.03	\$14.33
CF Bluevision Plus			
(only applicable to those grandfathered retirees with ONLY Dental)	Individual	\$ 4.88	\$1.63
	Retiree + Child	\$ 9.27	\$3.09
	Retiree + Spouse	\$ 11.21	\$3.73
	Family	\$ 14.62	\$4.87

FY25 Retiree Health Insurance Premiums			
July 1, 2024 to June 30, 2025			
		19 yrs	18 yrs
Carrier	Level of Coverage	37%	42%
CareFirst BlueChoice Advantage	Individual	\$418.50	\$475.05
w/Rx and CF Vision	Retiree + Child	\$727.08	\$825.34
	Retiree + Spouse	\$870.87	\$988.55
	Family	\$1,023.75	\$1,162.10
CareFirst Standard Over 65 w/Rx and CF Vision	Individual	\$289.33	\$328.43
CareFirst BlueChoice HMO Open Access	Individual	\$289.54	\$328.66
w/RX and CF Vision	Retiree + Child	\$550.12	\$624.46
	Retiree + Spouse	\$665.93	\$755.92
	Family	\$853.75	\$969.12
CareFirst BlueChoice HMO Open Access	Individual	\$247.66	\$281.13
w/RX - Over 65 and CF Vision			
CareFirst PPO Dental	Individual	\$20.54	\$23.31
	Retiree + Child	\$31.36	\$35.60
	Retiree + Spouse	\$47.11	\$53.47
	Family	\$61.62	\$69.94
CareFirst PPO Dental - Over 65	Individual	\$18.95	\$21.51
Delta Dental	Individual	\$17.26	\$19.59
	Retiree + Child	\$27.42	\$31.12
	Retiree + Spouse	\$40.69	\$46.18
	Family	\$52.85	\$59.99
Delta Dental - Over 65	Individual	\$15.92	\$18.07
CF Bluevision Plus			
(only applicable to those grandfathered retirees with ONLY Dental)	Individual	\$1.81	\$2.05
	Retiree + Child	\$3.43	\$3.89
	Retiree + Spouse	\$4.15	\$4.71
	Family	\$5.41	\$6.14

FY25 Retiree Health Insurance Premiums			
July 1, 2024 to June 30, 2025			
		17 yrs	16 yrs.
Carrier	Level of Coverage	46%	50%
CareFirst BlueChoice Advantage	Individual	\$520.29	\$565.54
w/Rx and CF Vision	Retiree + Child	\$903.94	\$982.55
	Retiree + Spouse	\$1,082.70	\$1,176.85
	Family	\$1,272.77	\$1,383.45
CareFirst Standard Over 65 w/Rx and CF Vision	Individual	\$359.71	\$390.99
CareFirst BlueChoice HMO Open Access	Individual	\$359.96	\$391.27
w/RX and CF Vision	Retiree + Child	\$683.93	\$743.40
	Retiree + Spouse	\$827.92	\$899.91
	Family	\$1,061.42	\$1,153.72
CareFirst BlueChoice HMO Open Access	Individual	\$307.90	\$334.68
w/RX - Over 65 and CF Vision			
CareFirst PPO Dental	Individual	\$25.53	\$27.75
	Retiree + Child	\$38.99	\$42.38
	Retiree + Spouse	\$58.57	\$63.66
	Family	\$76.60	\$83.27
CareFirst PPO Dental - Over 65	Individual	\$23.56	\$25.61
Delta Dental	Individual	\$21.45	\$23.32
	Retiree + Child	\$34.09	\$37.05
	Retiree + Spouse	\$50.58	\$54.98
	Family	\$65.71	\$71.42
Delta Dental - Over 65	Individual	\$19.79	\$21.52
CF Bluevision Plus			
(only applicable to those grandfathered retirees with ONLY Dental)	Individual	\$2.24	\$2.44
	Retiree + Child	\$4.26	\$4.64
	Retiree + Spouse	\$5.16	\$5.61
	Family	\$6.73	\$7.31

FY25 Retiree Health Insurance Premiums			
July 1, 2024 to June 30, 2025			
		15 yrs	14 yrs
Carrier	Level of Coverage	55%	59%
CareFirst BlueChoice Advantage	Individual	\$622.09	\$667.33
w/Rx and CF Vision	Retiree + Child	\$1,080.80	\$1,159.40
	Retiree + Spouse	\$1,294.53	\$1,388.68
	Family	\$1,521.80	\$1,632.47
CareFirst Standard Over 65 w/Rx and CF Vision	Individual	\$430.08	\$461.36
CareFirst BlueChoice HMO Open Access	Individual	\$430.39	\$461.69
w/RX and CF Vision	Retiree + Child	\$817.74	\$877.21
	Retiree + Spouse	\$989.90	\$1,061.89
	Family	\$1,269.09	\$1,361.38
CareFirst BlueChoice HMO Open Access	Individual	\$368.14	\$394.92
w/RX - Over 65 and CF Vision			
CareFirst PPO Dental	Individual	\$30.53	\$32.75
	Retiree + Child	\$46.62	\$50.01
	Retiree + Spouse	\$70.03	\$75.12
	Family	\$91.59	\$98.25
CareFirst PPO Dental - Over 65	Individual	\$28.17	\$30.22
Delta Dental	Individual	\$25.65	\$27.52
	Retiree + Child	\$40.76	\$43.72
	Retiree + Spouse	\$60.48	\$64.88
	Family	\$78.56	\$84.28
Delta Dental - Over 65	Individual	\$23.67	\$25.39
CF Bluevision Plus			
(only applicable to those grandfathered retirees with ONLY Dental)	Individual	\$2.68	\$2.88
	Retiree + Child	\$5.10	\$5.47
	Retiree + Spouse	\$6.17	\$6.61
	Family	\$8.04	\$8.63

FY25 Retiree Health Insurance Premiums			
July 1, 2024 to June 30, 2025			
		13 yrs	12 yrs
Carrier	Level of Coverage	63%	67%
CareFirst BlueChoice Advantage	Individual	\$712.57	\$757.82
w/Rx and CF Vision	Retiree + Child	\$1,238.01	\$1,316.61
	Retiree + Spouse	\$1,482.82	\$1,576.97
	Family	\$1,743.15	\$1,853.82
CareFirst Standard Over 65 w/Rx and CF Vision	Individual	\$492.64	\$523.92
CareFirst BlueChoice HMO Open Access	Individual	\$492.99	\$524.30
w/RX and CF Vision	Retiree + Child	\$936.68	\$996.16
	Retiree + Spouse	\$1,133.89	\$1,205.88
	Family	\$1,453.68	\$1,545.98
CareFirst BlueChoice HMO Open Access	Individual	\$421.69	\$448.46
w/RX - Over 65 and CF Vision			
CareFirst PPO Dental	Individual	\$34.97	\$37.19
	Retiree + Child	\$53.40	\$56.79
	Retiree + Spouse	\$80.21	\$85.30
	Family	\$104.91	\$111.58
CareFirst PPO Dental - Over 65	Individual	\$32.27	\$34.32
Delta Dental	Individual	\$29.38	\$31.25
	Retiree + Child	\$46.68	\$49.65
	Retiree + Spouse	\$69.27	\$73.67
	Family	\$89.99	\$95.70
Delta Dental - Over 65	Individual	\$27.11	\$28.83
CF Bluevision Plus			
(only applicable to those grandfathered retirees with ONLY Dental)	Individual	\$3.07	\$3.27
	Retiree + Child	\$5.84	\$6.21
	Retiree + Spouse	\$7.06	\$7.51
	Family	\$9.21	\$9.80

FY25 Retiree Health Insurance Premiums			
July 1, 2024 to June 30, 2025			
		11 yrs	10 yrs
Carrier	Level of Coverage	71%	75%
CareFirst BlueChoice Advantage	Individual	\$803.06	\$848.30
w/Rx and CF Vision	Retiree + Child	\$1,395.21	\$1,473.82
	Retiree + Spouse	\$1,671.12	\$1,765.27
	Family	\$1,964.50	\$2,075.18
CareFirst Standard Over 65 w/Rx and CF Vision	Individual	\$555.20	\$586.48
CareFirst BlueChoice HMO Open Access	Individual	\$555.60	\$586.90
w/RX and CF Vision	Retiree + Child	\$1,055.63	\$1,115.10
	Retiree + Spouse	\$1,277.87	\$1,349.87
	Family	\$1,638.28	\$1,730.57
CareFirst BlueChoice HMO Open Access	Individual	\$475.24	\$502.01
w/RX - Over 65 and CF Vision			
CareFirst PPO Dental	Individual	\$39.41	\$41.63
	Retiree + Child	\$60.18	\$63.57
	Retiree + Spouse	\$90.40	\$95.49
	Family	\$118.24	\$124.90
CareFirst PPO Dental - Over 65	Individual	\$36.37	\$38.42
Delta Dental	Individual	\$33.11	\$34.98
	Retiree + Child	\$52.61	\$55.58
	Retiree + Spouse	\$78.07	\$82.47
	Family	\$101.42	\$107.13
Delta Dental - Over 65	Individual	\$30.55	\$32.27
CF Bluevision Plus			
(only applicable to those grandfathered retirees with ONLY Dental)	Individual	\$3.46	\$3.66
	Retiree + Child	\$6.58	\$6.95
	Retiree + Spouse	\$7.96	\$8.41
	Family	\$10.38	\$10.97

FY25 Retiree Health Insurance Premiums			
July 1, 2024 to June 30, 2025			
		9 yrs	8 yrs
Carrier	Level of Coverage	78%	81%
CareFirst BlueChoice Advantage	Individual	\$882.23	\$916.17
w/Rx and CF Vision	Retiree + Child	\$1,532.77	\$1,591.72
	Retiree + Spouse	\$1,835.88	\$1,906.49
	Family	\$2,158.18	\$2,241.19
CareFirst Standard Over 65 w/Rx and CF Vision	Individual	\$609.94	\$633.40
CareFirst BlueChoice HMO Open Access	Individual	\$610.37	\$633.85
w/RX and CF Vision	Retiree + Child	\$1,159.70	\$1,204.31
	Retiree + Spouse	\$1,403.86	\$1,457.85
	Family	\$1,799.80	\$1,869.02
CareFirst BlueChoice HMO Open Access	Individual	\$522.09	\$542.17
w/RX - Over 65 and CF Vision			
CareFirst PPO Dental	Individual	\$43.29	\$44.96
	Retiree + Child	\$66.11	\$68.66
	Retiree + Spouse	\$99.31	\$103.13
	Family	\$129.89	\$134.89
CareFirst PPO Dental - Over 65	Individual	\$39.95	\$41.49
Delta Dental	Individual	\$36.38	\$37.78
	Retiree + Child	\$57.80	\$60.02
	Retiree + Spouse	\$85.77	\$89.07
	Family	\$111.42	\$115.70
Delta Dental - Over 65	Individual	\$33.56	\$34.85
CF Bluevision Plus			
(only applicable to those grandfathered retirees with ONLY Dental)	Individual	\$3.81	\$3.95
	Retiree + Child	\$7.23	\$7.51
	Retiree + Spouse	\$8.74	\$9.08
	Family	\$11.40	\$11.84

FY25 Retiree Health Insurance Premiums			
July 1, 2024 to June 30, 2025			
		7 yrs	6 yrs
Carrier	Level of Coverage	84%	87%
CareFirst BlueChoice Advantage	Individual	\$950.10	\$984.03
w/Rx and CF Vision	Retiree + Child	\$1,650.68	\$1,709.63
	Retiree + Spouse	\$1,977.10	\$2,047.71
	Family	\$2,324.20	\$2,407.20
CareFirst Standard Over 65 w/Rx and CF Vision	Individual	\$656.85	\$680.31
CareFirst BlueChoice HMO Open Access	Individual	\$657.33	\$680.80
w/RX and CF Vision	Retiree + Child	\$1,248.91	\$1,293.52
	Retiree + Spouse	\$1,511.85	\$1,565.84
	Family	\$1,938.24	\$2,007.46
CareFirst BlueChoice HMO Open Access	Individual	\$562.25	\$582.33
w/RX - Over 65 and CF Vision			
CareFirst PPO Dental	Individual	\$46.62	\$48.29
	Retiree + Child	\$71.20	\$73.74
	Retiree + Spouse	\$106.95	\$110.77
	Family	\$139.89	\$144.88
CareFirst PPO Dental - Over 65	Individual	\$43.02	\$44.56
Delta Dental	Individual	\$39.18	\$40.58
	Retiree + Child	\$62.24	\$64.47
	Retiree + Spouse	\$92.37	\$95.67
	Family	\$119.99	\$124.27
Delta Dental - Over 65	Individual	\$36.15	\$37.44
CF Bluevision Plus			
(only applicable to those grandfathered retirees with ONLY Dental)	Individual	\$4.10	\$4.25
	Retiree + Child	\$7.79	\$8.06
	Retiree + Spouse	\$9.42	\$9.75
	Family	\$12.28	\$12.72

FY25 Retiree Health Insurance Premiums		
July 1, 2024 to June 30, 2025		
		5 yrs
Carrier	Level of Coverage	90%
CareFirst BlueChoice Advantage	Individual	\$1,017.96
w/Rx and CF Vision	Retiree + Child	\$1,768.58
	Retiree + Spouse	\$2,118.32
	Family	\$2,490.21
CareFirst Standard Over 65 w/Rx and CF Vision	Individual	\$703.77
CareFirst BlueChoice HMO Open Access	Individual	\$704.28
w/RX and CF Vision	Retiree + Child	\$1,338.12
	Retiree + Spouse	\$1,619.84
	Family	\$2,076.69
CareFirst BlueChoice HMO Open Access	Individual	\$602.42
w/RX - Over 65 and CF Vision		
CareFirst PPO Dental	Individual	\$49.95
	Retiree + Child	\$76.28
	Retiree + Spouse	\$114.59
	Family	\$149.88
CareFirst PPO Dental - Over 65	Individual	\$46.10
Delta Dental	Individual	\$41.98
	Retiree + Child	\$66.69
	Retiree + Spouse	\$98.96
	Family	\$128.56
Delta Dental - Over 65	Individual	\$38.73
CF Bluevision Plus		
(only applicable to those grandfathered retirees with ONLY Dental)	Individual	\$4.39
	Retiree + Child	\$8.34
	Retiree + Spouse	\$10.09
	Family	\$13.16