

2012 Retiree Medical Plan Rate Chart

Biweekly Deduction

100% Retiree Contribution

(Five to Nine City Service Years)

Effective January 1, 2012

All Members Non Medicare Only

| All Members Non Medicare Only | | | CareFirst BCBS PPN | CareFirst BCBS Traditional | Kaiser Permanente HMO |
|-------------------------------|-------------------|--------------------------------------|--------------------|----------------------------|-----------------------|
| Level Code | Number of Members | Coverage Level Description | Your Cost | Your Cost | Your Cost |
| I | 1 | Retiree Only | 253.03 | 280.41 | 308.40 |
| P | 2 | Retiree Plus Dependent Child | 493.41 | 544.02 | 586.00 |
| H | 2 | Retiree Plus Spouse/Domestic Partner | 567.66 | 626.88 | 647.68 |
| F | 3 or more | Retiree Plus Two or More Dependents | 621.83 | 680.51 | 925.21 |

All Members With Medicare A & B Only

| All Members with Medicare A & B Only | | | CareFirst BCBS PPN | CareFirst BCBS Traditional | Kaiser Permanente HMO |
|--------------------------------------|-------------------|---------------------------------|--------------------|----------------------------|-----------------------|
| Level Code | Number of Members | Coverage Level Description | Your Cost | Your Cost | Your Cost |
| 1 | 1 | Retiree with Medicare A & B | N/A | 100.58 | 76.90 |
| 2 | 2 or more | Two or more with Medicare A & B | N/A | 201.16 | 153.79 |

Combination of One Non Medicare Member & One Member with Medicare A & B (Two Members Only)

| Two Members: One Non Medicare Member & One Member with Medicare A & B | | | CareFirst BCBS PPN | CareFirst BCBS Traditional | Kaiser Permanente HMO |
|---|-------------------|--|--------------------|----------------------------|-----------------------|
| Level Code | Number of Members | Coverage Level Description | Your Cost | Your Cost | Your Cost |
| I1 | 2 | One Non Medicare Member and One Member with Medicare A & B | 353.61 | 380.99 | 219.85 |

Combination of Three or More Members (Non Medicare Members With At Least One Medicare A & B Member)

| Three or More Members With At Least One Member With Medicare A & B Only | | | CareFirst BCBS PPN | CareFirst BCBS Traditional | Kaiser Permanente HMO |
|---|-------------------|---|--------------------|----------------------------|-----------------------|
| Level Code | Number of Members | Coverage Level Description | Your Cost | Your Cost | Your Cost |
| F1 | 3 or more | Three or More Members With At Least One Member With Medicare A & B Only | 552.39 | 552.39 | 505.77 |

Combination of Medicare Part B Only & Medicare A & B Members

| Combination of Medicare B Only and Medicare A & B Members | | | CareFirst BCBS PPN | CareFirst BCBS Traditional | Kaiser Permanente HMO |
|---|-------------------|--|--------------------|----------------------------|-----------------------|
| Level Code | Number of Members | Coverage Level Description | Your Cost | Your Cost | Your Cost |
| S | 1 | Retiree with Medicare B Only | N/A | 231.33 | 290.37 |
| SS | 2 | Two Members with Medicare B Only | N/A | 462.66 | 580.74 |
| S1 | 2 | One Member with Medicare B Only & One Member with Medicare A & B | | | |

Combination of Medicare B Only & Non Medicare Members

| Combination of Medicare B Only & Non Medicare Members | | | CareFirst BCBS PPN | CareFirst BCBS Traditional | Kaiser Permanente HMO |
|---|-------------------|--|--------------------|----------------------------|-----------------------|
| Level Code | Number of Members | Coverage Level Description | Your Cost | Your Cost | Your Cost |
| IS | 2 or more | Two or More Members With At Least One Member With Medicare B Only & Non Medicare Members | 484.36 | 511.74 | 522.72 |