

2012 Retiree Medical Plan Rate Chart

Biweekly Deduction

80% Retiree Contribution

(Ten to Fourteen 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	202.43	229.80	257.80
P	2	Retiree Plus Dependent Child	394.73	445.33	487.32
H	2	Retiree Plus Spouse/Domestic Partner	454.13	513.34	534.15
F	3 or more	Retiree Plus Two or More Dependents	497.46	556.14	800.85

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	80.46	56.78
2	2 or more	Two or more with Medicare A & B	N/A	160.93	113.56

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	282.89	310.27	149.13

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	441.91	441.91	395.29

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	185.07	244.11
SS	2	Two Members with Medicare B Only	N/A	370.13	488.21
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	387.49	414.87	425.85