

# Rates for Medical, Dental, and Vision Plans for RETIRED Employees

Effective July 1, 2023

## Pre-65 Retirees

**2023-2024 Cost of retiree medical coverage amounts shown below do not include Wellbeing Participation Discounts, Employer's HSA Contribution, and/or any applicable surcharges.**

**CareFirst and CVS Caremark for Medical and Rx Rates**

### Monthly Premiums

Plan Type	Coverage Level	30 Yrs. or more		26-30 Yrs.		21-26 Yrs.		15-21 Yrs.		10-15 Yrs.	
		Employee Cost per Month	Employer Cost per Month	Employee Cost per Month	Employer Cost per Month	Employee Cost per Month	Employer Cost per Month	Employee Cost per Month	Employer Cost per Month	Employee Cost per Month	Employer Cost per Month
Option 1		Level 1	Level 1	Level 2	Level 2	Level 3	Level 3	Level 4	Level 4	Level 5	Level 5
* BRONZE	Individual	\$86.71	\$724.79	\$231.67	\$579.83	\$376.63	\$434.87	\$449.11	\$362.39	\$521.58	\$289.92
	Individual/Spouse	\$945.83	\$724.79	\$1,090.79	\$579.83	\$1,235.75	\$434.87	\$1,308.23	\$362.39	\$1,380.70	\$289.92
	Individual/Child	\$466.74	\$724.79	\$611.70	\$579.83	\$756.66	\$434.87	\$829.14	\$362.39	\$901.61	\$289.92
	Individual/Children	\$992.89	\$724.79	\$1,137.85	\$579.83	\$1,282.81	\$434.87	\$1,355.29	\$362.39	\$1,427.76	\$289.92
	Family	\$1,251.74	\$724.79	\$1,396.70	\$579.83	\$1,541.66	\$434.87	\$1,614.14	\$362.39	\$1,686.61	\$289.92
Option 2		Level 1	Level 1	Level 2	Level 2	Level 3	Level 3	Level 4	Level 4	Level 5	Level 5
SILVER	Individual	\$133.76	\$760.92	\$285.94	\$608.74	\$438.13	\$456.55	\$514.22	\$380.46	\$590.31	\$304.37
	Individual/Spouse	\$1,084.66	\$760.92	\$1,236.84	\$608.74	\$1,389.03	\$456.55	\$1,465.12	\$380.46	\$1,541.21	\$304.37
	Individual/Child	\$555.52	\$760.92	\$707.70	\$608.74	\$859.89	\$456.55	\$935.98	\$380.46	\$1,012.07	\$304.37
	Individual/Children	\$1,140.11	\$760.92	\$1,292.29	\$608.74	\$1,448.48	\$456.55	\$1,520.57	\$380.46	\$1,596.66	\$304.37
	Family	\$1,423.93	\$760.92	\$1,576.11	\$608.74	\$1,728.30	\$456.55	\$1,804.39	\$380.46	\$1,880.48	\$304.37
Option 3		Level 1	Level 1	Level 2	Level 2	Level 3	Level 3	Level 4	Level 4	Level 5	Level 5
GOLD	Individual	\$280.43	\$760.92	\$432.61	\$608.74	\$584.80	\$456.55	\$660.89	\$380.46	\$736.98	\$304.37
	Individual/Spouse	\$1,392.68	\$760.92	\$1,544.86	\$608.74	\$1,697.05	\$456.55	\$1,773.14	\$380.46	\$1,849.23	\$304.37
	Individual/Child	\$775.49	\$760.92	\$927.67	\$608.74	\$1,079.86	\$456.55	\$1,155.95	\$380.46	\$1,232.04	\$304.37
	Individual/Children	\$1,462.81	\$760.92	\$1,614.99	\$608.74	\$1,767.18	\$456.55	\$1,843.27	\$380.46	\$1,919.36	\$304.37
	Family	\$1,790.62	\$760.92	\$1,942.80	\$608.74	\$2,094.99	\$456.55	\$2,171.08	\$380.46	\$2,247.17	\$304.37

\* **BRONZE** – Qualified High Deductible Plan w/ Health Savings Account

Wellbeing Incentive Discount Applied to Retiree Cost Share of Insurance Premium	Retiree With Wellness Participation	-\$50.00 per month	-\$600.00 Annually
	Spouse With Wellness Participation	-\$25.00 per month	-\$300.00 Annually
	Both With Wellness Participation	-\$75.00 per month	-\$900.00 Annually

<b>National Vision Administrators</b>				
<b>Monthly Premiums</b>				
<b>Individual Only</b>	<b>Individual + Spouse</b>	<b>Individual + Child</b>	<b>Individual + Children</b>	<b>Family</b>
<b>\$4.57</b>	<b>\$7.06</b>	<b>\$7.06</b>	<b>\$7.06</b>	<b>\$11.21</b>

<b>Delta Dental</b>				
<b>Monthly Premiums</b>				
<b>Individual Only</b>	<b>Individual + Spouse</b>	<b>Individual + Child</b>	<b>Individual + Children</b>	<b>Family</b>
<b>\$30.36</b>	<b>\$63.76</b>	<b>\$45.54</b>	<b>\$45.54</b>	<b>\$75.90</b>

Distribution Surcharge	\$4.00 per month	Applied to all retired employees covered under the Garrett County Board of Education Health Care Plan.
<b>Effective 7/01/2020</b> Nicotine Surcharge  <b>Effective 7/01/2021</b> Nicotine Surcharge	Retiree - \$50.00 per month/ \$600.00 annually  Spouse - \$50.00 per month/ \$600.00 annually	Applied to any <b>employee</b> and <b>spouse</b> covered under the Garrett County Board of Education Health Care Plan that is an active nicotine user OR a nicotine user who failed to complete a cessation program OR an <b>employee or spouse</b> who failed to return their Nicotine Attestation Form by the deadline.