

**City of Baltimore
DHR - Office of Employee Benefits**

**2025 Monthly Active COBRA Rates
Includes 2% Administration Fee**

High Option & Standard Option Medical Plans

BlueChoice Adv High Option PPO

Coverage Level	High Option COBRA Cost
Participant Only	\$1,000.73
Participant + Child	\$1,851.35
Participant + Spouse	\$2,101.54
Participant + Family	\$3,002.20

BlueChoice Adv Std Option PPO

Coverage Level	Standard Option COBRA Cost
Participant Only	\$923.17
Participant + Child	\$1,707.87
Participant + Spouse	\$1,938.66
Participant + Family	\$2,769.51

HMO Medical Plans

Open Access Aetna Select (HMO)

Coverage Level	COBRA Cost
Participant Only	\$768.77
Participant + Child	\$1,422.24
Participant + Spouse	\$1,614.43
Participant + Family	\$2,306.33

Kaiser Permanente HMO

Coverage Level	COBRA Cost
Participant Only	\$726.65
Participant + Child	\$1,380.63
Participant + Spouse	\$1,525.96
Participant + Family	\$2,179.94

High Option & Standard Option Prescription Drug Plans

CVS Caremark Health - RX - High Option

Coverage Level	COBRA Cost
Participant Only	\$119.41
Participant + Child	\$220.91
Participant + Spouse	\$250.77
Participant + Family	\$358.23

CVS Caremark Health - RX - Standard Option

Coverage Level	COBRA Cost
Participant Only	\$114.64
Participant + Child	\$212.08
Participant + Spouse	\$240.73
Participant + Family	\$343.90

DHMO & DPPO Dental Plans

CareFirst Dental DHMO

Coverage Level	COBRA Cost
Participant Only	\$14.52
Participant + Child	\$29.05
Participant + Spouse	\$28.62
Participant + Family	\$41.54

CareFirst Dental DPPO

Coverage Level	COBRA Cost
Participant Only	\$27.79
Participant + Child	\$47.20
Participant + Spouse	\$55.57
Participant + Family	\$77.74

Vision Plan

Level	COBRA Cost
Participant Only	\$3.65
Participant + Child	\$3.65
Participant + Spouse	\$3.65
Participant + Family	\$3.65

COBRA rates include 2% administrative load.

**City of Baltimore
DHR - Office of Employee Benefits**

**2025 Monthly Active COBRA Rates
Does Not Include 2% Administration Fee**

High Option & Standard Option Medical Plans

BlueChoice Adv High Option PPO

Coverage Level	High Option COBRA Cost
Participant Only	\$981.11
Participant + Child	\$1,815.05
Participant + Spouse	\$2,060.33
Participant + Family	\$2,943.33

BlueChoice Adv Std Option PPO

Coverage Level	Standard Option COBRA Cost
Participant Only	\$905.07
Participant + Child	\$1,674.38
Participant + Spouse	\$1,900.65
Participant + Family	\$2,715.21

HMO Medical Plans

Open Access Aetna Select (HMO)

Coverage Level	COBRA Cost
Participant Only	\$753.70
Participant + Child	\$1,394.35
Participant + Spouse	\$1,582.77
Participant + Family	\$2,261.11

Kaiser Permanente HMO

Coverage Level	COBRA Cost
Participant Only	\$712.40
Participant + Child	\$1,353.56
Participant + Spouse	\$1,496.04
Participant + Family	\$2,137.20

High Option & Standard Option Prescription Drug Plans

CVS Caremark Health - RX - High Option

Coverage Level	COBRA Cost
Participant Only	\$117.07
Participant + Child	\$216.58
Participant + Spouse	\$245.85
Participant + Family	\$351.21

CVS Caremark Health - RX - Standard Option

Coverage Level	COBRA Cost
Participant Only	\$112.39
Participant + Child	\$207.92
Participant + Spouse	\$236.01
Participant + Family	\$337.16

DHMO & DPPO Dental Plans

CareFirst Dental DHMO

Coverage Level	COBRA Cost
Participant Only	\$14.24
Participant + Child	\$28.48
Participant + Spouse	\$28.06
Participant + Family	\$40.73

CareFirst Dental DPPO

Coverage Level	COBRA Cost
Participant Only	\$27.25
Participant + Child	\$46.27
Participant + Spouse	\$54.48
Participant + Family	\$76.22

Vision Plan

Level	COBRA Cost
Participant Only	\$3.58
Participant + Child	\$3.58
Participant + Spouse	\$3.58
Participant + Family	\$3.58

COBRA rates without 2% administrative load.

2025 Retiree Medical Plan Rate Chart
Monthly Deduction
50% Retiree Contribution
(Fifteen or More City Service Years)
Effective January 1, 2025

All Members Non Medicare Only (Includes Dental)

All Members Non Medicare Only			BlueChoice Adv (High Option)	BlueChoice Adv (Standard Option)	Aetna	Kaiser HMO
Level Code	Number of Members	Coverage Level Description	Your Cost	Your Cost	Your Cost	Your Cost
I	1	Retiree Only	\$590.01	\$483.03	N/A	\$471.09
P	2	Retiree Plus Dependent Child	\$1,149.91	\$941.38	N/A	\$869.61
H	2	Retiree Plus Spouse	\$1,323.08	\$1,082.73	N/A	\$909.49
F	3 or More	Retiree Plus Two or More Dependents	\$1,442.56	\$1,181.69	N/A	\$1,714.50

All Members With Medicare A & B Only

All Members With Medicare A & B Only			BlueChoice Adv (High Option)	BlueChoice Adv (Standard Option)	Aetna MAPD (Includes Rx)	Kaiser MAPD (Includes Rx)
Level Code	Number of Members	Coverage Level Description	Your Cost	Your Cost	Your Cost	Your Cost
1	1	Retiree With Medicare A & B	N/A	N/A	\$185.64	\$174.79
2	2 or More	Two or More With Medicare A & B	N/A	N/A	\$371.27	\$349.59

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			BlueChoice Adv (High Option)	BlueChoice Adv (Standard Option)	Aetna	Kaiser
Level Code	Number of Members	Coverage Level Description	Your Cost	Your Cost	Your Cost	Your Cost
I1	2	One Non Medicare Member and One Member with Medicare A & B	N/A	N/A	\$775.65	\$512.59

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			BlueChoice Adv (High Option)	BlueChoice Adv (Standard Option)	Aetna	Kaiser
Level Code	Number of Members	Coverage Level Description	Your Cost	Your Cost	Your Cost	Your Cost
F1	3 or More	Three or More Members With At Least One Member With Medicare A & B Only	N/A	N/A	\$1,038.18	\$1,226.51

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

Combination of Medicare Part B or A Only & Medicare A & B Members			BlueChoice Adv (High Option)	BlueChoice Adv (Standard Option)	Aetna	Kaiser
Level Code	Number of Members	Coverage Level Description	Your Cost	Your Cost	Your Cost	Your Cost
S	1	Retiree With Medicare B or A Only	N/A	N/A	\$488.00	N/A
SS S1	2	Two Members With Medicare B or A Only or One Member with Medicare B or A Only & One Member with Medicare A & B	N/A	N/A	\$976.01	N/A

Combination of Medicare B or A Only & Non Medicare Members

Combination of Medicare B or A Only & Non Medicare Members			BlueChoice Adv (High Option)	BlueChoice Adv (Standard Option)	Aetna	Kaiser
Level Code	Number of Members	Coverage Level Description	Your Cost	Your Cost	Your Cost	Your Cost
IS	2 or more	Two or More Members With At Least One Member With Medicare B or A Only & Non Medicare Members	N/A	N/A	\$1,093.34	N/A

2025 Retiree Medical Plan Rate Chart
Monthly Deduction
(Ten to Fourteen City Service Years)
Effective January 1, 2025

All Members Non Medicare Only (Includes Dental)

All Members Non Medicare Only			BlueChoice Adv (High Option)	BlueChoice Adv (Standard Option)	Aetna	Kaiser
Level Code	Number of Members	Coverage Level Description	Your Cost	Your Cost	Your Cost	Your Cost
I	1	Retiree Only	\$916.77	\$809.79	N/A	\$797.85
P	2	Retiree Plus Dependent Child	\$1,786.40	\$1,577.87	N/A	\$1,506.10
H	2	Retiree Plus Spouse	\$2,059.45	\$1,819.09	N/A	\$1,645.86
F	3 or More	Retiree Plus Two or More Dependents	\$2,235.34	\$1,974.47	N/A	\$2,507.28

All Members With Medicare A & B Only

All Members With Medicare A & B Only			BlueChoice Adv (High Option)	BlueChoice Adv (Standard Option)	Aetna MAPD Includes Rx	Kaiser MAPD Includes Rx
Level Code	Number of Members	Coverage Level Description	Your Cost	Your Cost	Your Cost	Your Cost
1	1	Retiree With Medicare A & B	N/A	N/A	\$263.68	\$247.42
2	2 or More	Two or More With Medicare A & B	N/A	N/A	\$527.36	\$494.83

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			BlueChoice Adv (High Option)	BlueChoice Adv (Standard Option)	Aetna	Kaiser
Level Code	Number of Members	Coverage Level Description	Your Cost	Your Cost	Your Cost	Your Cost
I1	2	One Non Medicare Member and One Member with Medicare A & B	N/A	N/A	\$1,180.45	\$710.64

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			BlueChoice Adv (High Option)	BlueChoice Adv (Standard Option)	Aetna	Kaiser
Level Code	Number of Members	Coverage Level Description	Your Cost	Your Cost	Your Cost	Your Cost
F1	3 or More	Three or More Members With At Least One Member With Medicare A & B Only	N/A	N/A	\$1,582.25	\$1,923.40

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

Combination of Medicare Part B or A Only & Medicare A & B Members			BlueChoice Adv (High Option)	BlueChoice Adv (Standard Option)	Aetna	Kaiser
Level Code	Number of Members	Coverage Level Description	Your Cost	Your Cost	Your Cost	Your Cost
S	1	Retiree With Medicare B or A Only	N/A	N/A	\$780.81	N/A
SS S1	2	Two Members With Medicare B or A Only or One Member with Medicare B or A Only & One Member with Medicare A & B	N/A	N/A	\$1,561.61	N/A

Combination of Medicare B or A Only & Non Medicare Members

Combination of Medicare B or A Only & Non Medicare Members			BlueChoice Adv (High Option)	BlueChoice Adv (Standard Option)	Aetna	Kaiser
Level Code	Number of Members	Coverage Level Description	Your Cost	Your Cost	Your Cost	Your Cost
IS	2 or more	Two or More Members With At Least One Member With Medicare B or A Only & Non Medicare Members	N/A	N/A	\$1,687.57	N/A

2025 Retiree Medical Plan Rate Chart
Monthly Deduction
(Five to Nine City Service Years)
Effective January 1, 2025

All Members Non Medicare Only

All Members Non Medicare Only			BlueChoice Adv (High Option)	BlueChoice Adv Standard Option	Aetna	Kaiser
Level Code	Number of Members	Coverage Level Description	Your Cost	Your Cost	Your Cost	Your Cost
I	1	Retiree Only	\$1,133.46	\$1,026.47	N/A	\$1,014.54
P	2	Retiree Plus Dependent Child	\$2,209.35	\$2,000.82	N/A	\$1,929.05
H	2	Retiree Plus Spouse	\$2,542.28	\$2,301.93	N/A	\$2,128.69
F	3 or More	Retiree Plus Two or More Dependents	\$2,769.69	\$2,508.82	N/A	\$3,041.63

All Members With Medicare A & B Only

All Members With Medicare A & B Only			BlueChoice Adv (High Option)	BlueChoice Adv Standard Option	Aetna MAPD Includes Rx	Kaiser MAPD Includes Rx
Level Code	Number of Members	Coverage Level Description	Your Cost	Your Cost	Your Cost	Your Cost
1	1	Retiree With Medicare A & B	N/A	N/A	\$329.60	\$309.27
2	2 or More	Two or More With Medicare A & B	N/A	N/A	\$659.20	\$618.54

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			BlueChoice Adv (High Option)	BlueChoice Adv Standard Option	Aetna	Kaiser
Level Code	Number of Members	Coverage Level Description	Your Cost	Your Cost	Your Cost	Your Cost
I1	2	One Non Medicare Member and One Member with Medicare A & B	N/A	N/A	\$1,463.06	\$1,010.94

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			BlueChoice Adv (High Option)	BlueChoice Adv Standard Option	Aetna	Kaiser
Level Code	Number of Members	Coverage Level Description	Your Cost	Your Cost	Your Cost	Your Cost
F1	3 or More	Three or More Members With At Least One Member With Medicare A & B Only	N/A	N/A	\$1,965.83	\$2,412.29

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

Combination of Medicare Part B or A Only & Medicare A & B Members			BlueChoice Adv (High Option)	BlueChoice Adv (Standard Option)	Aetna	Kaiser
Level Code	Number of Members	Coverage Level Description	Your Cost	Your Cost	Your Cost	Your Cost
S	1	Retiree With Medicare B or A Only	N/A	N/A	\$976.01	N/A
SS S1	2	Two Members With Medicare B or A Only or One Member with Medicare B or A Only & One Member with Medicare A & B	N/A	N/A	\$1,952.01	N/A

Combination of Medicare B or A Only & Non Medicare Members

Combination of Medicare B or A Only & Non Medicare Members			BlueChoice Adv (High Option)	BlueChoice Adv Standard Option	Aetna	Kaiser
Level Code	Number of Members	Coverage Level Description	Your Cost	Your Cost	Your Cost	Your Cost
IS	2 or more	Two or More Members With At Least One Member With Medicare B or A Only & Non Medicare Members	N/A	N/A	\$2,109.47	N/A

2025 Retiree Medical Plan Rate Chart

Biweekly Deduction
(Fifteen or More City Service Years)
Effective January 1, 2025

All Members Non Medicare Only

All Members Non Medicare Only			BlueChoice Adv (High Option)	BlueChoice Adv (Standard Option)	Aetna MAPD	Kaiser Permanente HMO
Level Code	Number of Members	Coverage Level Description	Your Cost	Your Cost	Your Cost	Your Cost
I	1	Retiree Only	\$272.31	\$222.94	N/A	\$217.43
P	2	Retiree Plus Dependent Child	\$530.73	\$434.48	N/A	\$401.36
H	2	Retiree Plus Spouse	\$610.65	\$499.72	N/A	\$419.76
F	3 or More	Retiree Plus Two or More Dependents	\$665.80	\$545.40	N/A	\$791.31

All Members With Medicare A & B Only

All Members With Medicare A & B Only			BlueChoice Adv (High Option)	BlueChoice Adv (Standard Option)	Aetna MAPD	Kaiser Permanente HMO
Level Code	Number of Members	Coverage Level Description	Your Cost	Your Cost	Your Cost	Your Cost
1	1	Retiree With Medicare A & B	N/A	N/A	\$85.68	\$80.67
2	2 or More	Two or More With Medicare A & B	N/A	N/A	\$171.36	\$161.35

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			BlueChoice Adv (High Option)	BlueChoice Adv (Standard Option)	Aetna MAPD	Kaiser Permanente HMO
Level Code	Number of Members	Coverage Level Description	Your Cost	Your Cost	Your Cost	Your Cost
I1	2	One Non Medicare Member and One Member with Medicare A & B	N/A	N/A	\$357.99	\$236.58

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			BlueChoice Adv (High Option)	BlueChoice Adv (Standard Option)	Aetna MAPD	Kaiser Permanente HMO
Level Code	Number of Members	Coverage Level Description	Your Cost	Your Cost	Your Cost	Your Cost
F1	3 or More	Three or More Members With At Least One Member With Medicare A & B Only	N/A	N/A	\$479.16	\$566.08

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

Combination of Medicare Part B or A Only & Medicare A & B Members			BlueChoice Adv (High Option)	BlueChoice Adv (Standard Option)	Aetna	Kaiser
Level Code	Number of Members	Coverage Level Description	Your Cost	Your Cost	Your Cost	Your Cost
S	1	Retiree With Medicare B or A Only	N/A	N/A	\$225.23	N/A
SS S1	2	Two Members With Medicare B or A Only or One Member with Medicare B or A Only & One Member with Medicare A & B	N/A	N/A	\$450.46	N/A

Combination of Medicare B or A Only & Non Medicare Members

Combination of Medicare B or A Only & Non Medicare Members			BlueChoice Adv (High Option)	BlueChoice Adv (Standard Option)	Aetna	Kaiser Permanente HMO
Level Code	Number of Members	Coverage Level Description	Your Cost	Your Cost	Your Cost	Your Cost
IS	2 or more	Two or More Members With At Least One Member With Medicare B or A Only & Non Medicare Members	N/A	N/A	\$504.62	N/A

2025 Retiree Medical Plan Rate Chart
Biweekly Deduction
(Ten to Fourteen City Service Years)
Effective January 1, 2025

All Members Non Medicare Only

All Members Non Medicare Only			BlueChoice Adv (High Option)	BlueChoice Adv (Standard Option)	Aetna MAPD	Kaiser Permanente HMO
Level Code	Number of Members	Coverage Level Description	Your Cost	Your Cost	Your Cost	Your Cost
I	1	Retiree Only	\$423.13	\$373.75	N/A	\$368.24
P	2	Retiree Plus Dependent Child	\$824.49	\$728.25	N/A	\$695.12
H	2	Retiree Plus Spouse	\$950.51	\$839.58	N/A	\$759.63
F	3 or More	Retiree Plus Two or More Dependents	\$1,031.70	\$911.29	N/A	\$1,157.21

All Members With Medicare A & B Only

All Members With Medicare A & B Only			BlueChoice Adv (High Option)	BlueChoice Adv (Standard Option)	Aetna MAPD	Kaiser Permanente HMO
Level Code	Number of Members	Coverage Level Description	Your Cost	Your Cost	Your Cost	Your Cost
1	1	Retiree With Medicare A & B	N/A	N/A	\$121.70	\$114.19
2	2 or More	Two or More With Medicare A & B	N/A	N/A	\$243.40	\$228.38

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			BlueChoice Adv (High Option)	BlueChoice Adv (Standard Option)	Aetna MAPD	Kaiser Permanente HMO
Level Code	Number of Members	Coverage Level Description	Your Cost	Your Cost	Your Cost	Your Cost
I1	2	One Non Medicare Member and One Member with Medicare A & B	N/A	N/A	\$544.83	\$327.99

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			BlueChoice Adv (High Option)	BlueChoice Adv (Standard Option)	Aetna MAPD	Kaiser Permanente HMO
Level Code	Number of Members	Coverage Level Description	Your Cost	Your Cost	Your Cost	Your Cost
F1	3 or More	Three or More Members With At Least One Member With Medicare A & B Only	N/A	N/A	\$730.27	\$887.72

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

Combination of Medicare Part B or A Only & Medicare A & B Members			BlueChoice Adv (High Option)	BlueChoice Adv (Standard Option)	Aetna	Kaiser
Level Code	Number of Members	Coverage Level Description	Your Cost	Your Cost	Your Cost	Your Cost
S	1	Retiree With Medicare B or A Only	N/A	N/A	\$360.37	N/A
SS S1	2	Two Members With Medicare B or A Only or One Member with Medicare B or A Only & One Member with Medicare A & B	N/A	N/A	\$720.74	N/A

Combination of Medicare B or A Only & Non Medicare Members

Combination of Medicare B or A Only & Non Medicare Members			BlueChoice Adv (High Option)	BlueChoice Adv (Standard Option)	Aetna	Kaiser Permanente HMO
Level Code	Number of Members	Coverage Level Description	Your Cost	Your Cost	Your Cost	Your Cost
IS	2 or more	Two or More Members With At Least One Member With Medicare B or A Only & Non Medicare Members	N/A	N/A	\$778.88	N/A

2025 Retiree Medical Plan Rate Chart

**Biweekly Deduction
(Five to Nine City Service Years)
Effective January 1, 2025**

All Members Non Medicare Only

All Members Non Medicare Only			BlueChoice Adv (High Option)	BlueChoice Adv (Standard Option)	Aetna MAPD	Kaiser Permanente HMO
Level Code	Number of Members	Coverage Level Description	Your Cost	Your Cost	Your Cost	Your Cost
I	1	Retiree Only	\$523.14	\$473.76	N/A	\$468.25
P	2	Retiree Plus Dependent Child	\$1,019.70	\$923.46	N/A	\$890.33
H	2	Retiree Plus Spouse	\$1,173.36	\$1,062.43	N/A	\$982.47
F	3 or More	Retiree Plus Two or More Dependents	\$1,278.32	\$1,157.92	N/A	\$1,403.83

All Members With Medicare A & B Only

All Members With Medicare A & B Only			BlueChoice Adv (High Option)	BlueChoice Adv Standard Option	Aetna MAPD Includes Rx	Kaiser MAPD Includes Rx
Level Code	Number of Members	Coverage Level Description	Your Cost	Your Cost	Your Cost	Your Cost
1	1	Retiree With Medicare A & B	N/A	N/A	\$152.12	\$142.74
2	2 or More	Two or More With Medicare A & B	N/A	N/A	\$304.25	\$285.48

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			BlueChoice Adv (High Option)	BlueChoice Adv Standard Option	Aetna	Kaiser
Level Code	Number of Members	Coverage Level Description	Your Cost	Your Cost	Your Cost	Your Cost
I1	2	One Non Medicare Member and One Member with Medicare A & B	N/A	N/A	\$675.26	\$466.59

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			BlueChoice Adv (High Option)	BlueChoice Adv Standard Option	Aetna	Kaiser
Level Code	Number of Members	Coverage Level Description	Your Cost	Your Cost	Your Cost	Your Cost
F1	3 or More	Three or More Members With At Least One Member With Medicare A & B Only	N/A	N/A	\$907.31	\$1,113.36

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

Combination of Medicare Part B or A Only & Medicare A & B Members			BlueChoice Adv (High Option)	BlueChoice Adv (Standard Option)	Aetna	Kaiser
Level Code	Number of Members	Coverage Level Description	Your Cost	Your Cost	Your Cost	Your Cost
S	1	Retiree With Medicare B or A Only	N/A	N/A	\$450.46	N/A
SS S1	2	Two Members With Medicare B or A Only or One Member with Medicare B or A Only & One Member with Medicare A & B	N/A	N/A	\$900.93	N/A

Combination of Medicare B or A Only & Non Medicare Members

Combination of Medicare B or A Only & Non Medicare Members			BlueChoice Adv (High Option)	BlueChoice Adv Standard Option	Aetna	Kaiser
Level Code	Number of Members	Coverage Level Description	Your Cost	Your Cost	Your Cost	Your Cost
IS	2 or more	Two or More Members With At Least One Member With Medicare B or A Only & Non Medicare Members	N/A	N/A	\$973.60	N/A

**2025 Monthly Prescription Drug Costs For Retirees
(High Option & Standard Option Plans)
Retirees & Dependents Enrolled in Rx (Non Medicare) & MRx (Medicare D) Plans
(Will Be Combined With Your Medical Cost As A Single Payroll Deduction)**

A

Retirees & Dependents (All Members Non Medicare) Prescription Drug Plan (Rx)	Rx Level Tiers	High Option Your Cost Per Pension Check	Standard Option Your Cost Per Pension Check
Participant Only	1	\$68.20	\$57.02
Participant + Child	3	\$133.01	\$111.20
Participant + Spouse	2	\$153.23	\$128.11
Participant + Family	4	\$166.33	\$139.06

B

Non Medicare Dependent(s) Of Retirees Enrolled In MAPD	Rx Level Tiers	High Option Your Cost Per Pension Check	Standard Option Your Cost Per Pension Check
Spouse	9	\$68.20	\$57.02
Spouse + One Child	10	\$133.01	\$111.20
Spouse + Two or More Children	11	\$166.33	\$139.06
One Child Only	12	\$64.81	\$54.19
Two Or More Children Only	13	\$98.13	\$82.03

Key:

Rx Plan = Non Medicare retirees and dependents enrolled in the CVS Caremark Rx Plan

How To Determine Your Monthly Prescription Cost

To determine your prescription drug cost in the City's (High Option or Standard Option) prescription drug plan, read the following categories along with the costs displayed on the front of this notice and complete the worksheet below. Choose the High Option or Standard Option column based on your Medical plan enrollment option. If you enroll in the CareFirst PPN Standard Option Medical Plan, then you can only elect the Standard Option Rx Plan. All other Medical Plan enrollment options are linked to the High Option Rx Plan.

- > Refer to **Table A** if you and all of your family members are Non Medicare. **Example:** Your family unit includes you and two dependents (spouse and children) all members are (**Non Medicare - Table A - Rx Level Tier 4 - Family**). Your Rx cost for you and your family members will be \$139.06 if you enroll in the Standard Option Rx Plan. Your total prescription drug cost of \$139.06 will be combined with your medical cost as a single payroll deduction from your monthly pension check.
- > Refer to **Table B** if you (the retiree) are Medicare eligible enrolled in the Aetna or Kaiser MAPD plan and your family members (dependents) are Non Medicare enrolled in the Aetna PPO or Kaiser HMO. You will have to add the cost of Rx from Tables B to arrive at your total prescription drug cost that will be combined with your medical cost as a single payroll deduction from your monthly pension check.

Worksheet:

Table A All Members Non Medicare Level Tier Code: _____ Rx Cost: \$ _____

Table B Dependents of Retirees in MAPD Level Tier Code: _____ Rx Cost: \$ _____

Total Prescription Drug Cost Per Pension Check: \$ _____

Note: Your total prescription drug cost will be combined with your medical cost as a single payroll deduction from your monthly pension check.

**2025 Biweekly Prescription Drug Costs For Retirees
(High Option & Standard Option Plans)
Retirees & Dependents Enrolled in Rx (Non Medicare)
(Will Be Combined With Your Medical Cost As A Single Payroll Deduction)**

A

Retirees & Dependents (All Members Non Medicare) Prescription Drug Plan (Rx)	Rx Level Tiers	High Option Your Cost Per Pension Check	Standard Option Your Cost Per Pension Check
Participant Only	1	\$31.48	\$26.32
Participant + Child	3	\$61.39	\$51.32
Participant + Spouse	2	\$70.72	\$59.13
Participant + Family	4	\$76.77	\$64.18

B

Non Medicare Dependent(s) Of Retirees Enrolled In MAPD	Rx Level Tiers	High Option Your Cost Per Pension Check	Standard Option Your Cost Per Pension Check
Spouse	9	\$31.48	\$26.32
Spouse + One Child	10	\$61.39	\$51.32
Spouse + Two or More Children	11	\$76.77	\$64.18
One Child Only	12	\$29.91	\$25.01
Two Or More Children Only	13	\$45.29	\$37.86

Key:

Rx Plan = Non Medicare retirees and dependents enrolled in the CVS Caremark Rx Plan

How To Determine Your Bi-Weekly Prescription Cost

To determine your prescription drug cost in the City's (High Option or Standard Option) prescription drug plan, read the following categories along with the costs displayed on the front of this notice and complete the worksheet below. Choose the High Option or Standard Option column based on your Medical plan enrollment option. If you enroll in the CareFirst PPN Standard Option Medical Plan, then you can only elect the Standard Option Rx Plan. All other Medical Plan enrollment options are linked to the High Option Rx Plan.

- > Refer to **Table A** if you and all of your family members are Non Medicare. **Example:** Your family unit includes you and two dependents (spouse and children) all members are (**Non Medicare - Table A - Rx Level Tier 4 - Family**). Your Rx cost for you and your family members will be \$64.18 if you enroll in the Standard Option Rx Plan. Your total prescription drug cost of \$64.18 will be combined with your medical cost as a single payroll deduction from your biweekly pension check.
- > Refer to **Table B** if you (the retiree) are Medicare eligible enrolled in the Aetna or Kaiser MAPD plan and your family members (dependents) are Non Medicare enrolled in the Aetna PPO or Kaiser HMO. You will have to add the cost of Rx from Tables B to arrive at your total prescription drug cost that will be combined with your medical cost as a single payroll deduction from your monthly pension check.

Worksheet:

Table A All Members Non Medicare Level Tier Code: _____ Rx Cost: \$ _____
Table B All Members w/ Medicare A and/or B Level Tier Code: _____ Rx Cost: \$ _____

Total Prescription Drug Cost Per Pension Check: \$ _____

Note: Your total prescription drug cost will be combined with your medical cost as a single payroll deduction from your biweekly pension check.

2025 Monthly Medical & RX Plan Rates for Active Employees

BlueChoice Advantage PPO

High Option Medical Plan				Standard Option Medical Plan			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	\$981.11	\$746.18	\$234.93	Participant Only	\$905.07	\$739.64	\$165.43
Participant + Child	\$1,815.05	\$1,380.44	\$434.61	Participant + Child	\$1,674.38	\$1,368.33	\$306.05
Participant + Spouse	\$2,060.33	\$1,566.98	\$493.35	Participant + Spouse	\$1,900.65	\$1,553.24	\$347.41
Participant + Family	\$2,943.33	\$2,238.55	\$704.78	Participant + Family	\$2,715.21	\$2,218.91	\$496.30

Open Access Aetna Select (HMO)

Open Access Aetna Select (HMO)			
Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	\$753.70	\$682.10	\$71.60
Participant + Child	\$1,394.35	\$1,261.89	\$132.46
Participant + Spouse	\$1,582.77	\$1,432.41	\$150.36
Participant + Family	\$2,261.11	\$2,046.30	\$214.81

Kaiser Permanente HMO

Kaiser Permanente HMO Plan			
Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	\$712.40	\$644.72	\$67.68
Participant + Child	\$1,353.56	\$1,224.97	\$128.59
Participant + Spouse	\$1,496.04	\$1,353.92	\$142.12
Participant + Family	\$2,137.20	\$1,934.17	\$203.03

Bundled Medical & Rx Election Chart

Bundled Medical & Rx Election Chart
Rx coverage is bundled with Medical plan election, but with a separate payroll
High Option Medical Plans => High Option Rx Plan
Standard Option Medical Plans => Standard Option Rx Plan
HMO Medical Plans => High Option Rx Plan

CVS Caremark (RX - High & Standard Options)

CVS Caremark High Option Rx Plan				CVS Caremark Standard Option Rx Plan			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	\$117.07	\$92.24	\$24.83	Participant Only	\$112.39	\$91.83	\$20.56
Participant + Child	\$216.58	\$170.66	\$45.92	Participant + Child	\$207.92	\$169.89	\$38.03
Participant + Spouse	\$245.85	\$193.73	\$52.12	Participant + Spouse	\$236.01	\$192.85	\$43.17
Participant + Family	\$351.21	\$276.74	\$74.47	Participant + Family	\$337.16	\$275.49	\$61.67

2025 Biweekly Medical & Rx Plan Rates for Active Employees

BlueChoice Advantage PPO

High Option Medical Plan				Standard Option Medical Plan			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	\$452.82	\$344.39	\$108.43	Participant Only	\$417.72	\$341.37	\$76.35
Participant + Child	\$837.72	\$637.13	\$200.59	Participant + Child	\$772.79	\$631.54	\$141.25
Participant + Spouse	\$950.92	\$723.22	\$227.70	Participant + Spouse	\$877.22	\$716.88	\$160.34
Participant + Family	\$1,358.46	\$1,033.18	\$325.28	Participant + Family	\$1,253.17	\$1,024.11	\$229.06

Open Access Aetna Select (HMO)

Kaiser Permanente HMO

Open Access Aetna Select (HMO)				Kaiser Permanente HMO Plan			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	\$347.86	\$314.81	\$33.05	Participant Only	\$328.80	\$297.56	\$31.24
Participant + Child	\$643.55	\$582.41	\$61.14	Participant + Child	\$624.72	\$565.37	\$59.35
Participant + Spouse	\$730.51	\$661.11	\$69.40	Participant + Spouse	\$690.48	\$624.88	\$65.60
Participant + Family	\$1,043.59	\$944.45	\$99.14	Participant + Family	\$986.40	\$892.69	\$93.71

Bundled Medical & Rx Election Chart

Bundled Medical & Rx Election Chart
Rx coverage is bundled with Medical plan election, but with a separate payroll deduction.
High Option Medical Plans => High Option Rx Plan
Standard Option Medical Plans => Standard Option Rx Plan
HMO Medical Plans => High Option Rx Plan

CVS Caremark (RX - High & Standard Options)

CVS Caremark High Option Rx Plan				CVS Caremark Standard Option Rx Plan			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	\$54.03	\$42.57	\$11.46	Participant Only	\$51.87	\$42.38	\$9.49
Participant + Child	\$99.96	\$78.76	\$21.20	Participant + Child	\$95.96	\$78.41	\$17.55
Participant + Spouse	\$113.47	\$89.41	\$24.06	Participant + Spouse	\$108.93	\$89.01	\$19.92
Participant + Family	\$162.10	\$127.73	\$34.37	Participant + Family	\$155.61	\$127.15	\$28.46

2025 21-Pay Medical & Rx Plan Rates for Active Employees

BlueChoice Advantage PPO

High Option Medical Plan				Standard Option Medical Plan			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	\$560.63	\$426.39	\$134.24	Participant Only	\$517.18	\$422.65	\$94.53
Participant + Child	\$1,037.17	\$788.82	\$248.35	Participant + Child	\$956.79	\$781.91	\$174.88
Participant + Spouse	\$1,177.33	\$895.42	\$281.91	Participant + Spouse	\$1,086.08	\$887.56	\$198.52
Participant + Family	\$1,681.90	\$1,279.17	\$402.73	Participant + Family	\$1,551.55	\$1,267.95	\$283.60

Open Access Aetna Select (HMO)

Kaiser Permanente HMO

Open Access Aetna Select (HMO)				Kaiser Permanente HMO Plan			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	\$430.69	\$389.77	\$40.92	Participant Only	\$407.09	\$368.42	\$38.67
Participant + Child	\$796.77	\$721.08	\$75.69	Participant + Child	\$773.46	\$699.98	\$73.48
Participant + Spouse	\$904.44	\$818.52	\$85.92	Participant + Spouse	\$854.88	\$773.67	\$81.21
Participant + Family	\$1,292.06	\$1,169.31	\$122.75	Participant + Family	\$1,221.26	\$1,105.24	\$116.02

Bundled Medical & Rx Election Chart

Bundled Medical & Rx Election Chart
Rx coverage is bundled with Medical plan election, but with a separate payroll deduction.
High Option Medical Plans => High Option Rx Plan
Standard Option Medical Plans => Standard Option Rx Plan
HMO Medical Plans => High Option Rx Plan

CVS Caremark High Option Rx Plan

CVS Caremark Health High Option Rx Plan				CVS Caremark Health Standard Option Rx Plan			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	\$66.90	\$52.71	\$14.19	Participant Only	\$64.22	\$52.47	\$11.75
Participant + Child	\$123.76	\$97.52	\$26.24	Participant + Child	\$118.81	\$97.08	\$21.73
Participant + Spouse	\$140.48	\$110.70	\$29.78	Participant + Spouse	\$134.87	\$110.20	\$24.67
Participant + Family	\$200.69	\$158.13	\$42.56	Participant + Family	\$192.66	\$157.42	\$35.24

2025 Weekly Medical & Rx Plan Rates for Active Employees

BlueChoice Advantage PPO

High Option Medical Plan				Standard Option Medical Plan			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	\$226.41	\$172.20	\$54.21	Participant Only	\$208.86	\$170.68	\$38.18
Participant + Child	\$418.86	\$318.57	\$100.29	Participant + Child	\$386.40	\$315.77	\$70.63
Participant + Spouse	\$475.46	\$361.61	\$113.85	Participant + Spouse	\$438.61	\$358.44	\$80.17
Participant + Family	\$679.23	\$516.59	\$162.64	Participant + Family	\$626.59	\$512.06	\$114.53

Open Access Aetna Select (HMO)

Open Access Aetna Select (HMO)			
Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	\$173.93	\$157.41	\$16.52
Participant + Child	\$321.77	\$291.20	\$30.57
Participant + Spouse	\$365.26	\$330.56	\$34.70
Participant + Family	\$521.79	\$472.22	\$49.57

Kaiser Permanente HMO

Kaiser Permanente HMO Plan			
Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	\$164.40	\$148.78	\$15.62
Participant + Child	\$312.36	\$282.69	\$29.67
Participant + Spouse	\$345.24	\$312.44	\$32.80
Participant + Family	\$493.20	\$446.35	\$46.85

Bundled Medical & Rx Election Chart

Bundled Medical & Rx Election Chart
Rx coverage is bundled with Medical plan election, but with a separate payroll deduction.
High Option Medical Plans => High Option Rx Plan
Standard Option Medical Plans => Standard Option Rx Plan
HMO Medical Plans => High Option Rx Plan

CVS Caremark (RX - High & Standard Options)

CVS Caremark High Option Rx Plan				CVS Caremark Standard Option Rx Plan			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	\$27.02	\$21.29	\$5.73	Participant Only	\$25.94	\$21.20	\$4.74
Participant + Child	\$49.98	\$39.38	\$10.60	Participant + Child	\$47.98	\$39.20	\$8.78
Participant + Spouse	\$56.73	\$44.70	\$12.03	Participant + Spouse	\$54.46	\$44.50	\$9.96
Participant + Family	\$81.05	\$63.86	\$17.19	Participant + Family	\$77.81	\$63.58	\$14.23

2025 Dental Rates

Biweekly (26 Pays)

CareFirst Dental DHMO - Biweekly Rates				CareFirst Dental DPPO - Biweekly Rates			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	\$6.57	\$6.57	\$0.00	Participant Only	\$12.58	\$6.57	\$6.01
Participant + Child	\$13.14	\$13.14	\$0.00	Participant + Child	\$21.36	\$13.14	\$8.22
Participant + Spouse	\$12.95	\$12.95	\$0.00	Participant + Spouse	\$25.14	\$12.95	\$12.19
Participant + Family	\$18.80	\$18.80	\$0.00	Participant + Family	\$35.18	\$18.80	\$16.38

Weekly (52 Pays)

CareFirst Dental DHMO - Weekly Rates				CareFirst Dental DPPO - Weekly Rates			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	\$3.29	\$3.29	\$0.00	Participant Only	\$6.29	\$3.29	\$3.00
Participant + Child	\$6.57	\$6.57	\$0.00	Participant + Child	\$10.68	\$6.57	\$4.11
Participant + Spouse	\$6.48	\$6.48	\$0.00	Participant + Spouse	\$12.57	\$6.48	\$6.09
Participant + Family	\$9.40	\$9.40	\$0.00	Participant + Family	\$17.59	\$9.40	\$8.19

21-Pays - Biweekly (10-Months)

CareFirst Dental DHMO - 21-Pays (Biweekly) Rates				CareFirst Dental DPPO - 21-Pays (Biweekly) Rates			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	\$8.14	\$8.14	\$0.00	Participant Only	\$15.57	\$8.14	\$7.43
Participant + Child	\$16.27	\$16.27	\$0.00	Participant + Child	\$26.44	\$16.27	\$10.17
Participant + Spouse	\$16.03	\$16.03	\$0.00	Participant + Spouse	\$31.13	\$16.03	\$15.10
Participant + Family	\$23.27	\$23.27	\$0.00	Participant + Family	\$43.56	\$23.27	\$20.29

Monthly (12-Months)

CareFirst Dental DHMO - Monthly Rates				CareFirst Dental DPPO - Monthly Rates			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	\$14.24	\$14.24	\$0.00	Participant Only	\$27.25	\$14.24	\$13.01
Participant + Child	\$28.48	\$28.48	\$0.00	Participant + Child	\$46.27	\$28.48	\$17.79
Participant + Spouse	\$28.06	\$28.06	\$0.00	Participant + Spouse	\$54.48	\$28.06	\$26.42
Participant + Family	\$40.73	\$40.73	\$0.00	Participant + Family	\$76.22	\$40.73	\$35.49