



## Board of Estimates

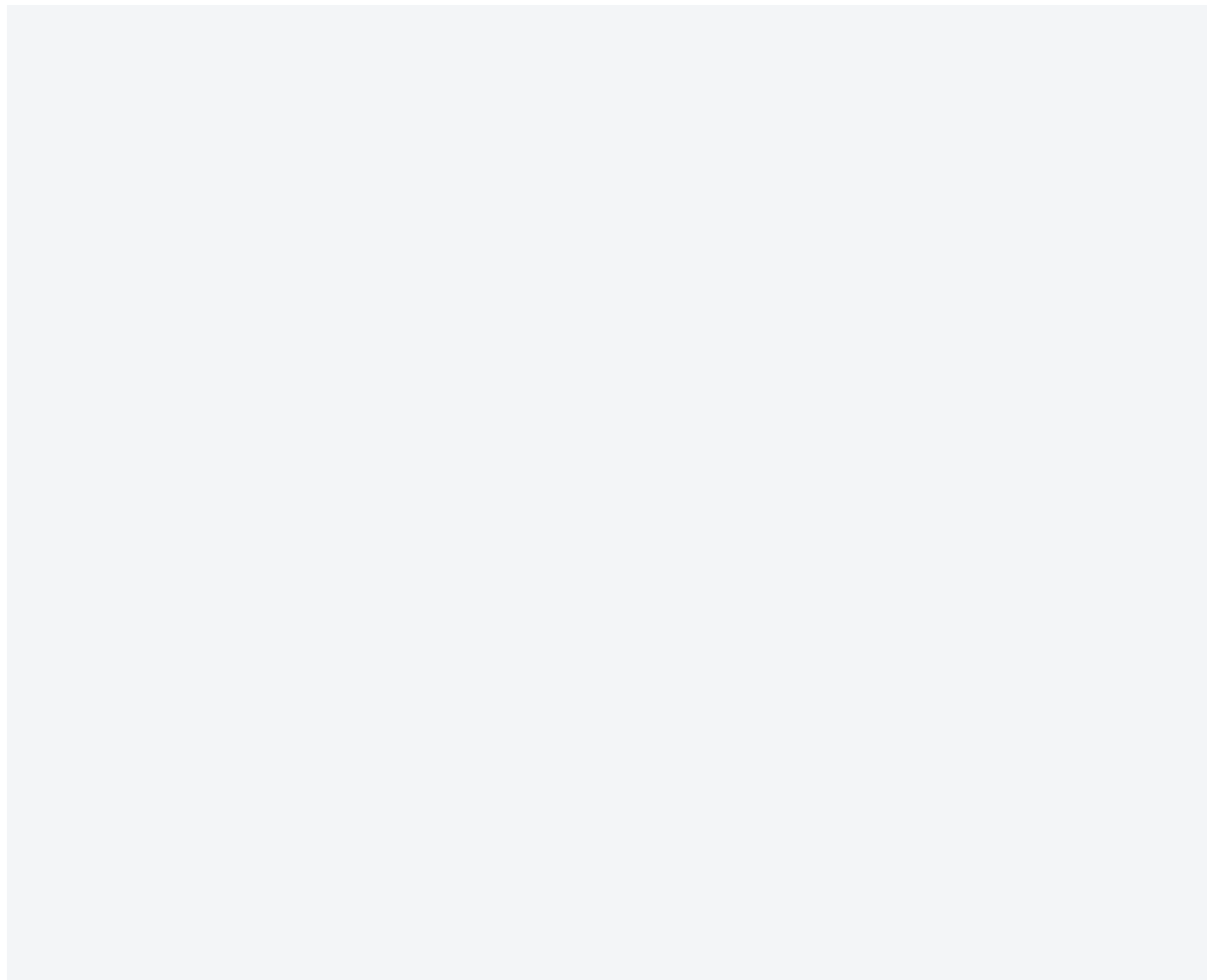
Council President Nick Mosby  
Mayor Brandon M. Scott  
Comptroller Bill Henry  
Acting City Solicitor Ebony Thompson  
Acting Director of DPW Richard Luna

Office of the Comptroller  
100 Holliday Street Room 204  
Baltimore, Maryland 21202  
410-396-4755  
BOE.Clerk@baltimorecity.gov

Board of Estimates Agenda Items for Wednesday, August 23, 2023

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**SB-23-12926 - 2024 Actives & Retirees Health Insurance Rates**

**ACTION REQUESTED:**

The Board is requested to approve an Rate Adjustment - Active and Retiree Health Insurance .  
Period of agreement is: 1/1/2024 to 12/31/2024

**AMOUNT AND SOURCE OF FUNDS:**

Transaction Amount: \$ 0.00

**BACKGROUND/EXPLANATION:**

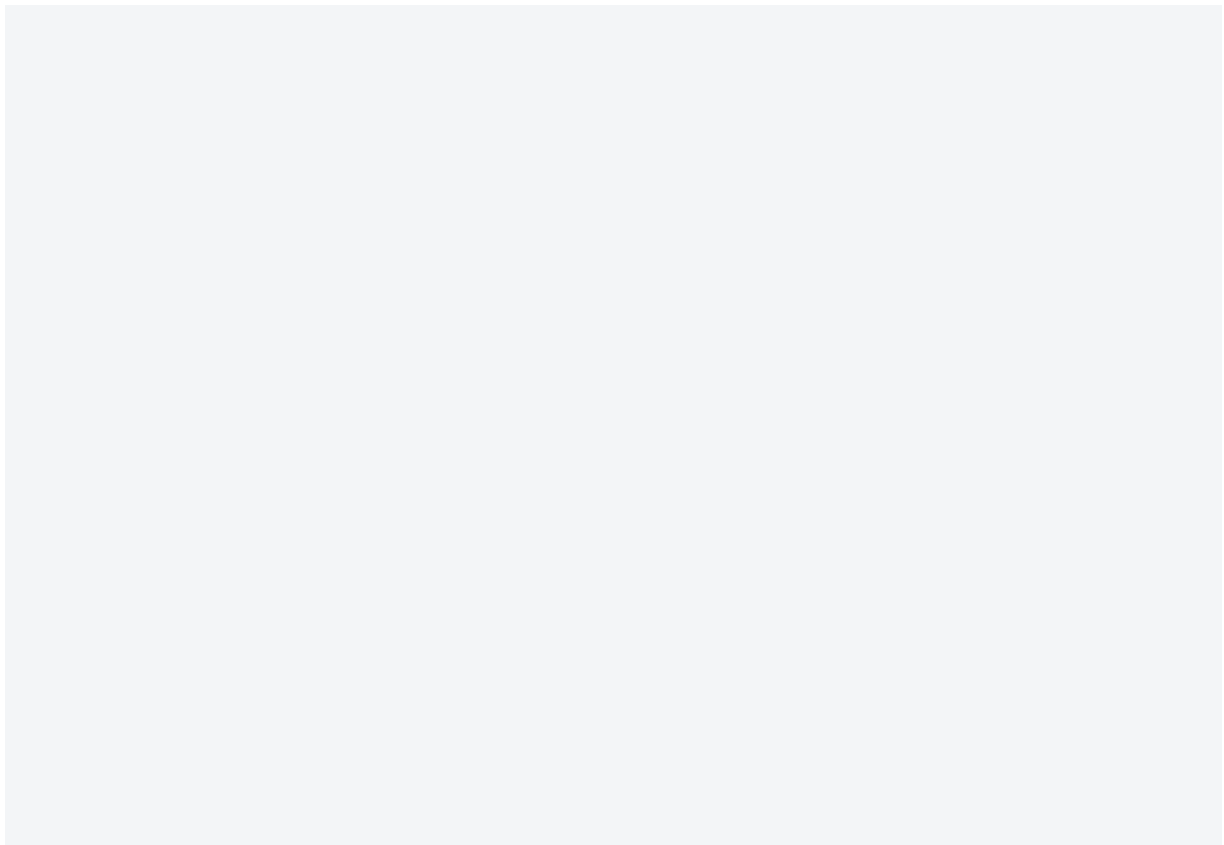
The Department of Human Resources is requesting the Board of Estimates review and approve the healthcare rates for Plan Year 2024. The healthcare rates include the premium for active employees, retirees, and COBRA participants.

The rates are broken down by pay frequency (including monthly, biweekly, weekly, and 21-pay). The rates outlined in this submission will go into effect on January 1, 2024, and will be communicated to employees and retirees during the annual Open Enrollment period from October 2nd -October 18th, 2023.

<b>EMPLOY BALTIMORE:</b>	<b>LIVING WAGE:</b>	<b>LOCAL HIRING:</b>	<b>PREVAILING WAGE:</b>
N/A	N/A	N/A	N/A

**COUNCIL DISTRICT:** Citywide

**ENDORSEMENTS:**



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

**2024 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	\$931.80
Participant + Child	\$1,723.83
Participant + Spouse	\$1,956.78
Participant + Family	\$2,795.39

**BlueChoice Adv Std Option PPO**

Coverage Level	Standard Option COBRA Cost
Participant Only	\$859.57
Participant + Child	\$1,590.22
Participant + Spouse	\$1,805.11
Participant + Family	\$2,578.73

**HMO Medical Plans**

**Open Access Aetna Select (HMO)**

Coverage Level	COBRA Cost
Participant Only	\$715.82
Participant + Child	\$1,324.27
Participant + Spouse	\$1,503.22
Participant + Family	\$2,147.46

**Kaiser Permanente HMO**

Coverage Level	COBRA Cost
Participant Only	\$698.70
Participant + Child	\$1,327.54
Participant + Spouse	\$1,467.28
Participant + Family	\$2,096.11

**High Option & Standard Option Prescription Drug Plans**

**CVS Caremark Health - RX - High Option**

Coverage Level	COBRA Cost
Participant Only	\$111.19
Participant + Child	\$205.69
Participant + Spouse	\$233.49
Participant + Family	\$333.56

**CVS Caremark Health - RX - Standard Option**

Coverage Level	COBRA Cost
Participant Only	\$106.74
Participant + Child	\$197.46
Participant + Spouse	\$224.16
Participant + Family	\$320.22

**DHMO & DPPO Dental Plans**

**United Concordia Dental DHMO**

Coverage Level	COBRA Cost
Participant Only	\$13.11
Participant + Child	\$25.83
Participant + Spouse	\$26.22
Participant + Family	\$35.37

**United Concordia Dental DPPO**

Coverage Level	COBRA Cost
Participant Only	\$31.20
Participant + Child	\$52.99
Participant + Spouse	\$62.39
Participant + Family	\$87.29

**Vision Plan**

Coverage	COBRA Cost
Participant Only	\$3.96
Participant + Child	\$3.96
Participant + Spouse	\$3.96
Participant + Family	\$3.96

COBRA rates include 2% administrative load.

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

**2024 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	\$913.53
Participant + Child	\$1,690.03
Participant + Spouse	\$1,918.41
Participant + Family	\$2,740.58

**BlueChoice Adv Std Option PPO**

Coverage Level	Standard Option COBRA Cost
Participant Only	\$842.72
Participant + Child	\$1,559.04
Participant + Spouse	\$1,769.72
Participant + Family	\$2,528.17

**HMO Medical Plans**

**Open Access Aetna Select (HMO)**

Coverage Level	COBRA Cost
Participant Only	\$701.78
Participant + Child	\$1,298.30
Participant + Spouse	\$1,473.75
Participant + Family	\$2,105.35

**Kaiser Permanente HMO**

Coverage Level	COBRA Cost
Participant Only	\$685.00
Participant + Child	\$1,301.51
Participant + Spouse	\$1,438.51
Participant + Family	\$2,055.01

**High Option & Standard Option Prescription Drug Plans**

**CVS Caremark Health - RX - High Option**

Coverage Level	COBRA Cost
Participant Only	\$109.01
Participant + Child	\$201.66
Participant + Spouse	\$228.91
Participant + Family	\$327.02

**CVS Caremark Health - RX - Standard Option**

Coverage Level	COBRA Cost
Participant Only	\$104.65
Participant + Child	\$193.59
Participant + Spouse	\$219.76
Participant + Family	\$313.94

**DHMO & DPPO Dental Plans**

**United Concordia Dental DHMO**

Coverage Level	COBRA Cost
Participant Only	\$12.85
Participant + Child	\$25.32
Participant + Spouse	\$25.71
Participant + Family	\$34.68

**United Concordia Dental DPPO**

Coverage Level	COBRA Cost
Participant Only	\$30.59
Participant + Child	\$51.95
Participant + Spouse	\$61.17
Participant + Family	\$85.58

**Vision Plan**

Coverage	COBRA Cost
Participant Only	\$3.88
Participant + Child	\$3.88
Participant + Spouse	\$3.88
Participant + Family	\$3.88

COBRA rates without 2% administrative load.

**2024 Retiree Medical Plan Rate Chart**  
**Monthly Deduction**  
**50% Retiree Contribution**  
**(Fifteen or More City Service Years)**  
**Effective January 1, 2024**

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	\$549.37	\$449.75	N/A	\$469.08
P	2	Retiree Plus Dependent Child	\$1,070.70	\$876.54	N/A	\$867.52
H	2	Retiree Plus Spouse	\$1,231.94	\$1,008.14	N/A	\$910.75
F	3 or More	Retiree Plus Two or More Dependents	\$1,343.19	\$1,100.29	N/A	\$1,687.69

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	\$154.32	\$166.47
2	2 or More	Two or More With Medicare A & B	N/A	N/A	\$308.64	\$332.94

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	\$703.69	\$491.61

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	\$948.14	\$1,174.43

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	\$452.97	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	\$905.94	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
I5	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	\$980.46	N/A

**2024 Retiree Medical Plan Rate Chart**  
**Monthly Deduction**  
**(Ten to Fourteen City Service Years)**  
**Effective January 1, 2024**

**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	\$853.62	\$754.01	N/A	\$773.33
P	2	Retiree Plus Dependent Child	\$1,663.35	\$1,469.18	N/A	\$1,460.17
H	2	Retiree Plus Spouse	\$1,917.58	\$1,693.79	N/A	\$1,596.39
F	3 or More	Retiree Plus Two or More Dependents	\$2,081.36	\$1,838.46	N/A	\$2,425.86

**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	\$219.20	\$235.63
2	2 or More	Two or More With Medicare A & B	N/A	N/A	\$438.40	\$471.26

**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	\$1,072.82	\$691.17

**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	\$1,446.94	\$1,862.20

**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	\$724.75	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	\$1,449.50	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	\$1,568.73	N/A

**2024 Retiree Medical Plan Rate Chart**  
**Monthly Deduction**  
**(Five to Nine City Service Years)**  
**Effective January 1, 2024**

**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	\$1,054.98	\$955.36	N/A	\$974.68
P	2	Retiree Plus Dependent Child	\$2,055.96	\$1,861.80	N/A	\$1,852.79
H	2	Retiree Plus Spouse	\$2,366.74	\$2,142.94	N/A	\$2,045.55
F	3 or More	Retiree Plus Two or More Dependents	\$2,575.66	\$2,332.76	N/A	\$2,920.16

**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	\$274.00	\$294.54
2	2 or More	Two or More With Medicare A & B	N/A	N/A	\$548.00	\$589.08

**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	\$1,328.98	\$970.37

**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	\$1,794.68	\$2,314.17

**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	\$905.94	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	\$1,811.88	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	\$1,960.92	N/A

**2024 Retiree Medical Plan Rate Chart**  
**Biweekly Deduction**  
**(Fifteen or More City Service Years)**  
**Effective January 1, 2024**

**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	\$253.56	\$207.58	N/A	\$216.50
P	2	Retiree Plus Dependent Child	\$494.17	\$404.55	N/A	\$400.40
H	2	Retiree Plus Spouse	\$568.59	\$465.30	N/A	\$420.35
F	3 or More	Retiree Plus Two or More Dependents	\$619.93	\$507.83	N/A	\$778.93

**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	\$71.23	\$76.83
2	2 or More	Two or More With Medicare A & B	N/A	N/A	\$142.45	\$153.66

**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	\$324.78	\$226.90

**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	\$ 437.60	\$542.04

**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	\$209.06	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	\$418.13	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	\$452.52	N/A



**2024 Retiree Medical Plan Rate Chart**  
**Biweekly Deduction**  
**(Ten to Fourteen City Service Years)**  
**Effective January 1, 2024**

**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	\$393.98	\$348.00	N/A	\$356.92
P	2	Retiree Plus Dependent Child	\$767.70	\$678.09	N/A	\$673.93
H	2	Retiree Plus Spouse	\$885.04	\$781.75	N/A	\$736.80
F	3 or More	Retiree Plus Two or More Dependents	\$960.63	\$848.52	N/A	\$1,119.63

**All Members With Medicare A & B Only**

All Members With Medicare A & B Only			BlueChoice Adv (High Option)	BlueChoice Adv (Standard Option)	Aetna MAPD	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	\$101.17	\$108.75
2	2 or More	Two or More With Medicare A & B	N/A	N/A	\$202.34	\$217.51

**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	\$495.15	\$319.00

**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	\$667.82	\$859.48

**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	\$334.50	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	\$669.00	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	\$724.03	N/A

**2024 Retiree Medical Plan Rate Chart**  
**Biweekly Deduction**  
**(Five to Nine City Service Years)**  
**Effective January 1, 2024**

**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	\$486.91	\$440.93	N/A	\$449.85
P	2	Retiree Plus Dependent Child	\$948.91	\$859.29	N/A	\$855.13
H	2	Retiree Plus Spouse	\$1,092.34	\$989.05	N/A	\$944.10
F	3 or More	Retiree Plus Two or More Dependents	\$1,188.77	\$1,076.66	N/A	\$1,347.77

**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	\$126.46	\$135.94
2	2 or More	Two or More With Medicare A & B	N/A	N/A	\$252.92	\$271.88

**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	\$613.37	\$447.86

**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	\$828.32	\$1,068.08

**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	\$418.13	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	\$836.25	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
I5	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	\$905.04	N/A

**2024 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)**

<b>A</b>	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	\$63.51
	Participant + Child	3	\$123.85	\$103.54
	Participant + Spouse	2	\$142.68	\$119.28
	Participant + Family	4	\$154.87	\$129.48

<b>B</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	\$63.51
	Spouse + One Child	10	\$123.85	\$103.54
	Spouse + Two or More Children	11	\$154.87	\$129.48
	One Child Only	12	\$60.35	\$50.45
	Two Or More Children Only	13	\$91.37	\$76.38

**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 \$129.48 if you enroll in the Standard Option Rx Plan. Your total prescription drug cost of \$129.48 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.
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**2024 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)

<b>A</b>	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	\$29.31
	Participant + Child	3	\$57.16	\$47.79
	Participant + Spouse	2	\$65.85	\$55.05
	Participant + Family	4	\$71.48	\$59.76

<b>B</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	\$29.31
	Spouse + One Child	10	\$57.16	\$47.79
	Spouse + Two or More Children	11	\$71.48	\$59.76
	One Child Only	12	\$27.85	\$23.29
	Two Or More Children Only	13	\$42.17	\$35.25

**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 \$59.76 if you enroll in the Standard Option Rx Plan. Your total prescription drug cost of \$59.76 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.

## 2024 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	\$913.53	\$694.78	\$218.74	Participant Only	\$842.72	\$688.69	\$154.04
Participant + Child	\$1,690.03	\$1,285.35	\$404.67	Participant + Child	\$1,559.04	\$1,274.08	\$284.96
Participant + Spouse	\$1,918.41	\$1,459.04	\$459.37	Participant + Spouse	\$1,769.72	\$1,446.24	\$323.48
Participant + Family	\$2,740.58	\$2,084.35	\$656.23	Participant + Family	\$2,528.17	\$2,066.06	\$462.11

### Open Access Aetna Select (HMO)

Open Access Aetna Select (HMO)			
Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	\$701.78	\$637.65	\$64.13
Participant + Child	\$1,298.30	\$1,179.65	\$118.65
Participant + Spouse	\$1,473.75	\$1,339.06	\$134.68
Participant + Family	\$2,105.35	\$1,912.94	\$192.41

### Kaiser Permanente HMO

Kaiser Permanente HMO Plan			
Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	\$685.00	\$616.50	\$68.50
Participant + Child	\$1,301.51	\$1,171.37	\$130.14
Participant + Spouse	\$1,438.51	\$1,294.67	\$143.84
Participant + Family	\$2,055.01	\$1,849.52	\$205.49

### Bundled Medical & Rx Election Chart

Bundled Medical & Rx Election Chart
<b>Rx coverage is bundled with Medical plan election, but with a separate payroll deduction.</b>
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	\$109.01	\$85.88	\$23.12	Participant Only	\$104.65	\$85.50	\$19.14
Participant + Child	\$201.66	\$158.90	\$42.76	Participant + Child	\$193.59	\$158.19	\$35.41
Participant + Spouse	\$228.91	\$180.38	\$48.53	Participant + Spouse	\$219.76	\$179.56	\$40.19
Participant + Family	\$327.02	\$257.68	\$69.34	Participant + Family	\$313.94	\$256.52	\$57.42

## 2024 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	\$421.63	\$320.67	\$100.96	Participant Only	\$388.95	\$317.86	\$71.09
Participant + Child	\$780.01	\$593.24	\$186.77	Participant + Child	\$719.56	\$588.04	\$131.52
Participant + Spouse	\$885.42	\$673.41	\$212.01	Participant + Spouse	\$816.79	\$667.49	\$149.30
Participant + Family	\$1,264.88	\$962.00	\$302.88	Participant + Family	\$1,166.85	\$953.57	\$213.28

### 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	\$323.90	\$294.30	\$29.60	Participant Only	\$316.15	\$284.53	\$31.62
Participant + Child	\$599.22	\$544.46	\$54.76	Participant + Child	\$600.70	\$540.64	\$60.06
Participant + Spouse	\$680.19	\$618.03	\$62.16	Participant + Spouse	\$663.93	\$597.54	\$66.39
Participant + Family	\$971.70	\$882.90	\$88.80	Participant + Family	\$948.47	\$853.63	\$94.84

### Bundled Medical & Rx Election Chart

Bundled Medical & Rx Election Chart
<b>Rx coverage is bundled with Medical plan election, but with a separate payroll deduction.</b>
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	\$50.31	\$39.64	\$10.67	Participant Only	\$48.30	\$39.46	\$8.84
Participant + Child	\$93.07	\$73.33	\$19.74	Participant + Child	\$89.35	\$73.01	\$16.34
Participant + Spouse	\$105.65	\$83.25	\$22.40	Participant + Spouse	\$101.43	\$82.88	\$18.55
Participant + Family	\$150.93	\$118.93	\$32.00	Participant + Family	\$144.89	\$118.39	\$26.50

## 2024 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	\$522.02	\$397.02	\$125.00	Participant Only	\$481.56	\$393.54	\$88.02
Participant + Child	\$965.73	\$734.49	\$231.24	Participant + Child	\$890.88	\$728.04	\$162.84
Participant + Spouse	\$1,096.23	\$833.74	\$262.49	Participant + Spouse	\$1,011.27	\$826.42	\$184.85
Participant + Family	\$1,566.05	\$1,191.06	\$374.99	Participant + Family	\$1,444.67	\$1,180.61	\$264.06

### 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	\$401.02	\$364.37	\$36.65	Participant Only	\$391.43	\$352.29	\$39.14
Participant + Child	\$741.89	\$674.09	\$67.80	Participant + Child	\$743.72	\$669.35	\$74.37
Participant + Spouse	\$842.14	\$765.18	\$76.96	Participant + Spouse	\$822.01	\$739.82	\$82.19
Participant + Family	\$1,203.06	\$1,093.11	\$109.95	Participant + Family	\$1,174.29	\$1,056.87	\$117.42

### Bundled Medical & Rx Election Chart

<b>Bundled Medical &amp; Rx Election Chart</b>
<b>Rx coverage is bundled with Medical plan election, but with a separate payroll deduction.</b>
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	\$62.29	\$49.08	\$13.21	Participant Only	\$59.80	\$48.86	\$10.94
Participant + Child	\$115.24	\$90.81	\$24.43	Participant + Child	\$110.63	\$90.40	\$20.23
Participant + Spouse	\$130.81	\$103.08	\$27.73	Participant + Spouse	\$125.58	\$102.61	\$22.97
Participant + Family	\$186.87	\$147.25	\$39.62	Participant + Family	\$179.39	\$146.58	\$32.81

## 2024 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	\$210.81	\$160.33	\$50.48	Participant Only	\$194.47	\$158.92	\$35.55
Participant + Child	\$390.01	\$296.62	\$93.39	Participant + Child	\$359.78	\$294.02	\$65.76
Participant + Spouse	\$442.71	\$336.70	\$106.01	Participant + Spouse	\$408.40	\$333.75	\$74.65
Participant + Family	\$632.44	\$481.00	\$151.44	Participant + Family	\$583.42	\$476.78	\$106.64

### 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	\$161.95	\$147.15	\$14.80	Participant Only	\$158.08	\$142.27	\$15.81
Participant + Child	\$299.61	\$272.23	\$27.38	Participant + Child	\$300.35	\$270.32	\$30.03
Participant + Spouse	\$340.10	\$309.02	\$31.08	Participant + Spouse	\$331.96	\$298.77	\$33.19
Participant + Family	\$485.85	\$441.45	\$44.40	Participant + Family	\$474.23	\$426.81	\$47.42

### Bundled Medical & Rx Election Chart

<b>Bundled Medical &amp; Rx Election Chart</b>
<b>Rx coverage is bundled with Medical plan election, but with a separate payroll deduction.</b>
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	\$25.16	\$19.82	\$5.34	Participant Only	\$24.15	\$19.73	\$4.42
Participant + Child	\$46.54	\$36.67	\$9.87	Participant + Child	\$44.68	\$36.51	\$8.17
Participant + Spouse	\$52.83	\$41.63	\$11.20	Participant + Spouse	\$50.71	\$41.43	\$9.28
Participant + Family	\$75.47	\$59.47	\$16.00	Participant + Family	\$72.45	\$59.20	\$13.25



## 2024 Dental Rates

### Biweekly (26 Pays)

United Concordia Dental DHMO – Biweekly Rates				United Concordia Dental DPPO – Biweekly Rates			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	\$5.93	\$5.93	\$0.00	Participant Only	\$14.12	\$5.93	\$8.19
Participant + Child	\$11.69	\$11.69	\$0.00	Participant + Child	\$23.98	\$11.69	\$12.29
Participant + Spouse	\$11.87	\$11.87	\$0.00	Participant + Spouse	\$28.23	\$11.87	\$16.36
Participant + Family	\$16.01	\$16.01	\$0.00	Participant + Family	\$39.50	\$16.01	\$23.49

### Weekly (52 Pays)

United Concordia Dental DHMO – Weekly Rates				United Concordia Dental DPPO – Weekly Rates			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	\$2.97	\$2.97	\$0.00	Participant Only	\$7.06	\$2.97	\$4.09
Participant + Child	\$5.84	\$5.84	\$0.00	Participant + Child	\$11.99	\$5.84	\$6.15
Participant + Spouse	\$5.93	\$5.93	\$0.00	Participant + Spouse	\$14.12	\$5.94	\$8.18
Participant + Family	\$8.00	\$8.00	\$0.00	Participant + Family	\$19.75	\$8.00	\$11.75

### 21-Pays - Biweekly (10-Months)

United Concordia Dental DHMO – 21-Pays (Biweekly) Rates				United Concordia Dental DPPO – 21-Pays (Biweekly) Rates			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	\$7.34	\$7.34	\$0.00	Participant Only	\$17.48	\$7.34	\$10.14
Participant + Child	\$14.47	\$14.47	\$0.00	Participant + Child	\$29.69	\$14.47	\$15.22
Participant + Spouse	\$14.69	\$14.69	\$0.00	Participant + Spouse	\$34.95	\$14.69	\$20.26
Participant + Family	\$19.82	\$19.82	\$0.00	Participant + Family	\$48.90	\$19.81	\$29.09

### Monthly (12-Months)

United Concordia Dental DHMO – Monthly Rates				United Concordia Dental DPPO – Monthly Rates			
Coverage Level	Total Cost	City Cost	Employee Cost	Coverage Level	Total Cost	City Cost	Employee Cost
Participant Only	\$12.85	\$12.85	\$0.00	Participant Only	\$30.59	\$12.85	\$17.74
Participant + Child	\$25.32	\$25.32	\$0.00	Participant + Child	\$51.95	\$25.32	\$26.63
Participant + Spouse	\$25.71	\$25.71	\$0.00	Participant + Spouse	\$61.17	\$25.71	\$35.46
Participant + Family	\$34.68	\$34.68	\$0.00	Participant + Family	\$85.58	\$34.68	\$50.90

**SB-23-12911 - Memorandum of Understanding for Baltimore Fire Officers, Local 964, IAFF (Fiscal Year 2024)**

**ACTION REQUESTED:**

The Board is requested to note the Memorandum of Understanding (MOU) between the City of Baltimore and the Baltimore Fire Officers, Local 964, IAFF (Local 964) for fiscal 2024. Period of agreement is: Based on Board Approval

**AMOUNT AND SOURCE OF FUNDS:**

Transaction Amount: \$ 0.00

**BACKGROUND/EXPLANATION:**

Wage increases for employees covered by the MOU are included in the budget for Local 964 for FY 2024.

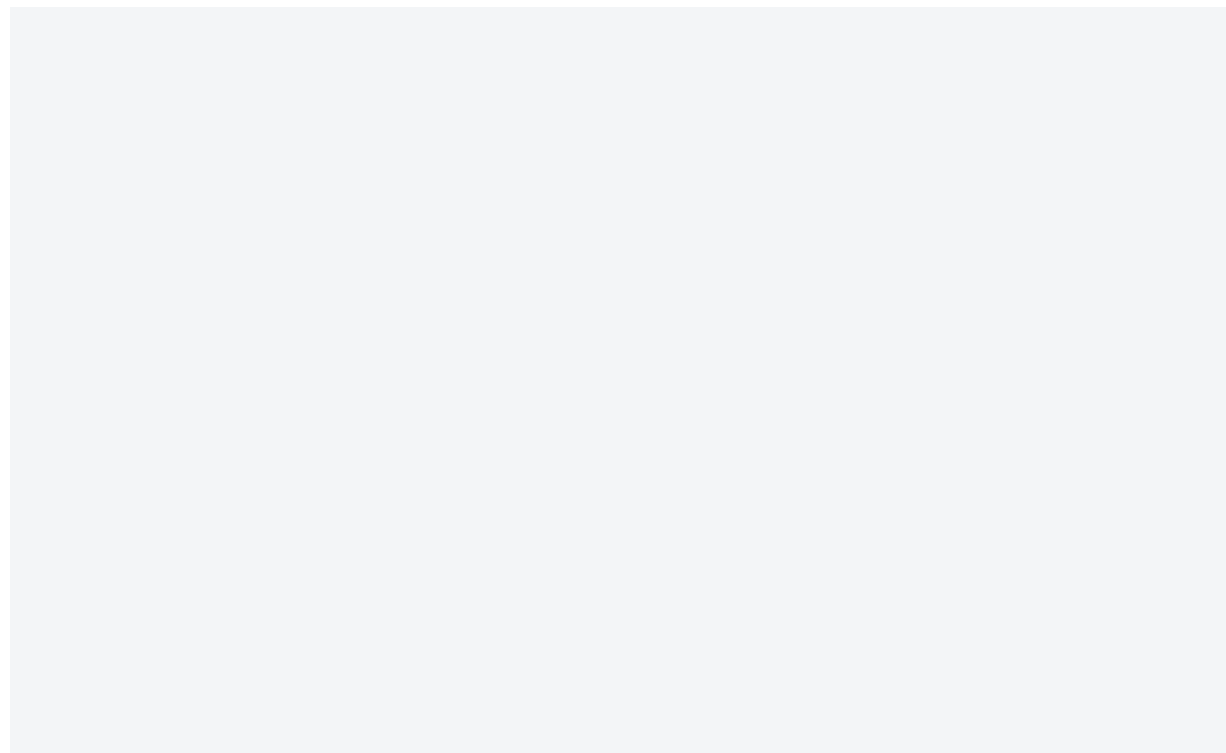
In accordance with the Municipal Labor Relations Ordinance (MLRO), negotiations have concluded with Local 964 for FY 2024. The results of the negotiations have been reduced to writing in the form of the MOU.

The Fire Department’s Legal Counsel has reviewed the Memorandum of Understanding for form and legal sufficiency.

<b>EMPLOY BALTIMORE:</b>	<b>LIVING WAGE:</b>	<b>LOCAL HIRING:</b>	<b>PREVAILING WAGE:</b>
N/A	N/A	N/A	N/A

**ENDORSEMENTS:**

Law has reviewed and approved for form and legal sufficiency



NO BID OPENINGS ARE SCHEDULED FOR AUGUST 23, 2023