

Rates for Active Employees Paid on Weekly Basis

January 1, 2024–December 31, 2024

All premiums are taken out of the Employee's paycheck on a WEEKLY basis

	CAREFIRST BCBS HMO	CAREFIRST BCBS PPO
Medical Plans		
Employee Only	\$6.86	\$35.32
Employee + 1 Child	\$39.13	\$82.57
Employee + Spouse	\$52.22	\$109.77
Employee + 2 or More Dependents	\$56.45	\$118.53
Prescription Drug Plan		
Employee Only	\$11.19	
Employee + 1 Child	\$22.35	
Employee + Spouse	\$29.80	
Employee + 2 or More Dependents	\$36.50	
Dental Plan		
Employee Only	\$0.00	
Employee + 1 Child	\$1.20	
Employee + Spouse	\$1.62	
Employee + 2 or More Dependents	\$3.20	
Vision Plan		
Employee Only	\$0.26	
Employee + 1 Child	\$0.46	
Employee + Spouse	\$0.60	
Employee + 2 or More Dependents	\$0.85	
Group Term Life Insurance Plan—MTA FUNDED		
For Employee Only—NO Dependent Coverage	\$0.25	

Note: All rate information has been based on preliminary renewal analysis and is subject to adjustment.

Monthly Rates for Retirees Without Medicare

January 1, 2024–December 31, 2024

All premiums are taken out of the Retiree's pension check on a MONTHLY basis.

	CAREFIRST BCBS HMO	CAREFIRST BCBS PPO
Medical Plans		
Employee Only	\$0.00	\$153.05
Employee + 1 Child	\$169.50	\$357.82
Employee + Spouse	\$226.30	\$475.65
Employee + 2 or More Dependents	\$244.61	\$513.64
Prescription Drug Plan		
Employee Only	\$48.52	
Employee + 1 Child	\$96.85	
Employee + Spouse	\$129.15	
Employee + 2 or More Dependents	\$158.10	
Dental Plan		
Employee Only	\$14.01	
Employee + 1 Child	\$24.44	
Employee + Spouse	\$28.08	
Employee + 2 or More Dependents	\$41.87	
Vision Plan		
Employee Only	\$1.10	
Employee + 1 Child	\$1.97	
Employee + Spouse	\$2.59	
Employee + 2 or More Dependents	\$3.69	
Group Term Life Insurance Plan—MTA FUNDED		
For Retiree Only—NO Dependent Coverage	\$1.09	

Note: All rate information has been based on preliminary renewal analysis and is subject to adjustment.

Monthly Rates for Retirees With Medicare

January 1, 2024–December 31, 2024

All premiums are taken out of the Retiree's pension check on a MONTHLY basis.

	CAREFIRST BCBS HMO	CAREFIRST BCBS PPO
Medical Plans		
Retiree Only WITH Medicare	\$0.00	\$114.95
Retiree & Spouse, Both WITH Medicare	\$107.28	\$209.48
Retiree WITH Medicare, Spouse Without Medicare	\$190.68	\$399.29
Retiree WITH Medicare, Child Without Medicare	\$133.89	\$281.48
Retiree WITH Medicare, Family Without Medicare	\$208.99	\$437.28
Retiree Without Medicare, Spouse WITH Medicare	\$142.89	\$285.83
Retiree & Family, All WITH Medicare	\$160.91	\$303.98
Retiree & Spouse, Both WITH Medicare & Child without Medicare	--	\$375.99
Prescription Drug Plan		
Retiree Only WITH Medicare	\$104.71	
Retiree & Spouse, Both WITH Medicare	\$209.50	
Retiree WITH Medicare, Spouse Without Medicare	\$152.77	
Retiree Without Medicare, Spouse WITH Medicare	\$152.77	
Retiree WITH Medicare, Child Without Medicare	\$153.06	
Retiree WITH Medicare, Children Without Medicare	\$206.13	
Retiree WITH Medicare, & Spouse and Child Without Medicare	\$206.13	
Retiree & Child Without Medicare & Spouse WITH Medicare	\$206.13	
Retiree WITH Medicare & Spouse & Children Without Medicare	\$201.59	
Retiree & Children Without Medicare and Spouse WITH Medicare	\$201.59	
Retiree & Spouse, Both WITH Medicare & Child Without Medicare	\$257.81	
Retiree & Spouse, Both WITH Medicare & Children Without Medicare	\$262.37	
Dental Plan		
Employee Only	\$14.01	
Employee + 1 Child	\$24.44	
Employee + Spouse	\$28.08	
Employee + 2 or More Dependents	\$41.87	

Note: All rate information has been based on preliminary renewal analysis and is subject to adjustment.

CAREFIRST BCBS HMO	
Vision Plan	
Employee Only	\$1.10
Employee + 1 Child	\$1.97
Employee + Spouse	\$2.59
Employee + 2 or More Dependents	\$3.69
Group Term Life Insurance Plan—MTA FUNDED	
For Retiree Only—NO Dependent Coverage	\$1.09

Note: All rate information has been based on preliminary renewal analysis and is subject to adjustment.



CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst BlueCross BlueShield Medicare Advantage is the shared business name of CareFirst Advantage, Inc., CareFirst Advantage PPO, Inc. and CareFirst Advantage DSNP, Inc. CareFirst BlueCross BlueShield Community Health Plan Maryland is the business name of CareFirst Community Partners, Inc. In the District of Columbia and Maryland, CareFirst MedPlus is the business name of First Care, Inc. In Virginia, CareFirst MedPlus is the business name of First Care, Inc. of Maryland (used in VA by: First Care, Inc.). CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., CareFirst Advantage, Inc., CareFirst Advantage PPO, Inc., CareFirst Advantage DSNP, Inc., CareFirst Community Partners, Inc., CareFirst BlueCross BlueShield Community Health Plan District of Columbia, CareFirst BlueChoice, Inc., First Care, Inc., and The Dental Network, Inc. are independent licensees of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.