

# 2010 Retiree Medical Plan Rate Chart - Biweekly Deduction

## Fifteen or More City Service Years - 50% Retiree Contribution - Effective January 1, 2010

### Non Medicare

Non Medicare		CareFirst BCBS Preferred Provider Network PPO	CareFirst BCBS Traditional	UnitedHealth-care POS	Aetna PPO	Optimum Choice HMO	Kaiser Permanente HMO
Level Code	Coverage Level Description	Your Cost	Your Cost	Your Cost	Your Cost	Your Cost	Your Cost
I	Retiree Only (Non Medicare)	120.94	146.94	195.44	330.24	199.02	135.10
P	Retiree Plus Dependent Child (Non Medicare)	235.83	283.86	363.22	621.40	346.24	250.68
H	Retiree Plus Spouse/Domestic Partner (Non Medicare)	271.30	327.56	393.48	676.18	365.38	266.42
F	Retiree Plus Two or More Dependents (Family All Non Medicare)	297.31	352.79	643.63	1056.23	597.87	470.82

### Medicare Parts A & B Only

Medicare Parts A & B Only		CareFirst BCBS Preferred Provider Network	CareFirst BCBS Traditional	UnitedHealth-care POS	Aetna PPO	Optimum Choice HMO	Kaiser Permanente HMO
Level Code	Coverage Level Description	Your Cost	Your Cost	Your Cost	Your Cost	Your Cost	Your Cost
1	Retiree with Medicare A & B	N/A	48.03	108.40	149.26	103.10	28.40
2 3 4	Two or more with Medicare A & B	N/A	96.06	220.90	299.82	206.05	56.81

### Medicare Parts A & B Plus Non Medicare

Medicare Parts A & B Plus Non Medicare		CareFirst BCBS Preferred Provider Network	CareFirst BCBS Traditional	UnitedHealth-care POS	Aetna PPO	Optimum Choice HMO	Kaiser Permanente HMO
Level Code	Coverage Level Description	Your Cost	Your Cost	Your Cost	Your Cost	Your Cost	Your Cost
I1	One Non Medicare and One with Medicare A & B	168.97	168.97	210.59	311.85	224.85	26.15
p1	Parent & Child Non Medicare & One Medicare A & B						
H1	Husband & Wife Non Medicare & One Medicare A & B						
I2 I3 F2 N2 P2 H2	Two or more with Medicare A & B and One or more Non Medicare	217.00	243.00	310.88	451.57	247.17	54.55
F1 N1	One with Medicare A & B and One or more Non Medicare	318.49	318.49	298.62	465.39	86.70	1.00

### Medicare Part B Only

Medicare Part B Only		CareFirst BCBS Preferred Provider Network	CareFirst BCBS Traditional	UnitedHealth-care POS	Aetna PPO	Optimum Choice HMO	Kaiser Permanente HMO
Level Code	Coverage Level Description	Your Cost	Your Cost	Your Cost	Your Cost	Your Cost	Your Cost
S	Retiree with Medicare B Only	N/A	110.47	376.42	365.82	192.22	179.44
SS	Two with Medicare B Only	N/A	220.94	752.84	729.65	317.41	358.87

### Medicare Part B Only Plus Non Medicare / Medicare Part B Only Plus Medicare Parts A & B

Medicare B Only Plus Non Medicare / Medicare Part B Only Plus Medicare Parts A & B		CareFirst BCBS Preferred Provider Network	CareFirst BCBS Traditional	UnitedHealth-care POS	Aetna PPO	Optimum Choice HMO	Kaiser Permanente HMO
Level Code	Coverage Level Description	Your Cost	Your Cost	Your Cost	Your Cost	Your Cost	Your Cost
IS PS FS	One with Medicare B Only and One or more Non Medicare	231.41	257.42	671.46	649.15	349.67	151.94
IZ	Two with Medicare B Only and One Non Medicare						
S1	One Medicare B Only & One Medicare A & B	N/A					