

## Contributions/Basic Rates Through December 31, 2017

This page lists the costs for the various coverage options effective January 1, 2017 — December 31, 2017

### Contributions for Active Employees

Medical/Vision Plan		With CareFirst Dental		With CIGNA Dental	
		Full-Time	Part-Time	Full-Time	Part-Time
<i>Kaiser Permanente Medical and NVA Vision</i>	Single Family	\$108.04	\$238.95	\$106.54	\$236.14
		\$287.82	\$627.94	\$284.19	\$621.31
<i>BlueChoice HMO Medical and Davis Vision*</i>	Single Family	\$ 98.91	\$217.78	\$ 97.41	\$214.97
		\$260.18	\$563.49	\$256.55	\$556.86
<i>CareFirst PPO Medical and Davis Vision*</i>	Single Family	\$176.89	\$349.74	\$175.39	\$346.93
		\$442.72	\$865.68	\$439.09	\$859.05
<i>Supplemental Orthodontic</i>	Single Family	\$ 8.72	\$ 8.72	n/a	n/a
		\$27.15	\$27.15		

\* CareFirst PPO medical coverage is only available to employees hired before **September 1, 2013**. (Employees hired on or after September 1, 2013 are eligible to elect CareFirst PPO medical coverage after completing 39 months of service from the date of hire.)

## MetLife Term Life Insurance Rates

Age Band	\$10K	\$35K	\$50K	\$75K	\$100K	\$150K	\$200K	\$250K	\$300K	\$400K
Less than 25	\$0.50	\$1.75	\$2.50	\$3.75	\$5.00	\$7.50	\$10.00	\$12.50	\$15.00	\$20.00
25-29	\$0.60	\$2.10	\$3.00	\$4.50	\$6.00	\$9.00	\$12.00	\$15.00	\$18.00	\$24.00
30-34	\$0.80	\$2.80	\$4.00	\$6.00	\$8.00	\$12.00	\$16.00	\$20.00	\$24.00	\$32.00
35-39	\$0.90	\$3.15	\$4.50	\$6.75	\$9.00	\$13.50	\$18.00	\$22.50	\$27.00	\$36.00
40-44	\$1.00	\$3.50	\$5.00	\$7.50	\$10.00	\$15.00	\$20.00	\$25.00	\$30.00	\$40.00
45-49	\$1.60	\$5.60	\$8.00	\$12.00	\$16.00	\$24.00	\$32.00	\$40.00	\$48.00	\$64.00
50-54	\$2.60	\$9.10	\$13.00	\$19.50	\$26.00	\$39.00	\$52.00	\$65.00	\$78.00	\$104.00
55-59	\$4.60	\$16.10	\$23.00	\$34.50	\$46.00	\$69.00	\$92.00	\$115.00	\$138.00	\$184.00
60-64	\$6.80	\$23.80	\$34.00	\$51.00	\$68.00	\$102.00	\$136.00	\$170.00	\$204.00	\$272.00
65-69	\$12.70	\$44.45	\$63.50	\$95.25	\$127.00	\$190.50	\$254.00	\$317.00	\$381.00	\$508.00
70+	\$20.60	\$72.10	\$103.00	\$154.50	\$206.00	\$309.00	\$412.00	\$515.00	\$618.00	\$824.00

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### Retired Employees and Survivors of Retirees

Medical/Vision Plan		Normal/Disability	Medicare	Survivors of Retirees	Survivors of Retirees on Medicare
<i>Kaiser Permanente Medical and NVA Vision</i>	Single:	\$102.63	\$ 53.53	\$100.63	\$ 51.53
	Family:	\$271.27		\$269.27	
	Family — 1 Medicare Family — 2 Medicare		\$148.10 \$109.29		\$146.10 \$107.29
<i>BlueChoice HMO Medical and Davis Vision</i>	Single:	\$ 93.91	\$ 59.37	\$ 91.91	\$ 57.37
	Family:	\$244.02		\$242.02	
	Family — 1 Medicare Family — 2 Medicare		\$181.73 \$136.97		\$179.73 \$134.97
<i>CareFirst PPO Medical and Davis Vision</i>	Single:	\$171.88	\$107.83	\$169.88	\$ 105.83
	Family:	\$426.64		\$424.64	
	Family — 1 Medicare Family — 2 Medicare		\$305.36 \$234.41		\$303.36 \$232.41

### Survivors of Active Employees

Medical/Vision Plan		With CareFirst Dental	With CIGNA Dental
<i>Kaiser Permanente Medical and NVA Vision</i>	Single:	\$107.59	\$106.09
	Family:	\$287.37	\$283.74
<i>BlueChoice HMO Medical and Davis Vision</i>	Single:	\$ 98.46	\$ 96.96
	Family:	\$259.73	\$256.10
<i>CareFirst PPO Medical and Davis Vision</i>	Single:	\$176.44	\$174.94
	Family:	\$442.27	\$438.64
<i>Supplemental Orthodontic</i>	Single:	\$ 8.72	
	Family:	\$ 27.15	

### Retirees who retire with an Early Pension

Medical/Vision Plan		Age 60-64 at retirement		Age 55-59 at retirement		Age 50-54 at retirement	
		Pre-Medicare	Medicare	Pre-Medicare	Medicare	Pre-Medicare	Medicare
<i>Kaiser Permanente Medical and NVA Vision</i>	Single:	\$150.61	\$ 80.73	\$198.58	\$107.92	\$222.57	\$121.52
	Family:	\$398.22		\$525.17		\$588.64	
	Family — 1 Medicare Family — 2 Medicare		\$235.73 \$170.79		\$323.36 \$232.30		\$367.17 \$263.05
<i>BlueChoice HMO Medical and Davis Vision</i>	Single:	\$137.07	\$ 87.33	\$180.23	\$115.28	\$201.81	\$129.26
	Family:	\$356.24		\$468.47		\$524.58	
	Family — 1 Medicare Family — 2 Medicare		\$269.27 \$199.99		\$356.80 \$263.01		\$400.57 \$294.52
<i>CareFirst PPO Medical and Davis Vision</i>	Single:	\$236.63	\$149.92	\$301.39	\$192.01	\$333.76	\$213.06
	Family:	\$586.72		\$746.79		\$826.83	
	Family — 1 Medicare Family — 2 Medicare		\$423.19 \$325.12		\$541.02 \$415.82		\$599.94 \$461.18