



Maria V. Navarro, Ed.D.
Superintendent of Schools

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Chief Financial Officer

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Office of Fiscal Services
301-934-7350

Benefits Department
301-934-7459

Effective January 1, 2023 - December 31, 2023
the monthly insurance rates are:

	Employee Rate (25%)	Employer Rate (75%)	Total
CareFirst BlueCross BlueShield Custom Comprehensive Plan			
Individual	\$222.00	\$666.00	\$888.00
Individual w/Medicare Parts A & B	\$135.00	\$405.00	\$540.00
2 People both w/Medicare Parts A & B	\$270.00	\$810.00	\$1,080.00
Family	\$602.00	\$1,806.00	\$2,408.00
2 Medicare Parts A & B + 1 Individual*(three)	\$492.00	\$1,476.00	\$1,968.00
CareFirst Preferred Provider Plan			
Individual	\$216.00	\$648.00	\$864.00
Individual w/Medicare Parts A & B	\$145.00	\$435.00	\$580.00
2 People both w/Medicare Parts A & B	\$290.00	\$870.00	\$1,160.00
Family	\$579.00	\$1,737.00	\$2,316.00
2 Medicare Parts A & B + 1 Individual*(three)	\$506.00	\$1,518.00	\$2,024.00
Blue Choice Opt-Out Open Access			
Individual	\$160.00	\$480.00	\$640.00
Individual w/Medicare Parts A & B	\$133.00	\$399.00	\$532.00
2 People both w/Medicare Parts A & B	\$266.00	\$798.00	\$1,064.00
Family	\$458.00	\$1,374.00	\$1,832.00
2 Medicare Parts A & B + 1 Individual*(three)	\$426.00	\$1,278.00	\$1,704.00

* These policies will be individual policies for the employee and spouse or child* Please note Retirees who become Medicare eligible in the 2022 calendar year, and it is mandatory to enroll in both parts A & B. Once you receive your Medicare card please forward a copy to the Office of Employee Benefits. If copy of your Medicare card is not obtained, premium adjustments will only be made retroactive six months from date of receipt.

If you have any questions regarding your current health insurance coverage, please contact the Office of Fiscal Services - Employee Benefits at 301 934-7289 or by e-mail employeebenefits@ccboe.com.