



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, 2024 - December 31, 2024
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 2024 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 301 934-7255 option 5 or by e-mail employeebenefits@ccboe.com.