5980 Radio Station Road P.O. Box 2770 La Plata, MD 20646 Main line: 301-932-6610 www.ccboe.com

Office of Fiscal Services 301-934-7350

Maria V. Navarro, Ed.D.
Superintendent of Schools
Karen M. Acton
Assistant Superintendent of Fiscal Services

Effective January 1, 2022 - December 31, 2022 the monthly insurance rates are:

	Employee Rate (25%)	Employer Rate (75%)	Total
CareFirst BlueCross BlueShield Custom			
Comprehensive Plan			
Individual	\$216.00	\$648.00	\$864.00
Individual w/Medicare Parts A & B	\$131.00	\$393.00	\$524.00
2 People both w/Medicare Parts A & B	\$262.00	\$786.00	\$1,048.00
Family	\$584.00	\$1,752.00	\$2,336.00
2 Medicare Parts A & B + 1 Individual*(three)	\$478.00	\$1,434.00	\$1,912.00
CareFirst Preferred Provider Plan			
Individual	\$210.00	\$630.00	\$840.00
Individual w/Medicare Parts A & B	\$141.00	\$423.00	\$564.00
2 People both w/Medicare Parts A & B	\$282.00	\$846.00	\$1,128.00
Family	\$562.00	\$1,686.00	\$2,248.00
2 Medicare Parts A & B + 1 Individual*(three)	\$492.00	\$1,476.00	\$1,968.00
Blue Choice Opt-Out Open Access			
Individual	\$155.00	\$465.00	\$620.00
Individual w/Medicare Parts A & B	\$129.00	\$387.00	\$516.00
2 People both w/Medicare Parts A & B	\$258.00	\$774.00	\$1,032.00
Family	\$445.00	\$1,335.00	\$1,780.00
2 Medicare Parts A & B + 1 Individual*(three)	\$413.00	\$1,239.00	\$1,652.00

^{*} 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.