

2024 Medical & Dental Contribution Summary

Reminder regarding the Wellbeing Premium Incentive: If you and/or your covered spouse/ domestic partner do not complete an annual health screening and enter your results in the [CareFirst Wellbeing Portal](#) by October 1, 2024, you will pay an additional \$50/month (\$25/pay) for yourself **and/or** covered spouse/domestic partner until the new plan year (or until you drop MyEyeDr. medical coverage due to qualifying life event during the current plan year).

This **is in addition to the medical plan** contribution rates indicated below.

Medical Plan (s) Employee Contribution Summary by Plan:

BlueChoice Advantage HDHP I Bi-Weekly Contributions			
Tier		Full-time (30+ Hours/Week)	Part-time OD (8 - 29 hours/week)
Employee Only		\$50.97	\$278.70
Employee + Spouse		\$259.99	\$585.26
Employee + Child(ren)		\$96.16	\$529.51
Employee + Family		\$356.27	\$836.10
Employee + Domestic Partner	Pre-Tax	\$50.97	\$278.70
	Post-Tax	\$209.02	\$306.56
Employee + Domestic Partner's Children (and Employee's Children, if applicable)	Pre-Tax	\$50.97	\$278.70
	Post-Tax	\$45.19	\$250.81
Employee + Domestic Partner + Employee's Children	Pre-Tax	\$147.25	\$529.54
	Post-Tax	\$209.02	\$306.56
Employee + Domestic Partner + DP's Child(ren) (and Employee's Children, if applicable)	Pre-Tax	\$50.97	\$278.70
	Post-Tax	\$305.30	\$557.40

Medical Plan(s) Employee Contribution Summary by Plan (Cont.):

BlueChoice Advantage HDHP II Bi-Weekly Contributions			
Tier		Full-time (30+ Hours/Week)	Part-time OD (8 - 29 hours/week)
Employee Only		\$71.42	\$293.65
Employee + Spouse		\$307.84	\$616.65
Employee + Child(ren)		\$131.84	\$557.93
Employee + Family		\$422.89	\$880.94
Employee + Domestic Partner	Pre-Tax	\$71.42	\$293.65
	Post-Tax	\$236.42	\$323.00
Employee + Domestic Partner's Children (and Employee's Children, if applicable)	Pre-Tax	\$71.42	\$293.65
	Post-Tax	\$60.42	\$264.28
Employee + Domestic Partner + Employee's Children	Pre-Tax	\$186.47	\$557.94
	Post-Tax	\$236.42	\$323.00
Employee + Domestic Partner + DP's Child(ren) (and Employee's Children, if applicable)	Pre-Tax	\$71.42	\$293.65
	Post-Tax	\$351.47	\$587.29

BlueChoice Advantage PPO Bi-Weekly Contributions			
Tier		Full-time (30+ Hours/Week)	Part-time OD (8 - 29 hours/week)
Employee Only		\$115.34	\$317.15
Employee + Spouse		\$398.67	\$666.04
Employee + Child(ren)		\$230.45	\$602.60
Employee + Family		\$594.86	\$951.47
Employee + Domestic Partner	Pre-Tax	\$115.34	\$317.15
	Post-Tax	\$283.33	\$348.89
Employee + Domestic Partner's Children (and Employee's Children, if applicable)	Pre-Tax	\$115.34	\$317.15
	Post-Tax	\$115.11	\$285.45
Employee + Domestic Partner + Employee's Children	Pre-Tax	\$311.53	\$602.58
	Post-Tax	\$283.33	\$348.89
Employee + Domestic Partner + DP's Child(ren) (and Employee's Children, if applicable)	Pre-Tax	\$115.34	\$317.15
	Post-Tax	\$479.52	\$634.32

Dental Plan(s) Employee Contribution Summary by Plan:

BlueDental EPO Bi-Weekly Contributions		
Tier		Full-time (30+ Hours/Week)
Employee Only		\$6.11
Employee + Spouse		\$12.84
Employee + Child(ren)		\$11.51
Employee + Family		\$16.87
Employee + Domestic Partner	Pre-Tax	\$6.11
	Post-Tax	\$6.73
Employee + Domestic Partner's Children (and Employee's Children, if applicable)	Pre-Tax	\$6.11
	Post-Tax	\$5.40
Employee + Domestic Partner + Employee's Children	Pre-Tax	\$10.14
	Post-Tax	\$6.73
Employee + Domestic Partner + DP's Child(ren) (and Employee's Children, if applicable)	Pre-Tax	\$6.11
	Post-Tax	\$10.76

BlueDental Plus PPO Bi-Weekly Contributions		
Tier		Full-time (30+ Hours/Week)
Employee Only		\$10.31
Employee + Spouse		\$21.64
Employee + Child(ren)		\$19.40
Employee + Family		\$28.44
Employee + Domestic Partner	Pre-Tax	\$10.31
	Post-Tax	\$11.33
Employee + Domestic Partner's Children (and Employee's Children, if applicable)	Pre-Tax	\$10.31
	Post-Tax	\$9.09
Employee + Domestic Partner + Employee's Children	Pre-Tax	\$17.11
	Post-Tax	\$11.33
Employee + Domestic Partner + DP's Child(ren) (and Employee's Children, if applicable)	Pre-Tax	\$10.31
	Post-Tax	\$18.13