2022 Dental Rates for ERFC and FCERS Retirees									
Aetna DPPO		Aetna DNO							
Coverage Level	Pre-65 Retirees/ Dependents	Age 65 and Older Retirees/ Dependents ¹	Coverage Level	All Age Groups					
	Monthly Total Rate	Monthly Total Rate		Monthly Total Rate					
Individual	\$53.62	\$61.08	Individual	\$21.25					
Retiree + 1	\$91.14	\$103.82	Retiree + 1	\$36.15					
Family	\$129.24	\$147.21	Family	\$51.14					

2022 Medical Rates ² for ERFC Retirees									
Medical Plan	Monthly Total Rate	ERFC Age 55 & Older Subsidy	Monthly Total Rate Minus Subsidy						
Aetna/Innovation Health (Non-Medicare retirees) Aetna Group Medicare Advantage PPO (Medicare-eligible retirees)									
Individual	\$884.77	\$100.00	\$784.77						
Retiree + 1 (no Medicare)	\$1,769.53	\$100.00	\$1,669.53						
Family	\$2,211.91	\$100.00	\$2,111.91						
Medicare Individual	\$410.71	\$100.00	\$310.7						
Retiree + 1 (both have Medicare)	\$821.42	\$100.00	\$721.42						
1 Medicare + 1 Individual	\$1,295.48	\$100.00	\$1,195.48						
1 Medicare + 2 Individuals	\$2,180.25	\$100.00	\$2,080.25						
Family (one or more has Medicare)	\$2,211.90	\$100.00	\$2,111.90						
CareFirst BlueChoice Advanta (Available to all retirees not eligible for Medica Individual	\$661.16	\$100.00	\$561.16						
Retiree + 1 (no Medicare)	\$1,322.33	\$100.00	\$1,222.33						
Family	\$1,652.93	\$100.00	\$1,552.93						
Kaiser Permanente HMO (Non-Medicare retirees who live in the local KP HMO service area) Kaiser Permanente Medicare Advantage (Medicare retirees who live in the local KPMA service area)									
Individual	\$706.60	\$100.00	\$606.60						
Retiree + 1 (no Medicare)	\$1,413.20	\$100.00	\$1,313.20						
Family	\$1,766.51	\$100.00							
Medicare Individual	\$251.22	\$100.00	\$151.22						
Retiree + 1 (both have Medicare)	\$502.44	\$100.00	\$402.44						
1 Medicare + 1 Individual	\$957.82	\$100.00	\$857.82 \$1,564.42						
1 Medicare + 2 Individuals	\$1,664.42								
Family (one or more has Medicare)	\$1,766.51	\$100.00	\$1,666.51						

2022 Medical Rates² for FCERS Retirees

(Subsidy applies to age 55 and older)

Your medical rate will be the monthly total rate for your plan and coverage MINUS a subsidy based on your years of service (see *Retiree Benefits Handbook*).

Medical Plan	Monthly Total Rate	\$ 15 Subsidy	\$ 25 Subsidy	\$ 50 Subsidy	\$ 100 Subsidy	\$ 125 Subsidy	\$ 150 Subsidy	\$ 175 Subsidy			
Aetna/Innovation Health (Non-Medicare retirees)											
Aetna Group Medicare Advantage PPO (Medicare-eligible retirees)											
Individual	\$884.77	\$869.77	\$859.77	\$834.77	\$784.77	\$759.77	\$734.77	\$709.77			
Retiree + 1 (no Med.)	\$1,769.53	\$1,754.53	\$1,744.53	\$1,719.53	\$1,669.53	\$1,644.53	\$1,619.53	\$1,594.53			
Family	\$2,211.91	\$2,196.91	\$2,186.91	\$2,161.91	\$2,111.91	\$2,086.91	\$2,061.91	\$2,036.91			
Medicare Individual	\$410.71	\$395.71	\$385.71	\$360.71	\$310.71	\$285.71	\$260.71	\$235.71			
Retiree + 1 (both Med.)	\$821.42	\$806.42	\$796.42	\$771.42	\$721.42	\$696.42	\$671.42	\$646.42			
1 Med. + 1 Ind.	\$1,295.48	\$1,280.48	\$1,270.48	\$1,245.48	\$1,195.48	\$1,170.48	\$1,145.48	\$1,120.48			
1 Med. + 2 Ind.	\$2,180.25	\$2,165.25	\$2,155.25	\$2,130.25	\$2,080.25	\$2,055.25	\$2,030.25	\$2,005.25			
Family (w/Medicare)	\$2,211.90	\$2,196.90	\$2,186.90	\$2,161.90	\$2,111.90	\$2,086.90	\$2,061.90	\$2,036.90			
CareFirst BlueChoice Advantage (Available to all retirees/dependents not eligible for Medicare)											
Individual	\$661.16	\$646.16	\$636.16	\$611.16	\$561.16	\$536.16	\$511.16	\$486.16			
Retiree + 1 (no Med.)	\$1,322.33	\$1,307.33	\$1,297.33	\$1,272.33	\$1,222.33	\$1,197.33	\$1,172.33	\$1,147.33			
Family	\$1,652.93	\$1,637.93	\$1,627.93	\$1,602.93	\$1,552.93	\$1,527.93	\$1,502.93	\$1,477.93			
Kaiser Permanente HMO (Non-Medicare retirees who live in the local KP HMO service area)											
Kaiser Perman	ente Med	dicare A	dvantag	e (Medicare	retirees who	live in the lo	ocal KPMA se	ervice area)			
Individual	\$706.60	\$691.60	\$681.60	\$656.60	\$606.60	\$581.60	\$556.60	\$531.60			
Retiree + 1 (no Med.)	\$1,413.20	\$1,398.20	\$1,388.20	\$1,363.20	\$1,313.20	\$1,288.20	\$1,263.20	\$1,238.20			
Family	\$1,766.51	\$1,751.51	\$1,741.51	\$1,716.51	\$1,666.51	\$1,641.51	\$1,616.51	\$1,591.51			
Medicare Individual	\$251.22	\$236.22	\$226.22	\$201.22	\$151.22	\$126.22	\$101.22	\$76.22			
Retiree + 1 (both Med.)	\$502.44	\$487.44	\$477.44	\$452.44	\$402.44	\$377.44	\$352.44	\$327.44			
1 Med. + 1 Ind.	\$957.82	\$942.82	\$932.82	\$907.82	\$857.82	\$832.82	\$807.82	\$782.82			
1 Med. + 2 Ind.	\$1,664.42	\$1,649.42	\$1,639.42	\$1,614.42	\$1,564.42	\$1,539.42	\$1,514.42	\$1,489.42			
Family (w/Medicare)	\$1,766.51	\$1,751.51	\$1,741.51	\$1,716.51	\$1,666.51	\$1,641.51	\$1,616.51	\$1,591.51			

Key to Coverage Level Rates

Individual: You (the individual)

Retiree + 1 (no Medicare): You + 1 dependent; no one has

Medicare coverage.

Family (Retiree + 2 or more): You + 2 or more dependents; no one has Medicare

Medicare Individual: You (the individual) have Medicare

coverage.

Retiree + 1 (both with Medicare): You + 1 dependent. Both you and your dependent have Medicare coverage.

- **1 Medicare + 1 Individual:** You + 1 dependent. One individual has Medicare coverage and one individual does not.
- 1 Medicare + 2 Individuals: You + 2 dependents. One individual has Medicare coverage and two individuals do not.

Family (1 or more with Medicare): You + 3 or more dependents. One or more dependents have Medicare.

¹The pre-65 premium is assessed if all covered individuals are under 65 or not covered by Medicare. The Age 65 and Older premium is assessed if one or more individuals are age 65 or older (or covered by Medicare).

² FCPS requires all Medicare-eligible retirees to elect Medicare Parts A and B when first eligible. This includes retirees/spouses/dependents eligible due to disability. Refer to www.Medicare.gov for premiums/surcharges applicable to Medicare coverage.