

**Rate Tables for Taxable Dependent Coverage**

**January 2017 to December 2017 Monthly Employee (Contractual) Premium Rates**

		Active Only	Active & Spouse	Active & Child, no GC/LWs	Active & Child, with one GC/LW	Active & Family, no GC/LWs	Active & Family, with one GC/LW	Active & Family, with two GC/LWs	Active & Family, with 3+ GC/LWs
<b>CareFirst EPO</b>	Pre-Tax Rate	\$113.46	\$238.10	\$238.10	\$124.64	\$294.98	\$181.52	\$ 56.88	\$ 0.00
	Post-Tax Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$113.46	\$ 0.00	\$113.46	\$238.10	\$294.98
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$340.38	\$ 0.00	\$340.38	\$714.31	\$884.93
<b>CareFirst PPO</b>	Pre-Tax Rate	\$127.49	\$229.48	\$229.48	\$101.99	\$318.74	\$191.25	\$ 89.26	\$ 0.00
	Post-Tax Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$127.49	\$ 0.00	\$127.49	\$229.48	\$318.74
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$382.48	\$ 0.00	\$382.48	\$688.45	\$956.21
<b>UHC EPO</b>	Pre-Tax Rate	\$114.14	\$237.38	\$237.38	\$123.24	\$283.04	\$168.90	\$ 45.66	\$ 0.00
	Post-Tax Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$114.14	\$ 0.00	\$114.14	\$237.38	\$283.04
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$342.43	\$ 0.00	\$342.43	\$712.15	\$849.13
<b>UHC PPO</b>	Pre-Tax Rate	\$125.42	\$225.75	\$225.75	\$100.33	\$313.56	\$188.14	\$ 87.81	\$ 0.00
	Post-Tax Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$125.42	\$ 0.00	\$125.42	\$225.75	\$313.56
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$376.25	\$ 0.00	\$376.25	\$677.26	\$940.67
<b>Kaiser</b>	Pre-Tax Rate	\$ 95.63	\$211.58	\$211.58	\$115.95	\$262.12	\$166.49	\$ 50.54	\$ 0.00
	Post-Tax Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 95.63	\$ 0.00	\$ 95.63	\$211.58	\$262.12
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$307.64	\$ 0.00	\$307.64	\$634.73	\$786.36
<b>Pharmacy</b>	Pre-Tax Rate	\$ 62.60	\$103.90	\$ 83.20	\$ 20.60	\$125.20	\$ 62.60	\$ 21.30	\$ 0.00
	Post-Tax Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 62.60	\$ 0.00	\$ 62.60	\$103.90	\$125.20
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$187.80	\$ 0.00	\$187.80	\$311.69	\$375.61

GC = Grandchild LW = Legal Ward

**Rate Tables for Taxable Dependent Coverage**

**January 2017 to December 2017 Monthly Employee (SLEOLA) Premium Rates**

		Active Only	Active & Spouse	Active & Child, no GC/LWs	Active & Child, with one GC/LW	Active & Family, no GC/LWs	Active & Family, with one GC/LW	Active & Family, with two GC/LWs	Active & Family, with 3+ GC/LWs
<b>CareFirst EPO</b>	Pre-Tax Rate	\$ 94.30	\$194.48	\$194.48	\$100.18	\$240.19	\$145.89	\$ 45.71	\$ 0.00
	Post-Tax Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 94.30	\$ 0.00	\$ 94.30	\$194.48	\$240.19
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$377.21	\$ 0.00	\$377.21	\$777.91	\$960.75
<b>CareFirst POS</b>	Pre-Tax Rate	\$ 97.66	\$173.62	\$173.62	\$ 75.96	\$240.08	\$142.42	\$ 66.46	\$ 0.00
	Post-Tax Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 97.66	\$ 0.00	\$ 97.66	\$173.62	\$240.08
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$346.24	\$ 0.00	\$346.24	\$615.56	\$851.21
<b>CareFirst PPO</b>	Pre-Tax Rate	\$138.58	\$246.59	\$246.59	\$108.01	\$341.12	\$202.54	\$ 94.53	\$ 0.00
	Post-Tax Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$138.58	\$ 0.00	\$138.58	\$246.59	\$341.12
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$415.74	\$ 0.00	\$415.74	\$739.78	\$1023.37
<b>Pharmacy</b>	Pre-Tax Rate	\$ 54.69	\$ 90.77	\$ 72.69	\$ 18.00	\$109.39	\$ 54.70	\$ 18.62	\$ 0.00
	Post-Tax Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 54.69	\$ 0.00	\$ 54.69	\$ 90.77	\$109.39
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$218.78	\$ 0.00	\$218.78	\$363.09	\$437.56
<b>Delta Dental HMO</b>	Pre-Tax Rate	\$ 6.44	\$ 12.89	\$ 11.22	\$ 4.78	\$ 18.11	\$ 11.67	\$ 5.22	\$ 0.00
	Post-Tax Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 6.44	\$ 0.00	\$ 6.44	\$ 12.89	\$ 18.11
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$ 6.82	\$ 0.00	\$ 6.82	\$ 13.66	\$ 19.19
<b>UCCI Dental PPO</b>	Pre-Tax Rate	\$ 11.64	\$ 23.27	\$ 22.24	\$ 10.60	\$ 43.60	\$ 31.96	\$ 20.33	\$ 0.00
	Post-Tax Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 11.64	\$ 0.00	\$ 11.64	\$ 23.27	\$ 43.60
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$ 11.64	\$ 0.00	\$ 11.64	\$ 23.27	\$ 43.60

GC = Grandchild LW = Legal Ward

**Rate Tables for Taxable Dependent Coverage**

**January 2017 to December 2017 Bi-Weekly Employee (Non-SLEOLA) Premium Rates**

		Active Only	Active & Spouse	Active & Child, no GC/LWs	Active & Child, with one GC/LW	Active & Family, no GC/LWs	Active & Family, with one GC/LW	Active & Family, with two GC/LWs	Active & Family, with 3+ GC/LWs
<b>CareFirst EPO</b>	Pre-Tax Rate	\$ 34.04	\$ 71.43	\$ 71.43	\$ 37.39	\$ 88.49	\$ 54.45	\$ 17.06	\$ 0.00
	Post-Tax Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 34.04	\$ 0.00	\$ 34.04	\$ 71.43	\$ 88.49
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$192.88	\$ 0.00	\$192.88	\$404.77	\$501.46
<b>CareFirst PPO</b>	Pre-Tax Rate	\$ 51.00	\$ 91.79	\$ 91.79	\$ 40.79	\$127.50	\$ 76.50	\$ 35.71	\$ 0.00
	Post-Tax Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 51.00	\$ 0.00	\$ 51.00	\$ 91.79	\$127.50
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$203.99	\$ 0.00	\$203.99	\$367.17	\$509.98
<b>UHC EPO</b>	Pre-Tax Rate	\$ 34.24	\$ 71.21	\$ 71.21	\$ 36.97	\$ 84.91	\$ 50.67	\$ 13.70	\$ 0.00
	Post-Tax Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 34.24	\$ 0.00	\$ 34.24	\$ 71.21	\$ 84.91
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$194.04	\$ 0.00	\$194.04	\$403.55	\$481.17
<b>UHC PPO</b>	Pre-Tax Rate	\$ 50.17	\$ 90.30	\$ 90.30	\$ 40.13	\$125.42	\$ 75.25	\$ 35.12	\$ 0.00
	Post-Tax Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 50.17	\$ 0.00	\$ 50.17	\$ 90.30	\$125.42
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$200.67	\$ 0.00	\$200.67	\$361.21	\$501.69
<b>Kaiser</b>	Pre-Tax Rate	\$ 30.25	\$ 63.47	\$ 63.47	\$ 33.22	\$ 78.64	\$ 48.39	\$ 15.17	\$ 0.00
	Post-Tax Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 30.25	\$ 0.00	\$ 30.25	\$ 63.47	\$ 78.64
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$171.39	\$ 0.00	\$171.39	\$359.68	\$445.60
<b>Pharmacy</b>	Pre-Tax Rate	\$ 25.04	\$ 41.56	\$ 33.28	\$ 8.24	\$ 50.08	\$ 25.04	\$ 8.52	\$ 0.00
	Post-Tax Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 25.04	\$ 0.00	\$ 25.04	\$ 41.56	\$ 50.08
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$100.16	\$ 0.00	\$100.16	\$166.24	\$200.32
<b>Delta Dental HMO</b>	Pre-Tax Rate	\$ 3.22	\$ 6.45	\$ 5.61	\$ 2.39	\$ 9.05	\$ 5.83	\$ 2.60	\$ 0.00
	Post-Tax Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 3.22	\$ 0.00	\$ 3.22	\$ 6.45	\$ 9.05
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$ 3.41	\$ 0.00	\$ 3.41	\$ 6.83	\$ 9.60
<b>UCCI Dental PPO</b>	Pre-Tax Rate	\$ 5.82	\$ 11.64	\$ 11.12	\$ 5.30	\$ 21.80	\$ 15.98	\$ 10.16	\$ 0.00
	Post-Tax Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 5.82	\$ 0.00	\$ 5.82	\$ 11.64	\$ 21.80
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$ 5.82	\$ 0.00	\$ 5.82	\$ 11.64	\$ 21.80

GC = Grandchild LW = Legal Ward

**Rate Tables for Taxable Dependent Coverage**

**January 2017 to December 2017 Bi-Weekly Employee (Contractual) Premium Rates**

		Active Only	Active & Spouse	Active & Child, no GC/LWs	Active & Child, with one GC/LW	Active & Family, no GC/LWs	Active & Family, with one GC/LW	Active & Family, with two GC/LWs	Active & Family, with 3+ GC/LWs
<b>CareFirst EPO</b>	Pre-Tax Rate	\$ 56.73	\$119.05	\$119.05	\$ 62.32	\$147.49	\$ 90.76	\$ 28.44	\$ 0.00
	Post-Tax Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 56.73	\$ 0.00	\$ 56.73	\$119.05	\$147.49
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$170.19	\$ 0.00	\$170.19	\$357.15	\$442.47
<b>CareFirst PPO</b>	Pre-Tax Rate	\$ 63.75	\$114.74	\$114.74	\$ 50.99	\$159.37	\$ 95.62	\$ 44.63	\$ 0.00
	Post-Tax Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 63.75	\$ 0.00	\$ 63.75	\$114.74	\$159.37
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$191.24	\$ 0.00	\$191.24	\$344.22	\$478.11
<b>UHC EPO</b>	Pre-Tax Rate	\$ 57.07	\$118.69	\$118.69	\$ 61.62	\$141.52	\$ 84.45	\$ 22.83	\$ 0.00
	Post-Tax Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 57.07	\$ 0.00	\$ 57.07	\$118.69	\$141.52
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$171.21	\$ 0.00	\$171.21	\$356.07	\$424.57
<b>UHC PPO</b>	Pre-Tax Rate	\$ 62.71	\$112.88	\$112.88	\$ 50.17	\$156.78	\$ 94.07	\$ 43.90	\$ 0.00
	Post-Tax Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 62.71	\$ 0.00	\$ 62.71	\$112.88	\$156.78
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$188.13	\$ 0.00	\$188.13	\$338.63	\$470.34
<b>Kaiser</b>	Pre-Tax Rate	\$ 50.41	\$105.79	\$105.79	\$ 55.38	\$131.06	\$ 80.65	\$ 25.27	\$ 0.00
	Post-Tax Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 50.41	\$ 0.00	\$ 50.41	\$105.79	\$131.06
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$151.23	\$ 0.00	\$151.23	\$317.37	\$393.18
<b>Pharmacy</b>	Pre-Tax Rate	\$ 31.30	\$ 51.95	\$ 41.60	\$ 10.30	\$ 62.60	\$ 31.30	\$ 10.65	\$ 0.00
	Post-Tax Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 31.30	\$ 0.00	\$ 31.30	\$ 51.95	\$ 62.60
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$ 93.90	\$ 0.00	\$ 93.90	\$155.85	\$187.80

GC = Grandchild LW = Legal Ward

**Rate Tables for Taxable Dependent Coverage**

**January 2017 to December 2017 Bi-Weekly Employee (SLEOLA) Premium Rates**

		Active Only	Active & Spouse	Active & Child, no GC/LWs	Active & Child, with one GC/LW	Active & Family, no GC/LWs	Active & Family, with one GC/LW	Active & Family, with two GC/LWs	Active & Family, with 3+ GC/LWs
<b>CareFirst EPO</b>	Pre-Tax Rate	\$ 47.15	\$ 97.24	\$ 97.24	\$ 50.09	\$120.09	\$ 72.94	\$ 22.85	\$ 0.00
	Post-Tax Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 47.15	\$ 0.00	\$ 47.15	\$ 97.24	\$120.09
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$188.61	\$ 0.00	\$188.61	\$388.96	\$480.38
<b>CareFirst POS</b>	Pre-Tax Rate	\$ 48.83	\$ 86.81	\$ 86.81	\$ 37.98	\$120.04	\$ 71.21	\$ 33.23	\$ 0.00
	Post-Tax Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 48.83	\$ 0.00	\$ 48.83	\$ 86.81	\$120.04
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$173.12	\$ 0.00	\$173.12	\$307.78	\$425.60
<b>CareFirst PPO</b>	Pre-Tax Rate	\$ 69.29	\$123.30	\$123.30	\$ 54.01	\$170.56	\$101.27	\$ 47.26	\$ 0.00
	Post-Tax Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 69.29	\$ 0.00	\$ 69.29	\$123.30	\$170.56
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$207.87	\$ 0.00	\$207.87	\$369.89	\$511.68
<b>Pharmacy</b>	Pre-Tax Rate	\$ 27.35	\$ 45.39	\$ 36.34	\$ 8.99	\$ 54.69	\$ 27.34	\$ 9.30	\$ 0.00
	Post-Tax Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 27.35	\$ 0.00	\$ 27.35	\$ 45.39	\$ 54.69
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$109.39	\$ 0.00	\$109.39	\$181.55	\$218.78
<b>Delta Dental HMO</b>	Pre-Tax Rate	\$ 3.22	\$ 6.45	\$ 5.61	\$ 2.39	\$ 9.05	\$ 5.83	\$ 2.60	\$ 0.00
	Post-Tax Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 3.22	\$ 0.00	\$ 3.22	\$ 6.45	\$ 9.05
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$ 3.41	\$ 0.00	\$ 3.41	\$ 6.83	\$ 9.60
<b>UCCI Dental PPO</b>	Pre-Tax Rate	\$ 5.82	\$ 11.64	\$ 11.12	\$ 5.30	\$ 21.80	\$ 15.98	\$ 10.16	\$ 0.00
	Post-Tax Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 5.82	\$ 0.00	\$ 5.82	\$ 11.64	\$ 21.80
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$ 5.82	\$ 0.00	\$ 5.82	\$ 11.64	\$ 21.80

GC = Grandchild LW = Legal Ward

**Rate Tables for Taxable Dependent Coverage**

**January 2017 to December 2017 Monthly Retiree (without Medicare) Premium Rates**

		Retiree Only	Retiree & Spouse	Retiree & Child, no GC/LWs	Retiree & Child, with one GC/LW	Retiree & Family, no GC/LWs	Retiree & Family, with one GC/LW	Retiree & Family, with two GC/LWs	Retiree & Family, with 3+ GC/LWs
<b>CareFirst EPO</b>	Post-Tax Rate	\$ 68.08	\$142.86	\$142.86	\$142.86	\$176.99	\$176.99	\$176.99	\$176.99
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$385.76	\$ 0.00	\$385.76	\$809.55	\$1002.92
<b>CareFirst PPO</b>	Post-Tax Rate	\$101.99	\$183.59	\$183.59	\$183.59	\$254.99	\$254.99	\$254.99	\$254.99
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$407.97	\$ 0.00	\$407.97	\$734.35	\$1019.96
<b>UHC EPO</b>	Post-Tax Rate	\$ 68.49	\$142.43	\$142.43	\$142.43	\$169.83	\$169.83	\$169.83	\$169.83
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$388.08	\$ 0.00	\$388.08	\$807.10	\$962.35
<b>UHC PPO</b>	Post-Tax Rate	\$100.33	\$180.60	\$180.60	\$180.60	\$250.85	\$250.85	\$250.85	\$250.85
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$401.33	\$ 0.00	\$401.33	\$722.41	\$1003.38
<b>Kaiser</b>	Post-Tax Rate	\$ 60.49	\$126.95	\$126.95	\$126.95	\$157.27	\$157.27	\$157.27	\$157.27
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$342.78	\$ 0.00	\$342.78	\$719.36	\$891.21
<b>Pharmacy</b>	Post-Tax Rate	\$ 61.83	\$102.62	\$ 82.18	\$ 82.18	\$123.67	\$123.67	\$123.67	\$123.67
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$185.50	\$ 0.00	\$185.50	\$307.87	\$371.01
<b>Delta Dental HMO</b>	Post-Tax Rate	\$ 6.44	\$ 12.89	\$ 11.22	\$ 11.22	\$ 18.11	\$ 18.11	\$ 18.11	\$ 18.11
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$ 6.82	\$ 0.00	\$ 6.82	\$ 13.66	\$ 19.19
<b>UCCI Dental PPO</b>	Post-Tax Rate	\$ 11.64	\$ 23.27	\$ 22.24	\$ 22.24	\$ 43.60	\$ 43.60	\$ 43.60	\$ 43.60
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$ 11.64	\$ 0.00	\$ 11.64	\$ 23.27	\$ 43.60

GC = Grandchild LW = Legal Ward

**Rate Tables for Taxable Dependent Coverage**

**January 2017 to December 2017 Monthly Employee (SLEOLA With Medicare) Premium Rates**

		Retiree Only with Medicare	Retiree+1, 1 without Medicare, no GC/LW	Retiree+1, 1 GC/LW without Medicare	Retiree+1, both with Medicare	Retiree+2, 1 with Medicare, no GC/LW	Retiree+2, 1 with Medicare, +1 GC/LW	Retiree+2, 2 with Medicare, no GC/LW	Retiree+2, 2 with Medicare, +1 GC/LW	Retiree+2 or more, All with Medicare	Retiree plus 3 or more, at least 1 without Medicare			
											no GC/LW	1 GC/LW	2 GC/LW	3+ GC/LW
<b>CareFirst EPO</b>	Post-Tax Rate	\$ 48.07	\$138.51	\$138.51	\$101.88	\$228.97	\$228.97	\$147.16	\$147.16	\$126.67	\$227.89	\$227.89	\$227.89	\$227.89
	Imputed Income	\$ 0.00	\$ 0.00	\$377.21	\$ 0.00	\$ 0.00	\$377.21	\$ 0.00	\$377.21	\$ 0.00	\$ 0.00	\$377.21	\$777.91	\$960.75
<b>CareFirst POS</b>	Post-Tax Rate	\$ 62.13	\$180.92	\$180.92	\$121.53	\$275.98	\$275.98	\$240.34	\$240.34	\$180.92	\$299.76	\$299.76	\$299.76	\$299.76
	Imputed Income	\$ 0.00	\$ 0.00	\$346.24	\$ 0.00	\$ 0.00	\$346.24	\$ 0.00	\$346.24	\$ 0.00	\$ 0.00	\$346.24	\$615.56	\$851.21
<b>CareFirst PPO</b>	Post-Tax Rate	\$ 71.08	\$206.07	\$206.07	\$138.58	\$314.09	\$314.09	\$273.60	\$273.60	\$206.07	\$341.12	\$341.12	\$341.12	\$341.12
	Imputed Income	\$ 0.00	\$ 0.00	\$415.74	\$ 0.00	\$ 0.00	\$415.74	\$ 0.00	\$415.74	\$ 0.00	\$ 0.00	\$415.74	\$739.78	\$1023.37

		Retiree Only with Medicare	Retiree with Medicare, 1 without Medicare, no GC/LW	Retiree+1, 1 GC/LW without Medicare	Retiree without Medicare, 1 with Medicare, no GC/LW	Retiree+1, both with Medicare	Retiree+2, 1 with Medicare, no GC/LW	Retiree+2, 1 with Medicare, +1 GC/LW	Retiree+2, 2 with Medicare, no GC/LW	Retiree+2, 2 with Medicare, +1 GC/LW	Retiree+2 or more, All with Medicare	Retiree plus 3 or more, at least 1 without Medicare			
												no GC/LW	1 GC/LW	2 GC/LW	3+ GC/LW
<b>Pharmacy</b>	Post-Tax Rate	\$ 36.33	\$ 63.85	\$ 63.85	\$ 66.47	\$ 60.22	\$ 86.82	\$ 86.82	\$ 74.07	\$ 74.07	\$ 72.65	\$ 86.82	\$ 86.82	\$ 86.82	\$ 86.82
	Imputed Income	\$ 0.00	\$ 0.00	\$218.78	\$ 0.00	\$ 0.00	\$ 0.00	\$218.78	\$ 0.00	\$218.78	\$ 0.00	\$ 0.00	\$218.78	\$290.75	\$437.56

GC = Grandchild LW = Legal Ward

**Rate Tables for Taxable Dependent Coverage**

**January 2017 to December 2017 Monthly Retiree (With Medicare) Premium Rates**

		Retiree Only with Medicare	Retiree+1, 1 without Medicare, no GC/LW	Retiree+1, 1 GC/LW without Medicare	Retiree+1, both with Medicare	Retiree+2, 1 with Medicare, no GC/LW	Retiree+2, 1 with Medicare, +1 GC/LW	Retiree+2, 2 with Medicare, no GC/LW	Retiree+2, 2 with Medicare, +1 GC/LW	Retiree+2 or more, All with Medicare	Retiree plus 3 or more, at least 1 without Medicare			
											no GC/LW	1 GC/LW	2 GC/LW	3+ GC/LW
<b>CareFirst EPO</b>	Post-Tax Rate	\$ 33.56	\$101.08	\$101.08	\$ 73.74	\$168.61	\$168.61	\$107.54	\$107.54	\$ 92.24	\$176.99	\$176.99	\$176.99	\$176.99
	Imputed Income	\$ 0.00	\$ 0.00	\$385.76	\$ 0.00	\$ 0.00	\$385.76	\$ 0.00	\$385.76	\$ 0.00	\$ 0.00	\$385.76	\$809.55	\$1002.92
<b>CareFirst PPO</b>	Post-Tax Rate	\$ 51.00	\$152.98	\$152.98	\$101.99	\$234.57	\$234.57	\$203.98	\$203.98	\$152.98	\$254.99	\$254.99	\$254.99	\$254.99
	Imputed Income	\$ 0.00	\$ 0.00	\$407.97	\$ 0.00	\$ 0.00	\$407.97	\$ 0.00	\$407.97	\$ 0.00	\$ 0.00	\$407.97	\$734.35	\$1019.96
<b>UHC EPO</b>	Post-Tax Rate	\$ 45.23	\$113.70	\$113.70	\$ 90.45	\$169.83	\$169.83	\$155.27	\$155.27	\$135.67	\$169.83	\$169.83	\$169.83	\$169.83
	Imputed Income	\$ 0.00	\$ 0.00	\$388.08	\$ 0.00	\$ 0.00	\$388.08	\$ 0.00	\$388.08	\$ 0.00	\$ 0.00	\$388.08	\$807.10	\$962.35
<b>UHC PPO</b>	Post-Tax Rate	\$ 50.17	\$150.49	\$150.49	\$100.33	\$230.76	\$230.76	\$200.66	\$200.66	\$150.49	\$250.85	\$250.85	\$250.85	\$250.85
	Imputed Income	\$ 0.00	\$ 0.00	\$401.33	\$ 0.00	\$ 0.00	\$401.33	\$ 0.00	\$401.33	\$ 0.00	\$ 0.00	\$401.33	\$722.41	\$1003.38

		Retiree Only with Medicare	Retiree with Medicare, 1 without Medicare, no GC/LW	Retiree+1, 1 GC/LW without Medicare	Retiree without Medicare, 1 with Medicare, no GC/LW	Retiree+1, both with Medicare	Retiree+2, 1 with Medicare, no GC/LW	Retiree+2, 1 with Medicare, +1 GC/LW	Retiree+2, 2 with Medicare, no GC/LW	Retiree+2, 2 with Medicare, +1 GC/LW	Retiree+2 or more, All with Medicare	Retiree plus 3 or more, at least 1 without Medicare			
												no GC/LW	1 GC/LW	2 GC/LW	3+ GC/LW
<b>Pharmacy</b>	Post-Tax Rate	\$ 44.49	\$ 78.20	\$ 78.20	\$ 81.40	\$ 73.75	\$106.32	\$106.32	\$ 90.71	\$ 90.71	\$ 88.98	\$106.32	\$106.32	\$106.32	\$106.32
	Imputed Income	\$ 0.00	\$ 0.00	\$185.50	\$ 0.00	\$ 0.00	\$ 0.00	\$185.50	\$ 0.00	\$185.50	\$ 0.00	\$ 0.00	\$185.50	\$246.53	\$371.01

		Retiree Only	Retiree & Spouse	Retiree & Child, no GC/LWs	Retiree & Child, with one GC/LW	Retiree & Family, no GC/LWs	Retiree & Family, with one GC/LW	Retiree & Family, with two GC/LWs	Retiree & Family, with 3+ GC/LWs
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$ 6.82	\$ 0.00	\$ 6.82	\$ 13.66	\$ 19.19
<b>UCCI Dental PPO</b>	Post-Tax Rate	\$ 11.64	\$ 23.27	\$ 22.24	\$ 22.24	\$ 43.60	\$ 43.60	\$ 43.60	\$ 43.60
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$ 11.64	\$ 0.00	\$ 11.64	\$ 23.27	\$ 43.60

GC = Grandchild LW = Legal Ward