

**Rate Tables for Taxable Dependent Coverage**

**January 2015 to December 2015 Monthly 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	\$ 63.56	\$133.39	\$133.39	\$ 69.83	\$165.25	\$101.69	\$ 31.86	\$ 0.00
	Post-Tax Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 63.56	\$ 0.00	\$ 63.56	\$133.39	\$165.25
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$360.19	\$ 0.00	\$360.19	\$755.88	\$936.44
<b>CareFirst PPO</b>	Pre-Tax Rate	\$ 95.23	\$171.42	\$171.42	\$ 76.19	\$238.09	\$142.86	\$ 66.67	\$ 0.00
	Post-Tax Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 95.23	\$ 0.00	\$ 95.23	\$171.42	\$238.09
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$380.93	\$ 0.00	\$380.93	\$685.66	\$952.34
<b>UHC EPO</b>	Pre-Tax Rate	\$ 63.95	\$132.99	\$132.99	\$ 69.04	\$158.57	\$ 94.62	\$ 25.58	\$ 0.00
	Post-Tax Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 63.95	\$ 0.00	\$ 63.95	\$132.99	\$158.57
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$362.36	\$ 0.00	\$362.36	\$753.59	\$898.55
<b>UHC PPO</b>	Pre-Tax Rate	\$ 93.68	\$168.63	\$168.63	\$ 74.95	\$234.22	\$140.54	\$ 65.59	\$ 0.00
	Post-Tax Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 93.68	\$ 0.00	\$ 93.68	\$168.63	\$234.22
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$374.73	\$ 0.00	\$374.73	\$674.52	\$936.86
<b>Kaiser</b>	Pre-Tax Rate	\$ 57.61	\$120.90	\$120.90	\$ 63.29	\$149.78	\$ 92.17	\$ 28.88	\$ 0.00
	Post-Tax Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 57.61	\$ 0.00	\$ 57.61	\$120.90	\$149.78
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$326.46	\$ 0.00	\$326.46	\$685.11	\$848.77
<b>Pharmacy</b>	Pre-Tax Rate	\$ 42.94	\$ 71.27	\$ 57.07	\$ 14.13	\$ 85.88	\$ 42.94	\$ 14.61	\$ 0.00
	Post-Tax Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 42.94	\$ 0.00	\$ 42.94	\$ 71.27	\$ 85.88
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$171.76	\$ 0.00	\$171.76	\$285.07	\$343.52
<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	\$ 6.44	\$ 0.00	\$ 6.44	\$ 12.89	\$ 18.11
<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 2015 to December 2015 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	\$105.94	\$222.32	\$222.32	\$116.38	\$275.42	\$169.48	\$ 53.10	\$ 0.00
	Post-Tax Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$105.94	\$ 0.00	\$105.94	\$222.32	\$275.42
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$317.81	\$ 0.00	\$317.81	\$666.95	\$826.27
<b>CareFirst PPO</b>	Pre-Tax Rate	\$119.04	\$214.27	\$214.27	\$ 95.23	\$297.61	\$178.57	\$ 83.34	\$ 0.00
	Post-Tax Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$119.04	\$ 0.00	\$119.04	\$214.27	\$297.61
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$357.12	\$ 0.00	\$357.12	\$642.81	\$892.82
<b>UHC EPO</b>	Pre-Tax Rate	\$106.58	\$221.65	\$221.65	\$115.07	\$264.28	\$157.70	\$ 42.63	\$ 0.00
	Post-Tax Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$106.58	\$ 0.00	\$106.58	\$221.65	\$264.28
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$319.73	\$ 0.00	\$319.73	\$664.94	\$792.84
<b>UHC PPO</b>	Pre-Tax Rate	\$117.10	\$210.79	\$210.79	\$ 93.69	\$292.77	\$175.67	\$ 81.98	\$ 0.00
	Post-Tax Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$117.10	\$ 0.00	\$117.10	\$210.79	\$292.77
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$351.31	\$ 0.00	\$351.31	\$632.36	\$878.31
<b>Kaiser</b>	Pre-Tax Rate	\$ 96.02	\$201.50	\$201.50	\$105.48	\$249.64	\$153.62	\$ 48.14	\$ 0.00
	Post-Tax Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 96.02	\$ 0.00	\$ 96.02	\$201.50	\$249.64
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$288.05	\$ 0.00	\$288.05	\$604.51	\$748.91
<b>Pharmacy</b>	Pre-Tax Rate	\$ 53.67	\$ 89.08	\$ 71.34	\$ 17.67	\$107.35	\$ 53.68	\$ 18.27	\$ 0.00
	Post-Tax Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 53.67	\$ 0.00	\$ 53.67	\$ 89.08	\$107.35
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$161.02	\$ 0.00	\$161.02	\$267.25	\$322.05

GC = Grandchild LW = Legal Ward

**Rate Tables for Taxable Dependent Coverage**

**January 2015 to December 2015 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	\$ 88.05	\$181.58	\$181.58	\$ 93.53	\$224.26	\$136.21	\$ 42.68	\$ 0.00
	Post-Tax Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 88.05	\$ 0.00	\$ 88.05	\$181.58	\$224.26
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$352.20	\$ 0.00	\$352.20	\$726.34	\$897.06
<b>CareFirst POS</b>	Pre-Tax Rate	\$ 91.18	\$162.11	\$162.11	\$ 70.93	\$224.17	\$132.99	\$ 62.06	\$ 0.00
	Post-Tax Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 91.18	\$ 0.00	\$ 91.18	\$162.11	\$224.17
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$323.29	\$ 0.00	\$323.29	\$574.75	\$794.78
<b>CareFirst PPO</b>	Pre-Tax Rate	\$129.39	\$230.25	\$230.25	\$100.86	\$318.51	\$189.12	\$ 88.26	\$ 0.00
	Post-Tax Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$129.39	\$ 0.00	\$129.39	\$230.25	\$318.51
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$388.18	\$ 0.00	\$388.18	\$690.74	\$955.53
<b>Pharmacy</b>	Pre-Tax Rate	\$ 46.90	\$ 77.83	\$ 62.32	\$ 15.42	\$ 93.79	\$ 46.89	\$ 15.96	\$ 0.00
	Post-Tax Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 46.90	\$ 0.00	\$ 46.90	\$ 77.83	\$ 93.79
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$187.58	\$ 0.00	\$187.58	\$311.32	\$375.17
<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	\$ 6.44	\$ 0.00	\$ 6.44	\$ 12.89	\$ 18.11
<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 2015 to December 2015 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	\$ 31.78	\$ 66.70	\$ 66.70	\$ 34.92	\$ 82.63	\$ 50.85	\$ 15.93	\$ 0.00
	Post-Tax Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 31.78	\$ 0.00	\$ 31.78	\$ 66.70	\$ 82.63
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$180.09	\$ 0.00	\$180.09	\$377.94	\$468.22
<b>CareFirst PPO</b>	Pre-Tax Rate	\$ 47.62	\$ 85.71	\$ 85.71	\$ 38.09	\$119.04	\$ 71.42	\$ 33.33	\$ 0.00
	Post-Tax Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 47.62	\$ 0.00	\$ 47.62	\$ 85.71	\$119.04
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$190.46	\$ 0.00	\$190.46	\$342.83	\$476.17
<b>UHC EPO</b>	Pre-Tax Rate	\$ 31.97	\$ 66.49	\$ 66.49	\$ 34.52	\$ 79.28	\$ 47.31	\$ 12.79	\$ 0.00
	Post-Tax Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 31.97	\$ 0.00	\$ 31.97	\$ 66.49	\$ 79.28
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$181.18	\$ 0.00	\$181.18	\$376.80	\$449.28
<b>UHC PPO</b>	Pre-Tax Rate	\$ 46.84	\$ 84.32	\$ 84.32	\$ 37.48	\$117.11	\$ 70.27	\$ 32.79	\$ 0.00
	Post-Tax Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 46.84	\$ 0.00	\$ 46.84	\$ 84.32	\$117.11
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$187.36	\$ 0.00	\$187.36	\$337.26	\$468.43
<b>Kaiser</b>	Pre-Tax Rate	\$ 28.81	\$ 60.45	\$ 60.45	\$ 31.64	\$ 74.89	\$ 46.08	\$ 14.44	\$ 0.00
	Post-Tax Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 28.81	\$ 0.00	\$ 28.81	\$ 60.45	\$ 74.89
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$163.23	\$ 0.00	\$163.23	\$342.55	\$424.38
<b>Pharmacy</b>	Pre-Tax Rate	\$ 21.47	\$ 35.63	\$ 28.53	\$ 7.06	\$ 42.94	\$ 21.47	\$ 7.31	\$ 0.00
	Post-Tax Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 21.47	\$ 0.00	\$ 21.47	\$ 35.63	\$ 42.94
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$ 85.88	\$ 0.00	\$ 85.88	\$142.53	\$171.76
<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	\$ 3.22	\$ 0.00	\$ 3.22	\$ 6.45	\$ 9.05
<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 2015 to December 2015 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	\$ 52.97	\$111.16	\$111.16	\$ 58.19	\$137.71	\$ 84.74	\$ 26.55	\$ 0.00
	Post-Tax Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 52.97	\$ 0.00	\$ 52.97	\$111.16	\$137.71
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$158.91	\$ 0.00	\$158.91	\$333.48	\$413.13
<b>CareFirst PPO</b>	Pre-Tax Rate	\$ 59.52	\$107.14	\$107.14	\$ 47.62	\$148.80	\$ 89.28	\$ 41.66	\$ 0.00
	Post-Tax Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 59.52	\$ 0.00	\$ 59.52	\$107.14	\$148.80
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$178.56	\$ 0.00	\$178.56	\$321.41	\$446.41
<b>UHC EPO</b>	Pre-Tax Rate	\$ 53.29	\$110.82	\$110.82	\$ 57.53	\$132.14	\$ 78.85	\$ 21.32	\$ 0.00
	Post-Tax Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 53.29	\$ 0.00	\$ 53.29	\$110.82	\$132.14
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$159.86	\$ 0.00	\$159.86	\$332.47	\$396.42
<b>UHC PPO</b>	Pre-Tax Rate	\$ 58.55	\$105.39	\$105.39	\$ 46.84	\$146.39	\$ 87.84	\$ 41.00	\$ 0.00
	Post-Tax Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 58.55	\$ 0.00	\$ 58.55	\$105.39	\$146.39
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$175.65	\$ 0.00	\$175.65	\$316.18	\$439.16
<b>Kaiser</b>	Pre-Tax Rate	\$ 48.01	\$100.75	\$100.75	\$ 52.74	\$124.82	\$ 76.81	\$ 24.07	\$ 0.00
	Post-Tax Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 48.01	\$ 0.00	\$ 48.01	\$100.75	\$124.82
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$144.03	\$ 0.00	\$144.03	\$302.25	\$374.46
<b>Pharmacy</b>	Pre-Tax Rate	\$ 26.84	\$ 44.54	\$ 35.67	\$ 8.83	\$ 53.68	\$ 26.84	\$ 9.14	\$ 0.00
	Post-Tax Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 26.84	\$ 0.00	\$ 26.84	\$ 44.54	\$ 53.68
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$ 80.51	\$ 0.00	\$ 80.51	\$133.62	\$161.03

GC = Grandchild LW = Legal Ward

**Rate Tables for Taxable Dependent Coverage**

**January 2015 to December 2015 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	\$ 44.03	\$ 90.79	\$ 90.79	\$ 46.76	\$112.13	\$ 68.10	\$ 21.34	\$ 0.00
	Post-Tax Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 44.03	\$ 0.00	\$ 44.03	\$ 90.79	\$112.13
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$176.10	\$ 0.00	\$176.10	\$363.17	\$448.53
<b>CareFirst POS</b>	Pre-Tax Rate	\$ 45.59	\$ 81.06	\$ 81.06	\$ 35.47	\$112.08	\$ 66.49	\$ 31.02	\$ 0.00
	Post-Tax Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 45.59	\$ 0.00	\$ 45.59	\$ 81.06	\$112.08
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$161.65	\$ 0.00	\$161.65	\$287.38	\$397.39
<b>CareFirst PPO</b>	Pre-Tax Rate	\$ 64.70	\$115.12	\$115.12	\$ 50.42	\$159.25	\$ 94.55	\$ 44.13	\$ 0.00
	Post-Tax Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 64.70	\$ 0.00	\$ 64.70	\$115.12	\$159.25
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$194.09	\$ 0.00	\$194.09	\$345.37	\$477.76
<b>Pharmacy</b>	Pre-Tax Rate	\$ 23.45	\$ 38.91	\$ 31.16	\$ 7.71	\$ 46.90	\$ 23.45	\$ 7.99	\$ 0.00
	Post-Tax Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 23.45	\$ 0.00	\$ 23.45	\$ 38.91	\$ 46.90
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$ 93.79	\$ 0.00	\$ 93.79	\$155.66	\$187.58
<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	\$ 3.22	\$ 0.00	\$ 3.22	\$ 6.45	\$ 9.05
<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 2015 to December 2015 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	\$ 63.56	\$133.39	\$133.39	\$133.39	\$165.25	\$165.25	\$165.25	\$165.25
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$360.19	\$ 0.00	\$360.19	\$755.88	\$936.44
<b>CareFirst PPO</b>	Post-Tax Rate	\$ 95.23	\$171.42	\$171.42	\$171.42	\$238.09	\$238.09	\$238.09	\$238.09
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$380.93	\$ 0.00	\$380.93	\$685.66	\$952.34
<b>UHC EPO</b>	Post-Tax Rate	\$ 63.95	\$132.99	\$132.99	\$132.99	\$158.57	\$158.57	\$158.57	\$158.57
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$362.36	\$ 0.00	\$362.36	\$753.59	\$898.55
<b>UHC PPO</b>	Post-Tax Rate	\$ 93.68	\$168.63	\$168.63	\$168.63	\$234.22	\$234.22	\$234.22	\$234.22
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$374.73	\$ 0.00	\$374.73	\$674.52	\$936.86
<b>Kaiser</b>	Post-Tax Rate	\$ 57.61	\$120.90	\$120.90	\$120.90	\$149.78	\$149.78	\$149.78	\$149.78
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$326.46	\$ 0.00	\$326.46	\$685.11	\$848.77
<b>Pharmacy</b>	Post-Tax Rate	\$ 53.02	\$ 87.99	\$ 70.46	\$ 70.46	\$106.04	\$106.04	\$106.04	\$106.04
	Imputed Income	\$ 0.00	\$ 0.00	\$ 0.00	\$159.05	\$ 0.00	\$159.05	\$263.97	\$318.11
<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	\$ 6.44	\$ 0.00	\$ 6.44	\$ 12.89	\$ 18.11
<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 2015 to December 2015 Monthly Employee (SLEOLA With Medicare) Premium Rates**

		Active Only with Medicare	Active+1, 1 without Medicare, no GC/LW	Active+1, 1 GC/LW without Medicare	Active+1, both with Medicare	Active+2, 1 with Medicare, no GC/LW	Active+2, 1 with Medicare, +1 GC/LW	Active+2, 2 with Medicare, no GC/LW	Active+2, 2 with Medicare, +1 GC/LW	Active+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	\$ 44.88	\$129.33	\$129.33	\$ 95.13	\$213.79	\$213.79	\$137.41	\$137.41	\$118.27	\$212.79	\$212.79	\$212.79	\$212.79
	Imputed Income	\$ 0.00	\$ 0.00	\$352.20	\$ 0.00	\$ 0.00	\$352.20	\$ 0.00	\$352.20	\$ 0.00	\$ 0.00	\$352.20	\$726.34	\$897.06
<b>CareFirst PPO</b>	Post-Tax Rate	\$ 66.37	\$192.41	\$192.41	\$129.39	\$293.27	\$293.27	\$255.46	\$255.46	\$192.41	\$318.51	\$318.51	\$318.51	\$318.51
	Imputed Income	\$ 0.00	\$ 0.00	\$388.18	\$ 0.00	\$ 0.00	\$388.18	\$ 0.00	\$388.18	\$ 0.00	\$ 0.00	\$388.18	\$690.74	\$955.53
<b>CareFirst POS</b>	Post-Tax Rate	\$ 58.01	\$168.93	\$168.93	\$113.47	\$257.68	\$257.68	\$224.41	\$224.41	\$168.93	\$279.89	\$279.89	\$279.89	\$279.89
	Imputed Income	\$ 0.00	\$ 0.00	\$323.29	\$ 0.00	\$ 0.00	\$323.29	\$ 0.00	\$323.29	\$ 0.00	\$ 0.00	\$323.29	\$574.75	\$794.78

		Active Only with Medicare	Active with Medicare, 1 without Medicare, no GC/LW	Active+1, 1 GC/LW without Medicare	Active without Medicare, 1 with Medicare, no GC/LW	Active+1, both with Medicare	Active+2, 1 with Medicare, no GC/LW	Active+2, 1 with Medicare, +1 GC/LW	Active+2, 2 with Medicare, no GC/LW	Active+2, 2 with Medicare, +1 GC/LW	Active+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	\$ 31.15	\$ 54.74	\$ 54.74	\$ 56.99	\$ 51.63	\$ 74.44	\$ 74.44	\$ 63.51	\$ 63.51	\$ 62.29	\$ 74.44	\$ 74.44	\$ 74.44	\$ 74.44
	Imputed Income	\$ 0.00	\$ 0.00	\$187.58	\$ 0.00	\$ 0.00	\$ 0.00	\$187.58	\$ 0.00	\$187.58	\$ 0.00	\$ 0.00	\$187.58	\$249.29	\$375.17

GC = Grandchild LW = Legal Ward



**Rate Tables for Taxable Dependent Coverage**

**January 2015 to December 2015 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	\$ 31.33	\$ 94.38	\$ 94.38	\$ 68.85	\$157.43	\$157.43	\$100.41	\$100.41	\$ 86.12	\$165.25	\$165.25	\$165.25	\$165.25
	Imputed Income	\$ 0.00	\$ 0.00	\$360.19	\$ 0.00	\$ 0.00	\$360.19	\$ 0.00	\$360.19	\$ 0.00	\$ 0.00	\$360.19	\$755.88	\$936.44
<b>CareFirst PPO</b>	Post-Tax Rate	\$ 47.62	\$142.83	\$142.83	\$ 95.23	\$219.02	\$219.02	\$190.46	\$190.46	\$142.83	\$238.09	\$238.09	\$238.09	\$238.09
	Imputed Income	\$ 0.00	\$ 0.00	\$380.93	\$ 0.00	\$ 0.00	\$380.93	\$ 0.00	\$380.93	\$ 0.00	\$ 0.00	\$380.93	\$685.66	\$952.34
<b>UHC EPO</b>	Post-Tax Rate	\$ 42.23	\$106.17	\$106.17	\$ 84.45	\$158.57	\$158.57	\$144.98	\$144.98	\$126.68	\$158.57	\$158.57	\$158.57	\$158.57
	Imputed Income	\$ 0.00	\$ 0.00	\$362.36	\$ 0.00	\$ 0.00	\$362.36	\$ 0.00	\$362.36	\$ 0.00	\$ 0.00	\$362.36	\$753.59	\$898.55
<b>UHC PPO</b>	Post-Tax Rate	\$ 46.85	\$140.52	\$140.52	\$ 93.68	\$215.46	\$215.46	\$187.36	\$187.36	\$140.52	\$234.22	\$234.22	\$234.22	\$234.22
	Imputed Income	\$ 0.00	\$ 0.00	\$374.73	\$ 0.00	\$ 0.00	\$374.73	\$ 0.00	\$374.73	\$ 0.00	\$ 0.00	\$374.73	\$674.52	\$936.86

		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	\$ 38.15	\$ 67.05	\$ 67.05	\$ 69.80	\$ 63.23	\$ 91.16	\$ 91.16	\$ 77.78	\$ 77.78	\$ 76.29	\$ 91.16	\$ 91.16	\$ 91.16	\$ 91.16
	Imputed Income	\$ 0.00	\$ 0.00	\$159.05	\$ 0.00	\$ 0.00	\$ 0.00	\$159.05	\$ 0.00	\$159.05	\$ 0.00	\$ 0.00	\$159.05	\$211.38	\$318.11

		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	\$ 6.44	\$ 0.00	\$ 6.44	\$ 12.89	\$ 18.11
<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