

**Baltimore ES Representative Medical Rates Analysis to Accomodate Change in Plan Years**

**MEDICAL**

<u>Option Coverage Level</u>	<u>7/1/16 to 6/30/17</u>	<u>7/1/17 to 6/30/18</u>	<u>7/1/16 to 12/31/17</u>	<u>7/1/18 to 6/30/19</u>	<u>1/1/18 to 12/31/18</u>	<u>7/1/19 to 6/30/20</u>	<u>1/1/19 to 12/31/19</u>	<u>7/1/20 to 6/30/21</u>	<u>1/1/20 - 12/31/20</u>	<u>7/1/21 to 6/30/22</u>	<u>1/1/21 to 12/31/21</u>	<u>1/1/22 to 6/30/22</u>
<b>Premium Plus - Weekly Premium</b>												
You Only	\$37.57	\$40.57	\$38.57	\$43.82	\$42.20	\$47.33	\$45.58	\$51.11	\$49.22	\$55.20	\$53.16	\$55.20
You + Spouse	\$86.56	\$93.49	\$88.87	\$100.97	\$97.23	\$109.04	\$105.01	\$117.77	\$113.41	\$127.19	\$122.48	\$127.19
You + Child(ren)	\$77.17	\$83.34	\$79.23	\$90.01	\$86.68	\$97.21	\$93.61	\$104.99	\$101.10	\$113.39	\$109.19	\$113.39
You + Family	\$115.50	\$124.74	\$118.58	\$134.72	\$129.73	\$145.50	\$140.11	\$157.14	\$151.32	\$169.71	\$163.43	\$169.71
<b>Premium - Weekly Premium</b>												
You Only	\$13.45	\$14.53	\$13.81	\$15.69	\$15.11	\$16.95	\$16.32	\$18.30	\$17.63	\$19.77	\$19.04	\$19.77
You + Spouse	\$38.84	\$41.95	\$39.88	\$45.30	\$43.63	\$48.93	\$47.12	\$52.84	\$50.89	\$57.07	\$54.96	\$57.07
You + Child(ren)	\$33.76	\$36.46	\$34.66	\$39.38	\$37.92	\$42.53	\$40.96	\$45.93	\$44.23	\$49.61	\$47.77	\$49.61
You + Family	\$47.22	\$50.99	\$48.48	\$55.07	\$53.03	\$59.48	\$57.28	\$64.24	\$61.86	\$69.37	\$66.81	\$69.37
<b>Value - Weekly Premium</b>												
You Only	\$9.90	\$10.69	\$10.16	\$11.55	\$11.12	\$12.47	\$12.01	\$13.47	\$12.97	\$14.55	\$14.01	\$14.55
You + Spouse	\$24.37	\$26.32	\$25.02	\$28.42	\$27.37	\$30.70	\$29.56	\$33.15	\$31.93	\$35.81	\$34.48	\$35.81
You + Child(ren)	\$21.07	\$22.75	\$21.63	\$24.58	\$23.67	\$26.54	\$25.56	\$28.66	\$27.60	\$30.96	\$29.81	\$30.96
You + Family	\$32.24	\$34.82	\$33.10	\$37.60	\$36.21	\$40.61	\$39.11	\$43.86	\$42.24	\$47.37	\$45.62	\$47.37
<b>Kaiser Mid-Atlantic</b>												
You Only	\$61.94	\$66.89	\$63.59	\$72.25	\$69.57	\$78.02	\$75.14	\$84.27	\$81.15	\$91.01	\$87.64	\$91.01
You + Spouse	\$161.19	\$174.09	\$165.49	\$188.01	\$181.05	\$203.06	\$195.54	\$219.30	\$211.18	\$236.84	\$228.07	\$236.84
You + Child(ren)	\$140.88	\$152.16	\$144.64	\$164.33	\$158.25	\$177.47	\$170.90	\$191.67	\$184.57	\$207.01	\$199.34	\$207.01
You + Family	\$218.31	\$235.77	\$224.13	\$254.63	\$245.20	\$275.00	\$264.82	\$297.01	\$286.01	\$320.77	\$308.89	\$320.77

**Baltimore ES Representative Dental Rates Analysis to Accomodate Change in Plan Years**

**DENTAL**

<u>Option Coverage Level</u>	<u>7/1/16 to 6/30/17</u>	<u>7/1/17 to 6/30/18</u>	<u>7/1/16 to 12/31/17</u>	<u>7/1/18 to 6/30/19</u>	<u>1/1/18 to 12/31/18</u>	<u>7/1/19 to 6/30/20</u>	<u>1/1/19 to 12/31/19</u>	<u>7/1/20 to 6/30/21</u>	<u>1/1/20 - 12/31/20</u>	<u>7/1/21 to 6/30/22</u>	<u>1/1/21 to 12/31/21</u>	<u>1/1/22 to 6/30/22</u>
<b>Delta Preventive - Weekly Premium</b>												
You Only	\$1.13	\$1.20	\$1.15	\$1.27	\$1.24	\$1.35	\$1.31	\$1.43	\$1.39	\$1.52	\$1.48	\$1.52
You + Spouse	\$2.28	\$2.42	\$2.33	\$2.56	\$2.49	\$2.71	\$2.64	\$2.88	\$2.80	\$3.05	\$2.97	\$3.05
You + Child(ren)	\$2.55	\$2.71	\$2.60	\$2.87	\$2.79	\$3.04	\$2.96	\$3.23	\$3.14	\$3.42	\$3.33	\$3.42
You + Family	\$5.38	\$5.71	\$5.49	\$6.05	\$5.88	\$6.41	\$6.23	\$6.80	\$6.61	\$7.21	\$7.01	\$7.21
<b>Dental Care - Weekly Premium</b>												
You Only	\$1.93	\$2.06	\$1.97	\$2.19	\$2.13	\$2.34	\$2.27	\$2.49	\$2.42	\$2.65	\$2.57	\$2.65
You + Spouse	\$5.14	\$5.47	\$5.25	\$5.83	\$5.65	\$6.21	\$6.02	\$6.61	\$6.41	\$7.04	\$6.83	\$7.04
You + Child(ren)	\$5.28	\$5.62	\$5.39	\$5.98	\$5.80	\$6.37	\$6.18	\$6.79	\$6.58	\$7.23	\$7.01	\$7.23
You + Family	\$8.10	\$8.62	\$8.27	\$9.18	\$8.90	\$9.78	\$9.48	\$10.41	\$10.10	\$11.09	\$10.75	\$11.09
<b>Dental Care Plus - Weekly Premium</b>												
You Only	\$3.67	\$3.91	\$3.75	\$4.16	\$4.04	\$4.43	\$4.30	\$4.72	\$4.58	\$5.02	\$4.87	\$5.02
You + Spouse	\$8.06	\$8.59	\$8.24	\$9.14	\$8.87	\$9.74	\$9.44	\$10.37	\$10.06	\$11.04	\$10.71	\$11.04
You + Child(ren)	\$7.95	\$8.46	\$8.12	\$9.01	\$8.74	\$9.60	\$9.31	\$10.22	\$9.91	\$10.89	\$10.56	\$10.89
You + Family	\$12.35	\$13.15	\$12.62	\$14.01	\$13.58	\$14.92	\$14.47	\$15.89	\$15.41	\$16.92	\$16.41	\$16.92
<b>CIGNA Dental HMO</b>												
You Only	\$1.41	\$1.49	\$1.44	\$1.58	\$1.54	\$1.68	\$1.63	\$1.78	\$1.73	\$1.89	\$1.84	\$1.89
You + Spouse	\$3.69	\$3.91	\$3.76	\$4.14	\$4.03	\$4.39	\$4.27	\$4.66	\$4.53	\$4.94	\$4.80	\$4.94
You + Child(ren)	\$3.69	\$3.91	\$3.76	\$4.14	\$4.03	\$4.39	\$4.27	\$4.66	\$4.53	\$4.94	\$4.80	\$4.94
You + Family	\$6.24	\$6.62	\$6.37	\$7.02	\$6.82	\$7.44	\$7.23	\$7.88	\$7.66	\$8.36	\$8.12	\$8.36

## Baltimore ES Representative Vision Rates Analysis to Accomodate Change in Plan Years

### VISION

<u>Option Coverage Level</u>	<u>7/1/16 to 6/30/17</u>	<u>7/1/17 to 6/30/18</u>	<u>7/1/16 to 12/31/17</u>	<u>7/1/18 to 6/30/19</u>	<u>1/1/18 to 12/31/18</u>	<u>7/1/19 to 6/30/20</u>	<u>1/1/19 to 12/31/19</u>	<u>7/1/20 to 6/30/21</u>	<u>1/1/20 - 12/31/20</u>	<u>7/1/21 to 6/30/22</u>	<u>1/1/21 to 12/31/21</u>
<b>Vision Plan - Weekly Premium</b>											
You Only	\$0.60	\$0.64	\$0.61	\$0.67	\$0.66	\$0.71	\$0.69	\$0.76	\$0.74	\$0.80	\$0.78
You + Spouse	\$0.91	\$0.96	\$0.93	\$1.02	\$0.99	\$1.08	\$1.05	\$1.15	\$1.12	\$1.22	\$1.18
You + Child(ren)	\$0.91	\$0.96	\$0.93	\$1.02	\$0.99	\$1.08	\$1.05	\$1.15	\$1.12	\$1.22	\$1.18
You + Family	\$2.14	\$2.27	\$2.18	\$2.40	\$2.34	\$2.55	\$2.48	\$2.70	\$2.63	\$2.86	\$2.78

Option/Coverage	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022
<b>Vision Plan -Weekly Premium</b>						
You Only	\$ 0.60	\$ 0.64	\$ 0.67	\$ 0.71	\$ 0.76	\$ 0.80
You + Spouse	\$ 0.91	\$ 0.96	\$ 1.02	\$ 1.08	\$ 1.15	\$ 1.22
You + Child	\$ 0.91	\$ 0.96	\$ 1.02	\$ 1.08	\$ 1.15	\$ 1.22
You + Family	\$ 2.14	\$ 2.27	\$ 2.40	\$ 2.55	\$ 2.70	\$ 2.86

6% trend assumed