



Town of Bladensburg

Date: December 1, 2025



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Town of Bladensburg - 12/01/2025

MEDICAL SUMMARY OF CARRIERS

Carrier	Response	Annual Change vs Current	Notes
Current: CareFirst BCBS	10.7% Above Current	\$105,097.92	Small group
Aetna	Decline to Quote	N/A	
Cigna	Decline to Quote	N/A	
Kaiser	11.3% Above Current	\$110,620.68	Large group
United Healthcare	17.0% Above Current	\$166,908.12	Large group
	12.4% Above Current	\$121,474.80	Large group



Town of Bladensburg - 12/01/2025

MEDICAL

Carrier	Current			Renewal		
	CareFirst BCBS (Small Group)			CareFirst BCBS (Small Group)		
Plan Name	BlueChoice HMO HSA Silver 1800	BlueChoice Plus Opt Out Platinum 0		BlueChoice HMO HSA Silver 1950	BlueChoice Plus Opt Out Platinum 0	
Plan Type	OA HMO HSA	OA POS		OA HMO HSA	OA POS	
Network	BlueChoice	BlueChoice		BlueChoice	BlueChoice	
Benefit Details	In-Network	In-Network		In-Network	In-Network	
Embedded I Non Embedded Deductible	Non-Embedded	Embedded		Non-Embedded	Embedded	
Annual Deductible I Single	\$1,800	None		\$1,950	None	
Annual Deductible I Family	\$3,600	None		\$3,900	None	
Coinsurance I Member Pays	0%	0%		0%	0%	
Annual Out-of-Pocket I Single	\$8,000	\$2,300		\$8,250	\$2,300	
Annual Out-of-Pocket I Family	\$16,000	\$4,600		\$16,500	\$4,600	
Primary Care Physician/Specialist Copay	Deductible, then \$25/\$50 Copay	\$10/\$30 Copay		Deductible, then \$25/\$50 Copay	\$10/\$30 Copay	
Preventive Services	No Charge	No Charge		No Charge	No Charge	
Outpatient Labs (Freestanding)	Deductible, then \$25 Copay (LabCorp)	\$10 Copay (LabCorp only)		Deductible, then \$25 Copay (LabCorp)	\$10 Copay (LabCorp only)	
Outpatient X-Rays (Freestanding)	Deductible, then \$50 Copay	\$30 Copay		Deductible, then \$50 Copay	\$30 Copay	
Outpatient Major Diagnostics & Imaging (Freestanding)	Deductible, then \$250 Copay	\$50 Copay		Deductible, then \$250 Copay	\$50 Copay	
Emergency Room (waived if admitted)	Deductible, then \$350 Copay	\$200 Copay		Deductible, then \$500 Copay	\$200 Copay	
Urgent Care	Deductible, then \$100 Copay	\$50 Copay		Deductible, then \$100 Copay	\$50 Copay	
Inpatient Hospitalization	Deductible, then \$500 Copay per admission	\$200 Copay per admission		Deductible, then \$500 Copay per admission	\$200 Copay per admission	
Outpatient Services (Hospital)	Deductible, then \$500 Copay	\$150 Copay		Deductible, then \$500 Copay	\$150 Copay	
Pharmacy						
Formulary/PDL	Formulary 3	Formulary 3		Formulary 3	Formulary 3	
Deductible I Single	Combined with Medical	None		Combined with Medical	None	
Deductible I Family	Combined with Medical	None		Combined with Medical	None	
Tier 1/Tier 2/Tier 3/Tier 4/Tier 5	\$15/\$45/\$65/50% to \$100/50% to \$150	\$10/\$45/\$65/50% to \$100/50% to \$150		\$15/\$45/\$65/50% to \$100/50% to \$150	\$10/\$45/\$65/50% to \$100/50% to \$150	
Mail Order	2 x Retail Copays	2 x Retail Copays		2 x Retail Copays	2 x Retail Copays	
Annual Out-of-Pocket I Single	Combined with Medical	Combined with Medical		Combined with Medical	Combined with Medical	
Annual Out-of-Pocket I Family	Combined with Medical	Combined with Medical		Combined with Medical	Combined with Medical	
Benefit Details	Out-of-Network	Out-of-Network		Out-of-Network	Out-of-Network	
Annual Deductible I Single	N/A	\$1,500		N/A	\$1,500	
Annual Deductible I Family	N/A	\$3,000		N/A	\$3,000	
Coinsurance I Member Pays	N/A	0%		N/A	0%	
Annual Out-of-Pocket I Single	N/A	\$4,600		N/A	\$4,600	
Annual Out-of-Pocket I Family	N/A	\$9,200		N/A	\$9,200	
Financial	Count	Current	Count	Current	Count	Renewal
Single	7	Age Banded Rate	13	Age Banded Rate	7	Age Banded Rate
Employee + Spouse	0	Age Banded Rate	5	Age Banded Rate	0	Age Banded Rate
Employee + Child	1	Age Banded Rate	3	Age Banded Rate	1	Age Banded Rate
Employee + Children	3	Age Banded Rate	1	Age Banded Rate	3	Age Banded Rate
Family	6	Age Banded Rate	14	Age Banded Rate	6	Age Banded Rate
Enrollment Per Plan	17		36		17	
Total Enrollment	53					36

COST ANALYSIS

	Current		Renewal	
Monthly Premium	\$19,299.06	\$62,621.11	\$20,604.42	\$70,073.91
Annual Premium	\$231,588.72	\$751,453.32	\$247,253.04	\$840,886.92
Total Combined Annual Premium		\$983,042.04		\$1,088,139.96
Annual \$ Change vs Current				\$105,097.92
Annual % Change vs Current				10.7%
Carrier Comments			6.8%	11.9%

The above is only intended as a brief summary of your benefits. Please note that all Benefits are subject to the contractual terms, limitations and exclusions as set forth in the master contracts of the carriers. If this summary conflicts in any way with the carrier Certificate of Coverage (COC), Riders and/or Amendments, those documents shall prevail. It is highly recommended that you review the carrier COC for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.

Employee Name (First Name MI Last Name)	Last Name	Date of Hi	Employee Gen	Employee Date of Bi	Coverage Level	Current	Renewal	Product Name
MAHIR I AYOUB	Ayoub	06/06/20	MALE	03/27/1981	F	\$1,341.59	\$1,425.66	BlueChoice HMO HSA BlueFund, Silver Plan - \$1,800 Ded, Silver
YVONNA D BADON	Badon	11/25/20	FEMALE	02/22/1990	EE	\$475.67	\$499.61	BlueChoice HMO HSA BlueFund, Silver Plan - \$1,800 Ded, Silver
COLTON C BURNETT	Burnett	10/25/20	MALE	11/19/1992	EE	\$463.52	\$489.80	BlueChoice HMO HSA BlueFund, Silver Plan - \$1,800 Ded, Silver
GABINO C CARDENAS	Cardenas	07/15/20	MALE	02/13/1963	F	\$2,512.74	\$2,694.74	BlueChoice HMO HSA BlueFund, Silver Plan - \$1,800 Ded, Silver
CEDRIC A DICKERSON	Dickerson	06/21/20	MALE	07/18/1961	EE	\$1,156.65	\$1,226.55	BlueChoice HMO HSA BlueFund, Silver Plan - \$1,800 Ded, Silver
PURNELL G HALL	Hall	07/28/20	MALE	03/04/1977	EE	\$612.41	\$668.47	BlueChoice HMO HSA BlueFund, Silver Plan - \$1,800 Ded, Silver
ALEX HUR	Hur	09/04/20	MALE	10/08/1992	EE	\$463.52	\$489.80	BlueChoice HMO HSA BlueFund, Silver Plan - \$1,800 Ded, Silver
TAKISHA D JAMES	James	11/01/20	FEMALE	07/03/1976	F	\$1,720.49	\$1,868.86	BlueChoice HMO HSA BlueFund, Silver Plan - \$1,800 Ded, Silver
JERRY A MCCUALEY JR	McCauley Jr.	03/11/20	MALE	07/26/1982	F	\$1,582.16	\$1,670.15	BlueChoice HMO HSA BlueFund, Silver Plan - \$1,800 Ded, Silver
TYRONE R MERRITT	Merritt	11/15/20	MALE	10/11/1988	ECH	\$1,081.42	\$1,131.70	BlueChoice HMO HSA BlueFund, Silver Plan - \$1,800 Ded, Silver
LEICIA MONFORT	Monfort	05/02/20	FEMALE	03/18/1985	EC	\$794.22	\$835.28	BlueChoice HMO HSA BlueFund, Silver Plan - \$1,800 Ded, Silver
SALOMON PORTILLO	Portillo	01/01/17	MALE	01/25/1974	EE	\$699.79	\$762.51	BlueChoice HMO HSA BlueFund, Silver Plan - \$1,800 Ded, Silver
MARIA I RAMIREZ PEREA	Ramirez Perea	09/03/20	FEMALE	12/09/1991	ECH	\$1,099.83	\$1,164.40	BlueChoice HMO HSA BlueFund, Silver Plan - \$1,800 Ded, Silver
TAISHIMA O REDDICK	Reddick	03/01/20	FEMALE	05/26/2000	EE	\$391.82	\$410.49	BlueChoice HMO HSA BlueFund, Silver Plan - \$1,800 Ded, Silver
CEDRICK S TANKSLEY	Tanksley	06/26/20	MALE	10/17/1979	F	\$2,163.24	\$2,336.17	BlueChoice HMO HSA BlueFund, Silver Plan - \$1,800 Ded, Silver
CONRAD V WATSON	Watson	11/18/20	MALE	07/07/1973	F	\$1,671.11	\$1,808.35	BlueChoice HMO HSA BlueFund, Silver Plan - \$1,800 Ded, Silver
KRAIG W WEBB SR	Webb Sr.	11/27/20	MALE	05/01/1991	ECH	\$1,068.88	\$1,121.88	BlueChoice HMO HSA BlueFund, Silver Plan - \$1,800 Ded, Silver
						\$19,299.06	\$20,604.42	
RONALD C ALSTON JR	Alston	11/30/20	MALE	01/06/1985	EE	\$677.03	\$732.38	BlueChoice Plus Opt-Out, Platinum Plan- \$0 Ded, Platinum
JESSICA C AMAYA	Amaya	03/25/20	FEMALE	03/22/1993	ES	\$1,307.38	\$1,424.08	BlueChoice Plus Opt-Out, Platinum Plan- \$0 Ded, Platinum
TRINA D BROWN	Brown	12/09/20	FEMALE	08/14/1963	EE	\$1,507.48	\$1,646.43	BlueChoice Plus Opt-Out, Platinum Plan- \$0 Ded, Platinum
THERESA M CLARK	Clark	05/14/20	FEMALE	09/27/1961	ES	\$1,583.66	\$1,719.21	BlueChoice Plus Opt-Out, Platinum Plan- \$0 Ded, Platinum
TYRONE COLLINGTON SR.	Collington Sr.	12/10/20	MALE	05/26/1966	F	\$2,618.51	\$2,888.27	BlueChoice Plus Opt-Out, Platinum Plan- \$0 Ded, Platinum
KENNETH M CORSEY	Corsey	06/25/20	MALE	02/01/1968	F	\$2,447.91	\$2,733.54	BlueChoice Plus Opt-Out, Platinum Plan- \$0 Ded, Platinum
KARINA CRUZ-CORNEJO	Cruz-Cornejo	06/20/20	FEMALE	09/08/1988	F	\$1,721.53	\$1,848.15	BlueChoice Plus Opt-Out, Platinum Plan- \$0 Ded, Platinum
CHRISTINA M DAVES	Daves	05/16/20	FEMALE	07/09/1975	EE	\$915.22	\$1,023.50	BlueChoice Plus Opt-Out, Platinum Plan- \$0 Ded, Platinum
KALISHA DIXON	Dixon	12/05/20	FEMALE	06/05/1978	EE	\$804.71	\$895.71	BlueChoice Plus Opt-Out, Platinum Plan- \$0 Ded, Platinum
DANIEL J FRISHKORN	Frishkorn	03/21/20	MALE	11/15/1968	F	\$3,665.70	\$4,013.78	BlueChoice Plus Opt-Out, Platinum Plan- \$0 Ded, Platinum
AWNER I FUENTES	Fuentes	04/20/20	MALE	02/23/1968	EE	\$1,251.58	\$1,396.57	BlueChoice Plus Opt-Out, Platinum Plan- \$0 Ded, Platinum
HELLEN A FUENTES BENAVIDES	Fuentes Benavid	09/25/20	FEMALE	12/06/2003	EE	\$520.38	\$573.07	BlueChoice Plus Opt-Out, Platinum Plan- \$0 Ded, Platinum
BRANDON GOINS	Goins	12/28/20	MALE	03/20/1989	EC	\$1,065.97	\$1,143.28	BlueChoice Plus Opt-Out, Platinum Plan- \$0 Ded, Platinum
KIMBERLY A GREENE	Greene	03/18/20	FEMALE	04/23/1987	F	\$3,332.55	\$3,598.89	BlueChoice Plus Opt-Out, Platinum Plan- \$0 Ded, Platinum
RYAN M HARRIS	Harris	07/15/20	MALE	09/27/1988	F	\$2,533.75	\$2,720.37	BlueChoice Plus Opt-Out, Platinum Plan- \$0 Ded, Platinum
MICHELLE E BAILEY HEDGEPETH	Hedgepeth	07/10/20	FEMALE	05/18/1974	F	\$2,495.13	\$2,777.10	BlueChoice Plus Opt-Out, Platinum Plan- \$0 Ded, Platinum
DWAYNE K HUMPHRIES	Humphries	04/15/20	MALE	12/30/1967	F	\$2,973.11	\$3,267.65	BlueChoice Plus Opt-Out, Platinum Plan- \$0 Ded, Platinum
RAY R JEFFERIES	Jeffries	01/01/20	MALE	08/18/1998	EE	\$549.35	\$600.58	BlueChoice Plus Opt-Out, Platinum Plan- \$0 Ded, Platinum
DEREK B KINARD	Kinard	02/10/20	MALE	10/23/1994	EE	\$608.89	\$664.19	BlueChoice Plus Opt-Out, Platinum Plan- \$0 Ded, Platinum
BENJAMIN Y MOON	Moon	05/10/20	MALE	10/26/1975	F	\$2,561.11	\$2,828.68	BlueChoice Plus Opt-Out, Platinum Plan- \$0 Ded, Platinum
KELLY U OSUJI	Osugi	07/01/20	MALE	01/08/1984	EE	\$685.61	\$746.14	BlueChoice Plus Opt-Out, Platinum Plan- \$0 Ded, Platinum
JOEL T PICHARDO	Pichardo	10/09/20	MALE	04/13/1996	EC	\$993.54	\$1,079.67	BlueChoice Plus Opt-Out, Platinum Plan- \$0 Ded, Platinum
JERROLD D PICKERING	Pickering	07/13/20	MALE	12/22/1973	F	\$2,589.01	\$4,469.95	BlueChoice Plus Opt-Out, Platinum Plan- \$0 Ded, Platinum
RICHARD M POOLE	Poole	08/29/20	MALE	03/17/1971	F	\$3,156.06	\$3,510.06	BlueChoice Plus Opt-Out, Platinum Plan- \$0 Ded, Platinum
PAUL E PORTER	Porter	08/16/20	MALE	12/06/1987	EE	\$659.86	\$709.46	BlueChoice Plus Opt-Out, Platinum Plan- \$0 Ded, Platinum
ROGER S RINEHART	Rinehart	04/21/20	MALE	03/18/1979	ES	\$1,524.11	\$1,687.12	BlueChoice Plus Opt-Out, Platinum Plan- \$0 Ded, Platinum
NAOMI S RODRIGUEZ	Rodriguez	06/13/20	FEMALE	07/27/2002	F	\$1,483.34	\$1,586.83	BlueChoice Plus Opt-Out, Platinum Plan- \$0 Ded, Platinum
KANE R TAPSCOTT	Tapscott	03/13/20	MALE	04/22/2000	EE	\$536.47	\$575.36	BlueChoice Plus Opt-Out, Platinum Plan- \$0 Ded, Platinum
DARRYL S THOMPSON	Thompson	09/25/20	MALE	09/06/1986	F	\$2,614.22	\$2,821.23	BlueChoice Plus Opt-Out, Platinum Plan- \$0 Ded, Platinum
PATRICK S THOMPSON	Thompson	09/18/20	MALE	12/19/1988	F	\$2,529.46	\$2,715.79	BlueChoice Plus Opt-Out, Platinum Plan- \$0 Ded, Platinum
ASIA M THORNTON	Thornton	01/17/20	FEMALE	08/12/1991	EE	\$642.69	\$695.71	BlueChoice Plus Opt-Out, Platinum Plan- \$0 Ded, Platinum
JOHN R THRELFALL	Threlfall	06/20/20	MALE	03/09/1999	ES	\$1,075.09	\$1,162.18	BlueChoice Plus Opt-Out, Platinum Plan- \$0 Ded, Platinum
BARRY N WADE SR	Wade Sr.	07/25/20	MALE	09/14/1957	ES	\$3,150.69	\$3,410.91	BlueChoice Plus Opt-Out, Platinum Plan- \$0 Ded, Platinum
ERIC C WATSON	Watson, E	11/30/20	MALE	09/16/1968	EE	\$1,251.58	\$1,396.57	BlueChoice Plus Opt-Out, Platinum Plan- \$0 Ded, Platinum
REGINE R WATSON	Watson, R	08/19/20	FEMALE	05/26/1983	ECH	\$3,192.00	\$3,456.19	BlueChoice Plus Opt-Out, Platinum Plan- \$0 Ded, Platinum
DAVID L YOUNG JR	Young Jr.	06/20/20	MALE	06/10/1965	EC	\$1,396.43	\$1,555.31	BlueChoice Plus Opt-Out, Platinum Plan- \$0 Ded, Platinum
						\$62,621.11	\$70,073.91	



Town of Bladensburg - 12/01/2025

MEDICAL

Carrier	Current			Option 1		
	CareFirst BCBS (Small Group)			Kaiser	Flexible Choice B	POS
Plan Name	BlueChoice HMO HSA Silver 1800	BlueChoice Plus Opt Out Platinum 0		HDHP 18		
Plan Type	OA HMO HSA	OA POS		HMO HSA		
Network	BlueChoice	BlueChoice		Signature		
Benefit Details	In-Network	In-Network		In-Network	In-Network	In-Network
Embedded I Non Embedded Deductible	Non-Embedded	Embedded		Non-Embedded	Embedded	Embedded
Annual Deductible I Single	\$1,800	None		\$2,000	None	None
Annual Deductible I Family	\$3,600	None		\$4,000	None	None
Coinurance I Member Pays	0%	0%		0%	0%	10%
Annual Out-of-Pocket I Single	\$8,000	\$2,300		\$4,000	\$2,250	\$3,000
Annual Out-of-Pocket I Family	\$16,000	\$4,600		\$8,000	\$4,500	\$6,000
Primary Care Physician/Specialist Copay	Deductible, then \$25/\$50 Copay	\$10/\$30 Copay		Deductible, then \$20/\$30 Copay	\$15/\$25 Copay	\$30/\$40 Copay
Preventive Services	No Charge	No Charge		No Charge	No Charge	No Charge
Outpatient Labs (Freestanding)	Deductible, then \$25 Copay (LabCorp)	\$10 Copay (LabCorp only)		Deductible, then \$20 Copay	No Charge	10%
Outpatient X-Rays (Freestanding)	Deductible, then \$50 Copay	\$30 Copay		Deductible, then \$20 Copay	No Charge	10%
Outpatient Major Diagnostics & Imaging (Freestanding)	Deductible, then \$250 Copay	\$50 Copay		Deductible, then \$150 Copay	\$100 Copay	10%
Emergency Room (waived if admitted)	Deductible, then \$350 Copay	\$200 Copay			\$100 Copay	\$100 Copay
Urgent Care	Deductible, then \$100 Copay	\$50 Copay		Deductible, then \$30 Copay	\$25 Copay	\$40 Copay
Inpatient Hospitalization	Deductible, then \$500 Copay per admission	\$200 Copay per admission		Deductible, then \$300 per day after 3 days	No Charge	10%
Outpatient Services (Hospital)	Deductible, then \$500 Copay	\$150 Copay		Deductible, then \$200 Copay	\$50 Copay	10%
Pharmacy						
Formulary/PDL	Formulary 3	Formulary 3		Kaiser	Kaiser	Kaiser
Deductible I Single	Combined with Medical	None		Combined with Medical	None	None
Deductible I Family	Combined with Medical	None		Combined with Medical	None	None
Tier 1/Tier 2/Tier 3/Tier 4/Tier 5	\$15/\$45/\$65/50% to \$100/50% to \$150	\$10/\$45/\$65/50% to \$100/50% to \$150		KP: \$15/\$35/\$60 Network: \$25/\$45/\$80	KP: \$10/\$30/\$55	PPO: \$25/\$50/\$75 OON: \$30/\$55/\$75
Mail Order	2 x Retail Copays	2 x Retail Copays		2 x KP Copays	2 x KP Copays	2x KP Copays
Annual Out-of-Pocket I Single	Combined with Medical	Combined with Medical		Combined with Medical	Combined with Medical	Combined with Medical
Annual Out-of-Pocket I Family	Combined with Medical	Combined with Medical		Combined with Medical	Combined with Medical	Combined with Medical
Benefit Details	Out-of-Network	Out-of-Network		Out-of-Network	Out-of-Network	
Annual Deductible I Single	N/A	\$1,500		N/A	\$600	
Annual Deductible I Family	N/A	\$3,000		N/A	\$1,200	
Coinurance I Member Pays	N/A	0%		N/A	30%	
Annual Out-of-Pocket I Single	N/A	\$4,600		N/A	\$6,000	
Annual Out-of-Pocket I Family	N/A	\$9,200		N/A	\$12,000	
Financial	Count	Current	Count	Current	Count	Option 1
Single	7	Age Banded Rate	13	Age Banded Rate	7	\$554.11
Employee + Spouse	0	Age Banded Rate	5	Age Banded Rate	0	\$1,108.21
Employee + Child	1	Age Banded Rate	3	Age Banded Rate	1	\$1,163.63
Employee + Child(ren)	3	Age Banded Rate	1	Age Banded Rate	3	\$1,163.63
Family	6	Age Banded Rate	14	Age Banded Rate	6	\$1,623.53
Enrollment Per Plan	17		36		17	
Total Enrollment	53				36	

COST ANALYSIS

	Current			Option 1		
Monthly Premium	\$19,299.06	\$62,621.11		\$18,274.47	\$72,864.09	
Annual Premium	\$231,588.72	\$751,453.32		\$219,293.64	\$874,369.08	
Total Combined Annual Premium		\$983,042.04			\$1,093,662.72	
Annual \$ Change vs Current					\$110,620.68	
Annual % Change vs Current					11.3%	
Annual \$ Change vs Renewal					\$5,522.76	
Annual % Change vs Renewal					0.5%	
Carrier Comments				-5.3%	16.4%	

The above is only intended as a brief summary of your benefits. Please note that all Benefits are subject to the contractual terms, limitations and exclusions as set forth in the master contracts of the carriers. If this summary conflicts in any way with the carrier Certificate of Coverage (COC), Riders and/or Amendments, those documents shall prevail. It is highly recommended that you review the carrier COC for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.

Town of Bladensburg - 12/01/2025

MEDICAL

Carrier	Current				Option 2				Flexible Choice B		
	CareFirst BCBS (Small Group)		Kaiser		HMO 5		HMO Plus 5		POS		MultiPlan/PHCS
Plan Name	BlueChoice HMO HSA Silver 1800	BlueChoice Plus Opt Out Platinum 0	HDHP 18	HMO HSA	HMO	Signature	Signature	Signature	Signature	In-Network	In-Network
Plan Type	OA HMO HSA	OA POS									
Network	BlueChoice	BlueChoice									
Benefit Details	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
Embedded I Non Embedded Deductible	Non-Embedded	Embedded	Non-Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Annual Deductible I Single	\$1,800	None	\$2,000	None	None	None	None	None	None	None	None
Annual Deductible I Family	\$3,600	None	\$4,000	None	None	None	None	None	None	None	None
Coinsurance I Member Pays	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	10%
Annual Out-of-Pocket I Single	\$8,000	\$2,300	\$4,000	\$1,300	\$1,300	\$1,300	\$2,250	\$2,250	\$2,250	\$3,000	
Annual Out-of-Pocket I Family	\$16,000	\$4,600	\$8,000	\$2,600	\$2,600	\$2,600	\$4,500	\$4,500	\$4,500	\$6,000	
Primary Care Physician/Specialist Copay	Deductible, then \$25/\$50 Copay	\$10/\$30 Copay	Deductible, then \$20/\$30 Copay	\$20/\$30 Copay	INN: \$20/\$30 Copay OON: \$40/\$50 Copay		\$15/\$25 Copay	\$15/\$25 Copay	\$30/\$40 Copay		
Preventive Services	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge		
Outpatient Labs (Freestanding)	Deductible, then \$25 Copay (LabCorp)	\$10 Copay (LabCorp only)	Deductible, then \$20 Copay	No Charge	INN: No Charge OON: \$20 copay		No Charge	No Charge	10%		
Outpatient X-Rays (Freestanding)	Deductible, then \$50 Copay	\$30 Copay	Deductible, then \$20 Copay	No Charge	INN: No Charge OON: \$20 copay		No Charge	No Charge	10%		
Outpatient Major Diagnostics & Imaging (Freestanding)	Deductible, then \$250 Copay	\$50 Copay	Deductible, then \$150 Copay	\$75 Copay	\$75 Copay		\$100 Copay	\$100 Copay	10%		
Emergency Room (waived if admitted)	Deductible, then \$350 Copay	\$200 Copay		\$100 Copay	\$100 Copay		\$100 Copay	\$100 Copay	\$100 Copay		
Urgent Care	Deductible, then \$100 Copay	\$50 Copay	Deductible, then \$30 Copay	\$30 Copay	INN: \$30 Copay OON: \$50 Copay		\$25 Copay	\$25 Copay	\$40 Copay		
Inpatient Hospitalization	Deductible, then \$500 Copay per admission	\$200 Copay per admission	Deductible, then \$300 per day after 3 days	\$300 Copay per admission	\$300 Copay per admission		No Charge	No Charge	10%		
Outpatient Services (Hospital)	Deductible, then \$500 Copay	\$150 Copay	Deductible, then \$200 Copay	\$75 Copay	\$75 Copay		\$50 Copay	\$50 Copay	10%		
Pharmacy	Formulary 3	Formulary 3	Kaiser	Kaiser	Kaiser		Kaiser	Kaiser	Kaiser		
Deductible I Single	Combined with Medical	None	Combined with Medical	None	None		None	None	None		
Deductible I Family	Combined with Medical	None	Combined with Medical	None	None		None	None	None		
Tier 1/Tier 2/Tier 3/Tier 4/Tier 5	\$15/\$45/\$65/50% to \$100/50% to \$150	\$10/\$45/\$65/50% to \$100/50% to \$150	KP: \$15/\$35/\$60 Network: \$25/\$45/\$80	KP: \$10/\$30/\$50 Network: \$30/\$50/\$75	KP: \$10/\$30/\$50 Network: \$30/\$50/\$75		KP: \$10/\$30/\$55	KP: \$10/\$30/\$55	PPO: \$25/\$50/\$75 OON: \$30/\$55/\$75		
Mail Order	2 x Retail Copays	2 x Retail Copays	2 x KP Copays	2 x KP Copays	2 x KP Copays		2 x KP Copays	2 x KP Copays	2 x KP Copays		
Annual Out-of-Pocket I Single	Combined with Medical	Combined with Medical	Combined with Medical	Combined with Medical	Combined with Medical		Combined with Medical	Combined with Medical	Combined with Medical		
Annual Out-of-Pocket I Family	Combined with Medical	Combined with Medical	Combined with Medical	Combined with Medical	Combined with Medical		Combined with Medical	Combined with Medical	Combined with Medical		
Benefit Details	Out-of-Network	Out-of-Network	Out-of-Network	Out-of-Network	Out-of-Network		Out-of-Network	Out-of-Network	Out-of-Network		
Annual Deductible I Single	N/A	\$1,500	N/A	N/A	N/A		N/A	N/A	\$600		
Annual Deductible I Family	N/A	\$3,000	N/A	N/A	N/A		N/A	N/A	\$1,200		
Coinsurance I Member Pays	N/A	0%	N/A	N/A	N/A		N/A	N/A	30%		
Annual Out-of-Pocket I Single	N/A	\$4,600	N/A	N/A	N/A		N/A	N/A	\$6,000		
Annual Out-of-Pocket I Family	N/A	\$9,200	N/A	N/A	N/A		N/A	N/A	\$12,000		
Financial	Count	Current	Count	Current	Count	Option 2	Count	Option 2	Count	Count	Option 2
Single	7	Age Banded Rate	13	Age Banded Rate	7	\$554.11	0	\$763.26	0	13	\$1,006.13
Employee + Spouse	0	Age Banded Rate	5	Age Banded Rate	0	\$1,108.21	0	\$1,526.53	0	5	\$2,012.26
Employee + Child	1	Age Banded Rate	3	Age Banded Rate	1	\$1,163.63	0	\$1,602.86	0	3	\$2,112.88
Employee + Children	3	Age Banded Rate	1	Age Banded Rate	3	\$1,163.63	0	\$1,602.86	0	1	\$2,112.88
Family	6	Age Banded Rate	14	Age Banded Rate	6	\$1,623.53	0	\$2,236.37	0	14	\$2,947.97
Enrollment Per Plan	17		36		17		0		0	36	
Total Enrollment	53										
COST ANALYSIS											
Monthly Premium	\$19,299.06		\$62,621.11		\$18,274.47		\$0.00		\$0.00		\$72,864.09
Annual Premium	\$231,588.72		\$751,453.32		\$219,293.64		\$0.00		\$0.00		\$874,369.08
Total Combined Annual Premium			\$983,042.04						\$1,093,662.72		
Annual \$ Change vs Current									\$110,620.68		
Annual % Change vs Current									11.3%		
Annual \$ Change vs Renewal									\$5,522.76		
Annual % Change vs Renewal									0.5%		
Carrier Comments									OON: 10 visit limit per member per contract year; Rx OON: 5 fill/refill per member per contract year		

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Town of Bladensburg - 12/01/2025

MEDICAL

Carrier	Current			Option 3		
	CareFirst BCBS (Small Group)		United Healthcare	EDX6	EDYU	
Plan Name	BlueChoice HMO HSA Silver 1800	BlueChoice Plus Opt Out Platinum 0				
Plan Type	OA HMO HSA	OA POS	OA HMO		OA POS	
Network	BlueChoice	BlueChoice	Choice HMO		Choice Plus Insurance	
Benefit Details	In-Network	In-Network	In-Network		In-Network	
Embedded / Non Embedded Deductible	Non-Embedded	Embedded	Non-Embedded		Embedded	
Annual Deductible / Single	\$1,800	None	\$2,000		None	
Annual Deductible / Family	\$3,600	None	\$4,000		None	
Coinsurance / Member Pays	0%	0%	0%		0%	
Annual Out-of-Pocket / Single	\$8,000	\$2,300	\$4,000		\$3,500	
Annual Out-of-Pocket / Family	\$16,000	\$4,600	\$8,000		\$7,000	
Primary Care Physician/Specialist Copay	Deductible, then \$25/\$50 Copay	\$10/\$30 Copay	Deductible, then No Charge		\$25/\$50 Copay	
Preventive Services	No Charge	No Charge	No Charge		No Charge	
Outpatient Labs (Freestanding)	Deductible, then \$25 Copay (LabCorp)	\$10 Copay (LabCorp only)	Designated: Deductible, then No Charge Network: Deductible, then 20%		Designated: \$25 Copay Network: \$60 Copay	
Outpatient X-Rays (Freestanding)	Deductible, then \$50 Copay	\$30 Copay	Deductible, then No Charge		\$25 Copay	
Outpatient Major Diagnostics & Imaging (Freestanding)	Deductible, then \$250 Copay	\$50 Copay	Designated: Deductible, then No Charge Network: Deductible, then 20%		Designated: \$250 Copay Network: \$300 Copay	
Emergency Room (waived if admitted)	Deductible, then \$350 Copay	\$200 Copay	Deductible, then No Charge		\$500 Copay	
Urgent Care	Deductible, then \$100 Copay	\$50 Copay	Deductible, then No Charge		\$100 Copay	
Inpatient Hospitalization	Deductible, then \$500 Copay per admission	\$200 Copay per admission	Deductible, then No Charge		No Charge	
Outpatient Services (Hospital)	Deductible, then \$500 Copay	\$150 Copay	Deductible, then No Charge		No Charge	
Pharmacy						
Formulary/PDL	Formulary 3	Formulary 3	Advantage		Advantage	
Deductible / Single	Combined with Medical	None	Combined with Medical		None	
Deductible / Family	Combined with Medical	None	Combined with Medical		None	
Tier 1/Tier 2/Tier 3/Tier 4/Tier 5	\$15/\$45/\$65/50% to \$100/50% to \$150 2 x Retail Copays	\$10/\$45/\$65/50% to \$100/50% to \$150 2 x Retail Copays	\$10/\$35/\$80/\$150 2.5 x Retail Copays		\$10/\$35/\$80/\$150 2.5 x Retail Copays	
Mail Order						
Annual Out-of-Pocket / Single	Combined with Medical	Combined with Medical	Combined with Medical		Combined with Medical	
Annual Out-of-Pocket / Family	Combined with Medical	Combined with Medical	Combined with Medical		Combined with Medical	
Benefit Details	Out-of-Network	Out-of-Network	Out-of-Network		Out-of-Network	
Annual Deductible / Single	N/A	\$1,500	N/A		\$1,000	
Annual Deductible / Family	N/A	\$3,000	N/A		\$2,000	
Coinsurance / Member Pays	N/A	0%	N/A		20%	
Annual Out-of-Pocket / Single	N/A	\$4,600	N/A		\$6,000	
Annual Out-of-Pocket / Family	N/A	\$9,200	N/A		\$12,000	
Financial	Count	Current	Count	Current	Count	Option 3
Single	7	Age Banded Rate	13	Age Banded Rate	7	\$729.50
Employee + Spouse	0	Age Banded Rate	5	Age Banded Rate	0	\$1,765.39
Employee + Child	1	Age Banded Rate	3	Age Banded Rate	1	\$1,317.49
Employee + Children	3	Age Banded Rate	1	Age Banded Rate	3	\$1,317.49
Family	6	Age Banded Rate	14	Age Banded Rate	6	\$2,430.34
Enrollment Per Plan	17		36		17	
Total Enrollment	53				36	

COST ANALYSIS

	Current		Option 3	
Monthly Premium	\$19,299.06	\$62,621.11	\$24,958.50	\$70,870.68
Annual Premium	\$231,588.72	\$751,453.32	\$299,502.00	\$850,448.16
Total Combined Annual Premium		\$983,042.04		\$1,149,950.16
Annual \$ Change vs Current				\$166,908.12
Annual % Change vs Current				17.0%
Annual \$ Change vs Renewal				\$61,810.20
Annual % Change vs Renewal				5.7%
			29.3%	13.2%

Carrier Comments

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Town of Bladensburg - 12/01/2025

MEDICAL

Carrier	Current			Option 4		
	CareFirst BCBS (Small Group)			United Healthcare		
Plan Name	BlueChoice HMO HSA Silver 1800		BlueChoice Plus Opt Out Platinum 0		EDZG	EDRD
Plan Type	OA HMO HSA		OA POS		OA HMO	OA POS
Network	BlueChoice		BlueChoice		Choice HMO	Choice Plus Insurance
Benefit Details	In-Network		In-Network		In-Network	In-Network
Embedded / Non Embedded Deductible	Non-Embedded		Embedded		Non-Embedded	Embedded
Annual Deductible / Single	\$1,800		None		\$1,650	None
Annual Deductible / Family	\$3,600		None		\$3,300	None
Coinsurance / Member Pays	0%		0%		0%	20%
Annual Out-of-Pocket / Single	\$8,000		\$2,300		\$5,500	\$4,000
Annual Out-of-Pocket / Family	\$16,000		\$4,600		\$8,900	\$8,000
Primary Care Physician/Specialist Copay	Deductible, then \$25/\$50 Copay		\$10/\$30 Copay		Deductible, then No Charge	\$20/\$20 Copay
Preventive Services	No Charge		No Charge		No Charge	No Charge
Outpatient Labs (Freestanding)	Deductible, then \$25 Copay (LabCorp)		\$10 Copay (LabCorp only)		Designated: Deductible, then \$40 Copay Network: Deductible, then 20%	Designated: \$20 Copay Network: \$60 Copay
Outpatient X-Rays (Freestanding)	Deductible, then \$50 Copay		\$30 Copay		Deductible, then \$40 Copay	\$20 Copay
Outpatient Major Diagnostics & Imaging (Freestanding)	Deductible, then \$250 Copay		\$50 Copay		Designated: Deductible, then \$500 Copay Network: Deductible, then 20%	Designated: 20% Network: 40%
Emergency Room (waived if admitted)	Deductible, then \$350 Copay		\$200 Copay		Deductible, then \$500 Copay	20%
Urgent Care	Deductible, then \$100 Copay		\$50 Copay		Deductible, then No Charge	\$20 Copay
Inpatient Hospitalization	Deductible, then \$500 Copay per admission		\$200 Copay per admission		Deductible, then \$1,200 Copay	20%
Outpatient Services (Hospital)	Deductible, then \$500 Copay		\$150 Copay		Deductible, then \$800 Copay	20%
Pharmacy						
Formulary/PDL	Formulary 3		Formulary 3		Advantage	Advantage
Deductible / Single	Combined with Medical		None		Combined with Medical	None
Deductible / Family	Combined with Medical		None		Combined with Medical	None
Tier 1/Tier 2/Tier 3/Tier 4/Tier 5	\$15/\$45/\$65/50% to \$100/50% to \$150 2 x Retail Copays		\$10/\$45/\$65/50% to \$100/50% to \$150 2 x Retail Copays		\$10/\$35/\$80/\$150 2.5 x Retail Copays	\$10/\$35/\$80/\$150 2.5 x Retail Copays
Mail Order	Combined with Medical		Combined with Medical		Combined with Medical	Combined with Medical
Annual Out-of-Pocket / Single	Combined with Medical		Combined with Medical		Combined with Medical	Combined with Medical
Annual Out-of-Pocket / Family	Combined with Medical		Combined with Medical		Combined with Medical	Combined with Medical
Benefit Details	Out-of-Network		Out-of-Network		Out-of-Network	Out-of-Network
Annual Deductible / Single	N/A		\$1,500		N/A	\$5,000
Annual Deductible / Family	N/A		\$3,000		N/A	\$10,000
Coinsurance / Member Pays	N/A		0%		N/A	40%
Annual Out-of-Pocket / Single	N/A		\$4,600		N/A	\$15,000
Annual Out-of-Pocket / Family	N/A		\$9,200		N/A	\$30,000
Financial	Count	Current	Count	Current	Count	Option 4
Single	7	Age Banded Rate	13	Age Banded Rate	7	\$697.22
Employee + Spouse	0	Age Banded Rate	5	Age Banded Rate	0	\$1,687.27
Employee + Child	1	Age Banded Rate	3	Age Banded Rate	1	\$1,259.19
Employee + Children	3	Age Banded Rate	1	Age Banded Rate	3	\$1,259.19
Family	6	Age Banded Rate	14	Age Banded Rate	6	\$2,322.80
Enrollment Per Plan	17		36		17	
Total Enrollment	53				36	

COST ANALYSIS

	Current		Option 4	
Monthly Premium	\$19,299.06		\$62,621.11	\$23,854.10
Annual Premium	\$231,588.72		\$751,453.32	\$286,249.20
Total Combined Annual Premium		\$983,042.04		\$1,104,516.84
Annual \$ Change vs Current				\$121,474.80
Annual % Change vs Current				12.4%
Annual \$ Change vs Renewal				\$16,376.88
Annual % Change vs Renewal				1.5%
			23.6%	8.9%

Carrier Comments

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