

Town of Cottage City

Benefits Proposal

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Prepared On: 6/9/2025
Report Id: 39243902*

Prepared For: Town of Cottage City
 Prince Georges County, MD 20722
 Prepared By: V.W. Brown Insurance Services LLC -
 (410)910-0208

Health Plan Comparison Report (2P)
 Effective Date: 07/01/2025
 Report ID: 39243903
 Prepared On: 06/09/2025
 SIC: 9199

	Kaiser KP MD Platinum 0 Ded/Vision SIG (HMO)	Kaiser KP MD Gold 0 Ded/Vision SIG (HMO)
	In-Network	In-Network
Prescription Drugs		
Drug Card	5/25/50	10/50/100
Cost Share Information		
Individual/Family Deductible	N/A	N/A
Individual/Family OOP Limit	\$2,650/\$5,300	\$8,850/\$17,700
Co-Insurance	0%	0%
Office Visits		
Primary Care	\$10	\$20
Specialist	\$30	\$50
Maternity Prenatal/Postnatal Care	No charge	No charge
Chiropractic Care	\$30; 20 visits/yr	\$50; 20 visits/yr
Inpatient Services		
Inpatient Hospital	\$150/admit	\$500/admit
Mental Health Inpatient	\$150/admit	\$500/admit
Substance Abuse Inpatient	\$150/admit	\$500/admit
Outpatient Services		
Outpatient Facility	\$100	\$250
Lab/X-Ray	Lab-\$10; X-ray-\$30	\$50
Advanced Radiology	\$100	\$300
Mental Health Outpatient	\$10 ind/\$5 group	\$20 ind/\$10 group
Substance Abuse Outpatient	\$10 ind/\$5 group	\$20 ind/\$10 group
Emergency Care		
Emergency Room	\$175 (waived if admitted)	\$300 (waived if admitted)
Ambulance	No charge	No charge
Urgent Care	\$30	\$50
Recovery/Special Needs		
Home Health Care	No charge	No charge
Skilled Nursing	\$150/admit; 100 days/yr	\$500/admit; 100 days/yr
Durable Medical Equipment	No charge	No charge
Single EE with Spouse EE with Child EE with Children Family Monthly Cost Annual Cost	Please refer to Employee Rate Breakdown Report for member level rates 6 \$4,849.71 \$58,196.52	Please refer to Employee Rate Breakdown Report for member level rates 6 \$4,466.18 \$53,594.16

The rates and benefits in this report are for discussion and estimation purposes only and are not valid without approval from the insurance carriers. Final rates must be based on insurance carrier confirmation and final enrollment. Rx Legend: Generic/Preferred Brand/Non-Preferred Brand/Specialty/Deductible

Kaiser KP MD Platinum 0 Ded/Vision SiG 10/30 5/25/50		
Age	Rate	Tobacco Rate
0 - 14	\$335.57	\$335.57
15	\$365.40	\$365.40
16	\$376.80	\$376.80
17	\$388.21	\$388.21
18	\$400.49	\$400.49
19	\$412.77	\$412.77
20	\$425.49	\$425.49
21	\$438.65	\$438.65
22	\$438.65	\$438.65
23	\$438.65	\$438.65
24	\$438.65	\$438.65
25	\$440.40	\$440.40
26	\$449.18	\$449.18
27	\$459.71	\$459.71
28	\$476.81	\$476.81
29	\$490.85	\$490.85
30	\$497.87	\$497.87
31	\$508.40	\$508.40
32	\$518.92	\$518.92
33	\$525.50	\$525.50
34	\$532.52	\$532.52
35	\$536.03	\$536.03
36	\$539.54	\$539.54
37	\$543.05	\$543.05
38	\$546.56	\$546.56
39	\$553.58	\$553.58
40	\$560.59	\$560.59
41	\$571.12	\$571.12
42	\$581.21	\$581.21
43	\$595.25	\$595.25
44	\$612.79	\$612.79
45	\$633.41	\$633.41
46	\$657.98	\$657.98
47	\$685.61	\$685.61
48	\$717.19	\$717.19
49	\$748.34	\$748.34
50	\$783.43	\$783.43
51	\$818.08	\$818.08
52	\$856.24	\$856.24
53	\$894.85	\$894.85
54	\$936.52	\$936.52
55	\$978.19	\$978.19
56	\$1,023.37	\$1,023.37
57	\$1,068.99	\$1,068.99
58	\$1,117.68	\$1,117.68
59	\$1,141.81	\$1,141.81
60	\$1,190.50	\$1,190.50
61	\$1,232.61	\$1,232.61
62	\$1,260.24	\$1,260.24
63	\$1,294.89	\$1,294.89
64	\$1,315.95	\$1,315.95
65 - 120	\$1,315.95	\$1,315.95

Kaiser KP MD Gold 0 Ded/Vision SiG 20/50 10/50/100		
Age	Rate	Tobacco Rate
0 - 14	\$309.03	\$309.03
15	\$336.50	\$336.50
16	\$347.00	\$347.00
17	\$357.50	\$357.50
18	\$368.82	\$368.82
19	\$380.13	\$380.13
20	\$391.84	\$391.84
21	\$403.96	\$403.96
22	\$403.96	\$403.96
23	\$403.96	\$403.96
24	\$403.96	\$403.96
25	\$405.58	\$405.58
26	\$413.66	\$413.66
27	\$423.35	\$423.35
28	\$439.10	\$439.10
29	\$452.03	\$452.03
30	\$458.49	\$458.49
31	\$468.19	\$468.19
32	\$477.88	\$477.88
33	\$483.94	\$483.94
34	\$490.41	\$490.41
35	\$493.64	\$493.64
36	\$496.87	\$496.87
37	\$500.10	\$500.10
38	\$503.33	\$503.33
39	\$509.80	\$509.80
40	\$516.26	\$516.26
41	\$525.96	\$525.96
42	\$535.25	\$535.25
43	\$548.17	\$548.17
44	\$564.33	\$564.33
45	\$583.32	\$583.32
46	\$605.94	\$605.94
47	\$631.39	\$631.39
48	\$660.47	\$660.47
49	\$689.16	\$689.16
50	\$721.47	\$721.47
51	\$753.39	\$753.39
52	\$788.53	\$788.53
53	\$824.08	\$824.08
54	\$862.45	\$862.45
55	\$900.83	\$900.83
56	\$942.44	\$942.44
57	\$984.45	\$984.45
58	\$1,029.29	\$1,029.29
59	\$1,051.51	\$1,051.51
60	\$1,096.35	\$1,096.35
61	\$1,135.13	\$1,135.13
62	\$1,160.58	\$1,160.58
63	\$1,192.49	\$1,192.49
64	\$1,211.88	\$1,211.88
65 - 120	\$1,211.88	\$1,211.88

Prepared For: **Town of Cottage City
Prince Georges County, MD 20722**
 Prepared By: **V.W. Brown Insurance Services LLC - (410)910-0208**

Effective Date: **07/01/2025**
 Report ID: **39243906**

Benefit Summary
 Prepared On: **06/09/2025**
 SIC: **9199**

**Kaiser
 KP MD Platinum 0 Ded/Vision SIG (HMO)**

In-Network

Prescription Drugs

Drug Card 5/25/50

Cost Share Information

Individual/Family Deductible N/A
 Individual/Family OOP Limit \$2,650/\$5,300
 Co-Insurance 0%
 Lifetime Maximum None

Office Visits

Primary Care \$10
 Specialist \$30
 Adult Preventive Care No charge
 Child Preventive Care No charge
 Maternity Prenatal/Postnatal Care No charge
 Rehabilitation Services \$30; visit limits apply
 Chiropractic Care \$30; 20 visits/yr

Inpatient Services

Inpatient Hospital \$150/admit
 IP Physician/Surgeon \$30
 Maternity Delivery/Inpatient \$150/admit
 Mental Health Inpatient \$150/admit
 Substance Abuse Inpatient \$150/admit

Outpatient Services

Outpatient Facility \$100
 OP Physician/Surgeon \$30
 Lab/X-Ray Lab-\$10; X-ray-\$30
 Advanced Radiology \$100
 Mental Health Outpatient \$10 ind/\$5 group
 Substance Abuse Outpatient \$10 ind/\$5 group

Emergency Care

Emergency Room \$175 (waived if admitted)
 Ambulance No charge
 Urgent Care \$30

Recovery/Special Needs

Home Health Care No charge
 Habilitation services \$30 OP; visit limits apply
 Skilled Nursing \$150/admit; 100 days/yr
 Durable Medical Equipment No charge
 Hospice Services No charge

Miscellaneous Services

Pediatric Vision Exam \$10 Opto/\$30 Optha; 1 exam/yr
 Pediatric Vision Hardware No charge; 1 pair/yr
 Pediatric Dental Check-Up \$5 ded waived; 2 exams/yr

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Benefit Summary
 Prepared On: **06/09/2025**
 SIC: **9199**

**Kaiser
 KP MD Gold 0 Ded/Vision SIG (HMO)**

In-Network

Prescription Drugs

Drug Card 10/50/100

Cost Share Information

Individual/Family Deductible N/A
 Individual/Family OOP Limit \$8,850/\$17,700
 Co-Insurance 0%
 Lifetime Maximum None

Office Visits

Primary Care \$20
 Specialist \$50
 Adult Preventive Care No charge
 Child Preventive Care No charge
 Maternity Prenatal/Postnatal Care No charge
 Rehabilitation Services \$50; visit limits apply
 Chiropractic Care \$50; 20 visits/yr

Inpatient Services

Inpatient Hospital \$500/admit
 IP Physician/Surgeon \$40
 Maternity Delivery/Inpatient \$500/admit
 Mental Health Inpatient \$500/admit
 Substance Abuse Inpatient \$500/admit

Outpatient Services

Outpatient Facility \$250
 OP Physician/Surgeon \$40
 Lab/X-Ray \$50
 Advanced Radiology \$300
 Mental Health Outpatient \$20 ind/\$10 group
 Substance Abuse Outpatient \$20 ind/\$10 group

Emergency Care

Emergency Room \$300 (waived if admitted)
 Ambulance No charge
 Urgent Care \$50

Recovery/Special Needs

Home Health Care No charge
 Habilitation services \$50 OP; visit limits apply
 Skilled Nursing \$500/admit; 100 days/yr
 Durable Medical Equipment No charge
 Hospice Services No charge

Miscellaneous Services

Pediatric Vision Exam \$20 Opto/\$50 Optha; 1 exam/yr
 Pediatric Vision Hardware No charge; 1 pair/yr
 Pediatric Dental Check-Up \$5 ded waived; 2 exams/yr

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CareFirst Dental BlueDental Plus Plan 8 (PPO)		
	In-Network	Out-Network
Dental		
Office Visit Copay	N/A	N/A
Calendar Year Deductible - Individual	\$25	\$50
Calendar Year Deductible - Family	\$75	\$150
Annual Maximum	\$2,000 Comb Max	\$2,000 Comb Max
Coinsurance	100/80/50	80/60/35 (MAC)
Type A: Preventive	100% No Ded	80% No Ded
Type B: Basic	80% Ded Applies	60% Ded Applies
Type C: Major	50% Ded Applies	35% Ded Applies
Orthodontia	No	No
Orthodontia Coinsurance	N/A	N/A
Plan Type	PPO	PPO
Single	6 x	\$34.66
EE with Spouse	0 x	\$69.32
EE with Child	0 x	\$83.18
EE with Children	0 x	\$0.00
Family	0 x	\$135.17
Monthly Cost	6	\$207.96
Annual Cost		\$2,495.52

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CareFirst Vision Rider BlueVision Plus Option 1		
	In-Network	Out-Network
Exam Benefits		
Exam Copay	\$0	N/A
Eye Exam	Paid in full	Up to \$45
Exam Frequency	Once every 12 months	Once every 12 months
Eyewear Copay	\$0	N/A
Lens Benefits		
Single Vision	Paid in full	Up to \$52
Bifocal	Paid in full	Up to \$82
Trifocal	Paid in full	Up to \$101
Lenticular	Paid in full	Up to \$181
Lens Frequency	Once every 12 months	Once every 12 months
Frames Benefits		
Frames	Paid in full (Davis Exclusive Collection); Up to \$100 (Non-Collection)	Up to \$45
Frames Frequency	Once every 12 months	Once every 12 months
Contact Lens Benefits		
Contact Lens Benefits		
Elective Conventional	Paid in full (Davis Exclusive Collection)	Up to \$97 (single)/\$127 (bifocal)
Elective Disposable	Paid in full (Davis Exclusive Collection)	Up to \$97 (single)/\$127 (bifocal)
Medically Required	Paid in full	Up to \$285
Contact Lens Frequency	Once every 12 months	Once every 12 months
Cost Summary		
Single	6 x	\$6.60
EE with Spouse	0 x	\$13.20
EE with Child(ren)	0 x	\$13.86
Family	0 x	\$19.34
Monthly Cost	6	\$39.60
Annual Cost		\$475.20

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