

BlueVision Plus

Monthly Premium for Groups with 1-50 Employees
Quarter 2 - April 1, 2023 to June 30, 2023

MARYLAND

Employer-Sponsored

OPTION NUMBER	EXAM COPAY	BENEFIT FREQUENCY (Exam/Lenses/Frames)	INDIVIDUAL	INDIVIDUAL & CHILDREN	INDIVIDUAL & ADULT	FAMILY
BlueVision Plus Option 1	\$0	12/12/12	\$6.60	\$13.86	\$13.20	\$19.34
BlueVision Plus Option 2	\$0	24/24/24	\$5.49	\$11.53	\$10.98	\$16.09
BlueVision Plus Option 3	\$10	12/12/12	\$6.19	\$13.00	\$12.38	\$18.14
BlueVision Plus Option 4	\$10	24/24/24	\$5.18	\$10.88	\$10.36	\$15.18
BlueVision Plus Option A	\$0	12/12/24	\$7.43	\$15.60	\$14.86	\$21.77
BlueVision Plus Option B	\$10	12/12/24	\$7.05	\$14.81	\$14.10	\$20.66
BlueVision Plus Option C	\$0	12/12/12	\$7.66	\$16.09	\$15.32	\$22.44
BlueVision Plus Option D	\$10	12/12/12	\$7.28	\$15.29	\$14.56	\$21.33

Voluntary

OPTION NUMBER	EXAM COPAY	BENEFIT FREQUENCY (Exam/Lenses/Frames)	INDIVIDUAL	INDIVIDUAL & CHILDREN	INDIVIDUAL & ADULT	FAMILY
BlueVision Plus Option 1	\$0	12/12/12	\$8.66	\$18.19	\$17.32	\$25.37
BlueVision Plus Option 2	\$0	24/24/24	\$7.26	\$15.25	\$14.52	\$21.27
BlueVision Plus Option 3	\$10	12/12/12	\$8.14	\$17.09	\$16.28	\$23.85
BlueVision Plus Option 4	\$10	24/24/24	\$6.78	\$14.24	\$13.56	\$19.87
BlueVision Plus Option A	\$0	12/12/24	\$8.26	\$17.35	\$16.52	\$24.20
BlueVision Plus Option B	\$10	12/12/24	\$7.83	\$16.44	\$15.66	\$22.94
BlueVision Plus Option C	\$0	12/12/12	\$9.88	\$20.75	\$19.76	\$28.95
BlueVision Plus Option D	\$10	12/12/12	\$9.39	\$19.72	\$18.78	\$27.51

Base rates effective January 1, 2023

This is not a quote. CareFirst reserves the right to revise the rates if applicable law or regulatory authority requires such revisions. See benefit summary for plan details.
AGE BAND RATING DOES NOT APPLY Revised 2/3/2023

BlueVision Plus

Monthly Premium for Groups with 1-50 Employees
Quarter 2 - April 1, 2023 to June 30, 2023

DISTRICT OF COLUMBIA

Employer-Sponsored

OPTION NUMBER	EXAM COPAY	BENEFIT FREQUENCY (Exam/Lenses/Frames)	INDIVIDUAL	INDIVIDUAL & CHILDREN	INDIVIDUAL & ADULT	FAMILY
BlueVision Plus Option 1	\$0	12/12/12	\$6.39	\$13.42	\$12.78	\$18.72
BlueVision Plus Option 2	\$0	24/24/24	\$5.32	\$11.17	\$10.64	\$15.59
BlueVision Plus Option 3	\$10	12/12/12	\$6.00	\$12.60	\$12.00	\$17.58
BlueVision Plus Option 4	\$10	24/24/24	\$5.02	\$10.54	\$10.04	\$14.71
BlueVision Plus Option A	\$0	12/12/24	\$7.19	\$15.10	\$14.38	\$21.07
BlueVision Plus Option B	\$10	12/12/24	\$6.82	\$14.32	\$13.64	\$19.98
BlueVision Plus Option C	\$0	12/12/12	\$7.41	\$15.56	\$14.82	\$21.71
BlueVision Plus Option D	\$10	12/12/12	\$7.04	\$14.78	\$14.08	\$20.63

Voluntary

OPTION NUMBER	EXAM COPAY	BENEFIT FREQUENCY (Exam/Lenses/Frames)	INDIVIDUAL	INDIVIDUAL & CHILDREN	INDIVIDUAL & ADULT	FAMILY
BlueVision Plus Option 1	\$0	12/12/12	\$8.33	\$17.49	\$16.66	\$24.41
BlueVision Plus Option 2	\$0	24/24/24	\$6.98	\$14.66	\$13.96	\$20.45
BlueVision Plus Option 3	\$10	12/12/12	\$7.82	\$16.42	\$15.64	\$22.91
BlueVision Plus Option 4	\$10	24/24/24	\$6.52	\$13.69	\$13.04	\$19.10
BlueVision Plus Option A	\$0	12/12/24	\$7.99	\$16.78	\$15.98	\$23.41
BlueVision Plus Option B	\$10	12/12/24	\$7.58	\$15.92	\$15.16	\$22.21
BlueVision Plus Option C	\$0	12/12/12	\$9.57	\$20.10	\$19.14	\$28.04
BlueVision Plus Option D	\$10	12/12/12	\$9.09	\$19.09	\$18.18	\$26.63

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Revised 2/3/2023

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Monthly Premium for Groups with 1-50 Employees
Quarter 2 - April 1, 2023 to June 30, 2023

VIRGINIA

Employer-Sponsored

OPTION NUMBER	EXAM COPAY	BENEFIT FREQUENCY (Exam/Lenses/Frames)	INDIVIDUAL	INDIVIDUAL & CHILDREN	INDIVIDUAL & ADULT	FAMILY
BlueVision Plus Option 1	\$0	12/12/12	\$6.64	\$13.94	\$13.28	\$19.46
BlueVision Plus Option 2	\$0	24/24/24	\$5.53	\$11.61	\$11.06	\$16.20
BlueVision Plus Option 3	\$10	12/12/12	\$6.23	\$13.08	\$12.46	\$18.25
BlueVision Plus Option 4	\$10	24/24/24	\$5.21	\$10.94	\$10.42	\$15.27
BlueVision Plus Option A	\$0	12/12/24	\$7.48	\$15.71	\$14.96	\$21.92
BlueVision Plus Option B	\$10	12/12/24	\$7.10	\$14.91	\$14.20	\$20.80
BlueVision Plus Option C	\$0	12/12/12	\$7.71	\$16.19	\$15.42	\$22.59
BlueVision Plus Option D	\$10	12/12/12	\$7.32	\$15.37	\$14.64	\$21.45

Voluntary

OPTION NUMBER	EXAM COPAY	BENEFIT FREQUENCY (Exam/Lenses/Frames)	INDIVIDUAL	INDIVIDUAL & CHILDREN	INDIVIDUAL & ADULT	FAMILY
BlueVision Plus Option 1	\$0	12/12/12	\$8.58	\$18.02	\$17.16	\$25.14
BlueVision Plus Option 2	\$0	24/24/24	\$7.19	\$15.10	\$14.38	\$21.07
BlueVision Plus Option 3	\$10	12/12/12	\$8.06	\$16.93	\$16.12	\$23.62
BlueVision Plus Option 4	\$10	24/24/24	\$6.72	\$14.11	\$13.44	\$19.69
BlueVision Plus Option A	\$0	12/12/24	\$8.30	\$17.43	\$16.60	\$24.32
BlueVision Plus Option B	\$10	12/12/24	\$7.87	\$16.53	\$15.74	\$23.06
BlueVision Plus Option C	\$0	12/12/12	\$9.93	\$20.85	\$19.86	\$29.09
BlueVision Plus Option D	\$10	12/12/12	\$9.44	\$19.82	\$18.88	\$27.66

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