

## BlueVision Plus

Monthly Premium for Groups with 1-50 Employees  
Quarter 1 - January 1, 2023 to March 31, 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 10/26/22

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### 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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### 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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Revised 11/01/22