

PLAN YEAR 1/1/2025 THROUGH 12/31/2025
DENTAL AND VISION APPLICATION FOR BALTIMORE COUNTY GOVERNMENT RETIREES

Return to:
 BALTIMORE COUNTY INSURANCE DIVISION
 400 WASHINGTON AVE, RM 111, TOWSON, MD 21204
 Email: bcbenefits@baltimorecountymd.gov

Phone # 410-887-2568
 FAX # 410-887-3820

FOR INS. USE ONLY: Effective date: _____ Completed by: _____ Date processed: _____

RETIREE PERSONAL INFORMATION

Retiree Name			Street				
SSN(last 4)		City		State		Zip	
DOB		Primary Phone					

Name	Relationship	SSN	Gender	Date of Birth

PLEASE PLAN DESIRED AND **CIRCLE** LEVEL OF COVERAGE OR WAIVE

NON-MEDICARE RETIREES Waive Dental Waive Vision Waive Dental & Vision

<input type="checkbox"/> CareFirst BCBS Traditional Dental	Individual \$39.34	Parent/Child \$58.99	Retiree/Spouse \$78.67	Family \$118.05
<input type="checkbox"/> CareFirst BCBS Preferred Dental PPO	Individual \$8.04	Parent/Child \$11.40	Retiree/Spouse \$15.22	Family \$22.83
<input type="checkbox"/> Cigna Dental Care Access (DHMO)	Individual \$4.94	Parent/Child \$8.91	Retiree/Spouse \$9.87	Family \$14.88
<input type="checkbox"/> NVA Vision	Individual \$.27	Parent/Child \$.41	Retiree/Spouse \$.55	Family \$.83

MEDICARE RETIREES/ NON- MEDICARE SPOUSE OF MEDICARE RETIREE
OVER AGE 65 RETIREES & SPOUSES

Waive Dental Waive Vision Waive Dental & Vision

<input type="checkbox"/> CareFirst BCBS Traditional Dental	Individual \$39.34	Parent/Child \$58.99	Retiree/Spouse \$78.67	Family \$118.05
<input type="checkbox"/> CareFirst BCBS Preferred Dental PPO	Individual \$32.18	Parent/Child \$45.63	Retiree/Spouse \$60.88	Family \$91.35
<input type="checkbox"/> Cigna Dental Care Access (DHMO)	Individual \$19.79	Parent/Child \$35.66	Retiree/Spouse \$39.50	Family \$59.54
<input type="checkbox"/> NVA Vision	Individual \$2.78	Parent/Child \$4.18	Retiree/Spouse \$5.56	Family \$8.34

 Retiree Signature

 Date