



Health Benefits

Together, we are working toward a healthier community



EMPLOYEE AND RETIREE RATE SHEETS EFFECTIVE 01/01/2023 THRU 12/31/2023

| MEDICAL - EMPLOYEE MONTHLY PREMIUM RATES | | | |
|--|---------------|---------------------------------------|-------------------|
| Plan Name | Employee Only | Employee & Child or Employee & Spouse | Employee & Family |
| CAREFIRST BLUECROSS BLUESHIELD PPO | \$117.50 | \$211.50 | \$293.78 |
| CAREFIRST BLUECROSS BLUESHIELD EPO | \$78.42 | \$164.58 | \$203.90 |
| KAISER | \$78.38 | \$164.48 | \$203.76 |
| UNITEDHEALTHCARE PPO | \$115.58 | \$208.06 | \$289.00 |
| UNITEDHEALTHCARE EPO | \$78.90 | \$164.08 | \$195.66 |

| MEDICAL - EMPLOYEE BI-WEEKLY PREMIUM RATES | | | |
|--|---------------|---------------------------------------|-------------------|
| Plan Name | Employee Only | Employee & Child or Employee & Spouse | Employee & Family |
| CAREFIRST BLUECROSS BLUESHIELD PPO | \$58.75 | \$105.75 | \$146.89 |
| CAREFIRST BLUECROSS BLUESHIELD EPO | \$39.21 | \$82.89 | \$101.95 |
| KAISER | \$39.19 | \$82.24 | \$101.88 |
| UNITEDHEALTHCARE PPO | \$57.79 | \$104.03 | \$144.50 |
| UNITEDHEALTHCARE EPO | \$39.45 | \$82.04 | \$97.83 |

| PRESCRIPTION DRUG - EMPLOYEE MONTHLY PREMIUM RATES | | | | |
|--|---------------|------------------|-------------------|-------------------|
| CVS Caremark | Employee Only | Employee & Child | Employee & Spouse | Employee & Family |
| | \$54.54 | \$72.48 | \$9050 | \$109.08 |

| PRESCRIPTION DRUG - EMPLOYEE BI-WEEKLY PREMIUM RATES | | | | |
|--|---------------|------------------|-------------------|-------------------|
| CVS Caremark | Employee Only | Employee & Child | Employee & Spouse | Employee & Family |
| | \$27.27 | \$36.24 | \$45.25 | \$54.54 |

| DENTAL - EMPLOYEE MONTHLY PREMIUM RATES | | | | |
|---|---------------|------------------|-------------------|-------------------|
| Plan Name | Employee Only | Employee & Child | Employee & Spouse | Employee & Family |
| DELTA DENTAL DHMO | \$8.70 | \$17.43 | \$15.18 | \$24.50 |
| UNITED CONCORDIA DPPO | \$13.56 | \$25.96 | \$27.16 | \$50.90 |

| DENTAL - EMPLOYEE BI-WEEKLY PREMIUM RATES | | | | |
|---|---------------|------------------|-------------------|-------------------|
| Plan Name | Employee Only | Employee & Child | Employee & Spouse | Employee & Family |
| DELTA DENTAL DHMO | \$4.35 | \$8.72 | \$7.59 | \$12.25 |
| UNITED CONCORDIA DPPO | \$6.78 | \$12.98 | \$13.58 | \$25.45 |

Rates may vary from what appears on your paystub due to rounding.

MEDICAL - RETIREE MONTHLY (WITHOUT MEDICARE) PREMIUM RATES

| Plan Name | Retiree Only | Retiree & Child or Retiree & Spouse | Retiree & Family |
|------------------------------------|--------------|-------------------------------------|------------------|
| CAREFIRST BLUECROSS BLUESHIELD PPO | \$117.50 | \$211.50 | \$293.78 |
| CAREFIRST BLUECROSS BLUESHIELD EPO | \$78.42 | \$164.58 | \$203.90 |
| KAISER | \$78.38 | \$164.48 | \$203.76 |
| UNITEDHEALTHCARE PPO | \$115.58 | \$208.06 | \$289.00 |
| UNITEDHEALTHCARE EPO | \$78.90 | \$164.08 | \$195.66 |

MEDICAL - RETIREE MONTHLY (WITH MEDICARE) PREMIUM RATES

| Plan Name | Retiree Only With Medicare | Retiree + 1, 1 With Medicare | Retiree + 1, Both With Medicare | Retiree + 2, 1 With Medicare | Retiree + 2, 2 With Medicare | Retiree + 2 or More, All With Medicare | Retiree + 3 or More, at Least 1 Without Medicare |
|------------------------------------|----------------------------|------------------------------|---------------------------------|------------------------------|------------------------------|--|--|
| CAREFIRST BLUECROSS BLUESHIELD PPO | \$58.76 | \$176.24 | \$117.50 | \$270.24 | \$235.02 | \$176.24 | \$293.78 |
| CAREFIRST BLUECROSS BLUESHIELD EPO | \$38.66 | \$116.46 | \$84.94 | \$194.26 | \$123.90 | \$106.26 | \$203.90 |
| UNITEDHEALTHCARE PPO | \$57.80 | \$173.38 | \$115.58 | \$265.86 | \$231.18 | \$173.38 | \$289.00 |
| UNITEDHEALTHCARE EPO | \$52.10 | \$131.00 | \$104.20 | \$195.66 | \$178.88 | \$156.30 | \$195.66 |

PRESCRIPTION DRUG - RETIREE MONTHLY (WITHOUT MEDICARE) PREMIUM RATES

| CVS Caremark | Retiree Only | Retiree & Child | Retiree & Spouse | Retiree & Family |
|--------------|--------------|-----------------|------------------|------------------|
| | \$67.34 | \$89.48 | \$111.76 | \$134.66 |

PRESCRIPTION DRUG - RETIREE MONTHLY (WITH MEDICARE) PREMIUM RATES

| CVS Caremark | Retiree Only with Medicare | Retiree + 1, Retiree with Medicare | Retiree + 1, Dependent with Medicare | Retiree + 1, both with Medicare | Retiree + 2, Retiree with Medicare | Retiree + 2, Dependent with Medicare | Retiree + 2, 2 with Medicare | Retiree + 2 or more, all with Medicare | Retiree + 3 or more, Retiree with Medicare | Retiree + 3 or more, 1, 2, or 3 with Medicare |
|--------------|----------------------------|------------------------------------|--------------------------------------|---------------------------------|------------------------------------|--------------------------------------|------------------------------|--|--|---|
| | \$48.44 | \$85.16 | \$88.66 | \$80.30 | \$115.78 | \$115.78 | \$98.78 | \$96.88 | \$115.78* | \$115.78** |

*FAMILY COVERAGE RETIREE W/MEDICARE AND/OR OTHER DEPENDENTS W/MEDICARE

**FAMILY COVERAGE RETIREE NO MEDICARE AND 1 OR MORE DEPENDENTS W/MEDICARE

DENTAL - RETIREE MONTHLY PREMIUM RATES

| Plan Name | Retiree Only | Retiree & Child | Retiree & Spouse | Retiree & Family |
|-----------------------|--------------|-----------------|------------------|------------------|
| DELTA DENTAL DHMO | \$8.70 | \$17.44 | \$15.18 | \$24.49 |
| UNITED CONCORDIA DPPO | \$13.96 | \$25.96 | \$27.16 | \$50.90 |

Rates may vary from what appears on your paystub due to rounding.

TERM LIFE INSURANCE PREMIUM RATES

| Age of Employee/Retiree | Monthly Employee/Retiree Rates (per \$1,000) | Age of Spouse | Monthly Spouse Rates (per \$1,000) |
|---|--|---------------|------------------------------------|
| Under 30 | \$0.03 | Under 30 | \$0.09 |
| 30 to 34 | \$0.04 | 30 to 34 | \$0.10 |
| 35 to 39 | \$0.05 | 35 to 39 | \$0.12 |
| 40 to 44 | \$0.08 | 40 to 44 | \$0.18 |
| 45 to 49 | \$0.13 | 45 to 49 | \$0.28 |
| 50 to 54 | \$0.20 | 50 to 54 | \$0.42 |
| 55 to 59 | \$0.37 | 55 to 59 | \$0.65 |
| 60 to 64 | \$0.52 | 60 to 64 | \$1.00 |
| 65 to 69 | \$0.77 | 65 to 69 | \$1.45 |
| 70 to 74 | \$1.38 | 70 to 74 | \$2.28 |
| 75 to 79 | \$2.06 | 75 to 79 | \$2.28 |
| 80 and older | \$2.06 | 80 and older | \$2.28 |
| Dependent Child Coverage is \$0.14 per \$1,000 per month. | | | |

ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE PREMIUM RATES

| Plan Coverage Level | Employee Only Monthly Rates | Employee + Family Monthly Rates |
|---------------------|-----------------------------|---------------------------------|
| \$100,000 | \$1.20 | \$2.30 |
| \$200,000 | \$2.40 | \$4.60 |
| \$300,000 | \$3.60 | \$6.90 |

Rates may vary from what appears on your paystub due to rounding.