



# Health Benefits

Together, we are working toward a **healthier community.**

## EMPLOYEE AND RETIREE RATE SHEETS EFFECTIVE 01/01/2024 THRU 12/31/2024

MEDICAL - EMPLOYEE MONTHLY PREMIUM RATES			
Plan Name	Employee Only	Employee & Child or Employee & Spouse	Employee & Family
CAREFIRST BLUECROSS BLUESHIELD PPO	\$123.38	\$222.08	\$308.46
CAREFIRST BLUECROSS BLUESHIELD EPO	\$82.34	\$172.82	\$214.10
KAISER	\$82.30	\$172.70	\$213.96
UNITEDHEALTHCARE PPO	\$121.36	\$218.48	\$303.44
UNITEDHEALTHCARE EPO	\$82.84	\$172.30	\$205.44

MEDICAL - EMPLOYEE BI-WEEKLY PREMIUM RATES			
Plan Name	Employee Only	Employee & Child or Employee & Spouse	Employee & Family
CAREFIRST BLUECROSS BLUESHIELD PPO	\$61.69	\$111.04	\$154.23
CAREFIRST BLUECROSS BLUESHIELD EPO	\$41.17	\$86.41	\$107.05
KAISER	\$41.15	\$86.35	\$106.98
UNITEDHEALTHCARE PPO	\$60.68	\$109.24	\$151.72
UNITEDHEALTHCARE EPO	\$41.42	\$86.15	\$102.72

PRESCRIPTION DRUG - EMPLOYEE MONTHLY PREMIUM RATES				
CVS Caremark	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
	\$59.98	\$79.72	\$99.56	\$119.98

PRESCRIPTION DRUG - EMPLOYEE BI-WEEKLY PREMIUM RATES				
CVS Caremark	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
	\$29.99	\$39.86	\$49.78	\$59.99

DENTAL - EMPLOYEE MONTHLY PREMIUM RATES				
Plan Name	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
DELTA DENTAL DHMO	\$9.12	\$18.27	\$15.90	\$25.66
UNITED CONCORDIA DPPO	\$14.24	\$27.26	\$28.52	\$53.44

DENTAL - EMPLOYEE BI-WEEKLY PREMIUM RATES				
Plan Name	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
DELTA DENTAL DHMO	\$4.56	\$9.14	\$7.95	\$12.83
UNITED CONCORDIA DPPO	\$7.12	\$13.63	\$14.26	\$26.72

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	\$123.38	\$222.08	\$308.46
CAREFIRST BLUECROSS BLUESHIELD EPO	\$82.34	\$172.82	\$214.10
KAISER	\$82.30	\$172.70	\$213.96
UNITEDHEALTHCARE PPO	\$121.36	\$218.48	\$303.44
UNITEDHEALTHCARE EPO	\$82.84	\$172.30	\$205.44

**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	\$61.70	\$185.06	\$123.38	\$283.76	\$246.76	\$185.06	\$308.46
CAREFIRST BLUECROSS BLUESHIELD EPO	\$40.60	\$122.28	\$89.20	\$203.96	\$130.08	\$111.58	\$214.10
UNITEDHEALTHCARE PPO	\$60.68	\$182.06	\$121.36	\$279.16	\$242.74	\$182.06	\$303.44
UNITEDHEALTHCARE EPO	\$54.70	\$137.54	\$109.42	\$205.44	\$187.84	\$164.12	\$205.44

**PRESCRIPTION DRUG - RETIREE MONTHLY (WITHOUT MEDICARE) PREMIUM RATES**

CVS Caremark	Retiree Only	Retiree & Child	Retiree & Spouse	Retiree & Family
	\$74.08	\$98.44	\$122.92	\$148.14

**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
	\$53.28	\$93.68	\$97.52	\$88.34	\$127.36	\$127.36	\$108.66	\$106.58	\$127.36*	\$127.36**

\*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	\$9.12	\$18.26	\$15.92	\$25.65
UNITED CONCORDIA DPPO	\$14.24	\$27.26	\$28.52	\$53.44

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**TERM LIFE INSURANCE PREMIUM RATES**

<b>Age of Employee/Retiree</b>	<b>Monthly Employee/Retiree Rates (per \$1,000)</b>	<b>Age of Spouse</b>	<b>Monthly Spouse Rates (per \$1,000)</b>
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**

<b>Plan Coverage Level</b>	<b>Employee Only Monthly Rates</b>	<b>Employee + Family Monthly Rates</b>
\$100,000	\$1.20	\$2.30
\$200,000	\$2.40	\$4.60
\$300,000	\$3.60	\$6.90

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