



Health Benefits

Together, we are working toward a *healthier community*



EMPLOYEE AND RETIREE RATE SHEETS EFFECTIVE 01/01/2021 THRU 12/31/2021

MEDICAL - EMPLOYEE MONTHLY PREMIUM RATES			
Plan Name	Employee Only	Employee & Child or Employee & Spouse	Employee & Family
CAREFIRST BLUECROSS BLUESHIELD PPO	\$106.58	\$191.84	\$266.46
CAREFIRST BLUECROSS BLUESHIELD EPO	\$71.14	\$149.28	\$184.94
KAISER	\$71.08	\$149.18	\$184.82
UNITEDHEALTHCARE PPO	\$104.84	\$188.72	\$262.14
UNITEDHEALTHCARE EPO	\$71.56	\$148.84	\$177.46

MEDICAL - EMPLOYEE BI-WEEKLY PREMIUM RATES			
Plan Name	Employee Only	Employee & Child or Employee & Spouse	Employee & Family
CAREFIRST BLUECROSS BLUESHIELD PPO	\$53.29	\$95.92	\$133.23
CAREFIRST BLUECROSS BLUESHIELD EPO	\$35.57	\$74.64	\$92.47
KAISER	\$35.54	\$74.59	\$92.41
UNITEDHEALTHCARE PPO	\$52.42	\$94.36	\$131.07
UNITEDHEALTHCARE EPO	\$35.78	\$74.42	\$88.73

PRESCRIPTION DRUG - EMPLOYEE MONTHLY PREMIUM RATES				
CVS Caremark	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
	\$45.06	\$59.90	\$74.80	\$90.14

PRESCRIPTION DRUG - EMPLOYEE BI-WEEKLY PREMIUM RATES				
CVS Caremark	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
	\$22.53	\$29.95	\$37.40	\$45.07

DENTAL - EMPLOYEE MONTHLY PREMIUM RATES				
Plan Name	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
DELTA DENTAL DHMO	\$8.14	\$16.34	\$14.22	\$22.94
UNITED CONCORDIA DPPO	\$12.32	\$23.54	\$24.64	\$46.16

DENTAL - EMPLOYEE BI-WEEKLY PREMIUM RATES				
Plan Name	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
DELTA DENTAL DHMO	\$4.07	\$8.17	\$7.11	\$11.47
UNITED CONCORDIA DPPO	\$6.16	\$11.77	\$12.32	\$23.08

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	\$106.58	\$191.84	\$266.46
CAREFIRST BLUECROSS BLUESHIELD EPO	\$71.14	\$149.28	\$184.94
KAISER	\$71.08	\$149.18	\$184.82
UNITEDHEALTHCARE PPO	\$104.84	\$188.72	\$262.14
UNITEDHEALTHCARE EPO	\$71.56	\$148.84	\$177.46

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	\$53.30	\$159.86	\$106.58	\$245.12	\$213.16	\$159.86	\$266.46
CAREFIRST BLUECROSS BLUESHIELD EPO	\$35.06	\$105.62	\$77.06	\$176.20	\$112.38	\$96.38	\$184.94
UNITEDHEALTHCARE PPO	\$52.42	\$157.26	\$104.84	\$241.14	\$209.68	\$157.26	\$262.14
UNITEDHEALTHCARE EPO	\$47.26	\$118.82	\$94.52	\$177.46	\$162.26	\$141.76	\$177.46

PRESCRIPTION DRUG - RETIREE MONTHLY (WITHOUT MEDICARE) PREMIUM RATES

CVS Caremark	Retiree Only	Retiree & Child	Retiree & Spouse	Retiree & Family
	\$55.64	\$73.96	\$92.36	\$111.30

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
	\$40.04	\$70.38	\$73.26	\$66.36	\$95.68	\$95.68	\$81.64	\$80.08	\$95.68*	\$95.68**

*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	\$8.14	\$16.34	\$14.22	\$22.94
UNITED CONCORDIA DPPO	\$12.32	\$23.54	\$24.64	\$46.16

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.