



# Health Benefits

*Together, we are working toward a healthier community*



## EMPLOYEE AND RETIREE RATE SHEETS EFFECTIVE 01/01/2022 THRU 12/31/2022

MEDICAL - EMPLOYEE MONTHLY PREMIUM RATES			
Plan Name	Employee Only	Employee & Child or Employee & Spouse	Employee & Family
CAREFIRST BLUECROSS BLUESHIELD PPO	\$111.92	\$201.44	\$279.78
CAREFIRST BLUECROSS BLUESHIELD EPO	\$74.68	\$156.74	\$194.20
KAISER	\$74.64	\$156.64	\$194.08
UNITEDHEALTHCARE PPO	\$110.08	\$198.16	\$275.24
UNITEDHEALTHCARE EPO	\$75.14	\$156.28	\$186.34

MEDICAL - EMPLOYEE BI-WEEKLY PREMIUM RATES			
Plan Name	Employee Only	Employee & Child or Employee & Spouse	Employee & Family
CAREFIRST BLUECROSS BLUESHIELD PPO	\$55.96	\$100.72	\$139.89
CAREFIRST BLUECROSS BLUESHIELD EPO	\$37.34	\$78.37	\$97.10
KAISER	\$37.32	\$78.32	\$97.04
UNITEDHEALTHCARE PPO	\$55.04	\$99.08	\$137.62
UNITEDHEALTHCARE EPO	\$37.57	\$78.14	\$93.17

PRESCRIPTION DRUG - EMPLOYEE MONTHLY PREMIUM RATES				
CVS Caremark	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
	\$49.58	\$65.88	\$82.28	\$99.16

PRESCRIPTION DRUG - EMPLOYEE BI-WEEKLY PREMIUM RATES				
CVS Caremark	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
	\$24.79	\$32.94	\$41.14	\$49.58

DENTAL - EMPLOYEE MONTHLY PREMIUM RATES				
Plan Name	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
DELTA DENTAL DHMO	\$8.32	\$16.68	\$14.54	\$23.44
UNITED CONCORDIA DPPO	\$12.92	\$24.72	\$25.86	\$48.48

DENTAL - EMPLOYEE BI-WEEKLY PREMIUM RATES				
Plan Name	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
DELTA DENTAL DHMO	\$4.16	\$8.34	\$7.27	\$11.72
UNITED CONCORDIA DPPO	\$6.46	\$12.36	\$12.93	\$24.24

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	\$111.92	\$201.44	\$279.78
CAREFIRST BLUECROSS BLUESHIELD EPO	\$74.68	\$156.74	\$194.20
KAISER	\$74.64	\$156.64	\$194.08
UNITEDHEALTHCARE PPO	\$110.08	\$198.16	\$275.24
UNITEDHEALTHCARE EPO	\$75.14	\$156.28	\$186.34

**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	\$55.96	\$167.86	\$111.92	\$257.38	\$223.82	\$167.86	\$279.78
CAREFIRST BLUECROSS BLUESHIELD EPO	\$36.82	\$110.90	\$80.90	\$185.00	\$118.00	\$101.20	\$194.20
UNITEDHEALTHCARE PPO	\$55.04	\$165.12	\$110.08	\$253.20	\$220.16	\$165.12	\$275.24
UNITEDHEALTHCARE EPO	\$49.62	\$124.76	\$99.24	\$186.34	\$170.38	\$148.86	\$186.34

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

CVS Caremark	Retiree Only	Retiree & Child	Retiree & Spouse	Retiree & Family
	\$61.20	\$81.34	\$101.60	\$122.42

**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
	\$44.04	\$77.42	\$80.60	\$73.00	\$105.26	\$105.26	\$89.80	\$88.08	\$105.26*	\$105.26**

\*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	\$8.32	\$16.68	\$14.54	\$23.44
UNITED CONCORDIA DPPO	\$12.92	\$24.72	\$25.86	\$48.48

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

**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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