



Health Benefits

Together, we are working toward a *healthier community*



EMPLOYEE 10-MONTH 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	\$127.90	\$230.21	\$319.75
CAREFIRST BLUECROSS BLUESHIELD EPO	\$85.37	\$179.02	\$221.78
KAISER	\$85.30	\$179.02	\$221.78
UNITEDHEALTHCARE PPO	\$125.81	\$226.46	\$314.57
UNITEDHEALTHCARE EPO	\$85.87	\$178.61	\$212.95

MEDICAL - EMPLOYEE BI-WEEKLY PREMIUM RATES			
Plan Name	Employee Only	Employee & Child or Employee & Spouse	Employee & Family
CAREFIRST BLUECROSS BLUESHIELD PPO	\$63.95	\$115.11	\$159.88
CAREFIRST BLUECROSS BLUESHIELD EPO	\$42.68	\$89.51	\$110.89
KAISER	\$42.65	\$89.51	\$110.89
UNITEDHEALTHCARE PPO	\$62.91	\$113.23	\$157.28
UNITEDHEALTHCARE EPO	\$42.94	\$89.30	\$106.48

PRESCRIPTION DRUG - MONTHLY PREMIUM RATES				
EMPLOYEE	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
		\$54.07	\$71.88	\$89.76

PRESCRIPTION DRUG - BI-WEEKLY PREMIUM RATES				
EMPLOYEE	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
		\$27.04	\$35.94	\$44.88

DENTAL - EMPLOYEE MONTHLY PREMIUM RATES				
Plan Name	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
DELTA DENTAL DHMO	\$9.77	\$19.61	\$17.06	\$27.53
UNITED CONCORDIA DPPO	\$14.78	\$28.25	\$29.57	\$55.39

DENTAL - EMPLOYEE BI-WEEKLY PREMIUM RATES				
Plan Name	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
DELTA DENTAL DHMO	\$4.88	\$9.80	\$8.53	\$13.77
UNITED CONCORDIA DPPO	\$7.39	\$14.13	\$14.78	\$27.70

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	\$0.036	Under 30	\$0.108
30 to 34	\$0.048	30 to 34	\$0.120
35 to 39	\$0.060	35 to 39	\$0.144
40 to 44	\$0.096	40 to 44	\$0.216
45 to 49	\$0.156	45 to 49	\$0.336
50 to 54	\$0.240	50 to 54	\$0.504
55 to 59	\$0.444	55 to 59	\$0.780
60 to 64	\$0.624	60 to 64	\$1.200
65 to 69	\$0.924	65 to 69	\$1.740
70 to 74	\$1.656	70 to 74	\$2.736
75 to 79	\$2.472	75 to 79	\$2.736
80 and older	\$2.472	80 and older	\$2.736
Dependent Child Coverage is \$0.156 per \$1,000 per month.			

ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE PREMIUM RATES

Plan Coverage Level	Employee Only Monthly Rates	Employee + Family Monthly Rates
\$100,000	\$1.44	\$2.76
\$200,000	\$2.88	\$4.60
\$300,000	\$4.32	\$8.28

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