



Health Benefits

Together, we are working toward a healthier community



EMPLOYEE 10-MONTH 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	\$134.30	\$241.72	\$335.74
CAREFIRST BLUECROSS BLUESHIELD EPO	\$89.64	\$188.10	\$233.04
KAISER	\$89.56	\$187.98	\$232.88
UNITEDHEALTHCARE PPO	\$132.10	\$237.80	\$330.28
UNITEDHEALTHCARE EPO	\$90.16	\$187.54	\$223.60

MEDICAL - EMPLOYEE BI-WEEKLY PREMIUM RATES			
Plan Name	Employee Only	Employee & Child or Employee & Spouse	Employee & Family
CAREFIRST BLUECROSS BLUESHIELD PPO	\$67.15	\$120.86	\$167.87
CAREFIRST BLUECROSS BLUESHIELD EPO	\$44.82	\$94.05	\$116.52
KAISER	\$44.78	\$93.99	\$116.44
UNITEDHEALTHCARE PPO	\$66.05	\$118.90	\$165.14
UNITEDHEALTHCARE EPO	\$45.08	\$93.77	\$111.80

PRESCRIPTION DRUG - MONTHLY PREMIUM RATES				
EMPLOYEE	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
		\$59.50	\$79.08	\$98.74

PRESCRIPTION DRUG - BI-WEEKLY PREMIUM RATES				
EMPLOYEE	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
		\$29.75	\$39.54	\$49.37

DENTAL - EMPLOYEE MONTHLY PREMIUM RATES				
Plan Name	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
DELTA DENTAL DHMO	\$9.98	\$20.02	\$17.42	\$28.12
UNITED CONCORDIA DPPO	\$15.52	\$29.68	\$31.04	\$58.18

DENTAL - EMPLOYEE BI-WEEKLY PREMIUM RATES				
Plan Name	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
DELTA DENTAL DHMO	\$4.99	\$10.01	\$8.71	\$14.06
UNITED CONCORDIA DPPO	\$7.76	\$14.84	\$15.52	\$29.09

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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