



Health Benefits

Together, we are working toward a *healthier community*



RETIREE RATE SHEETS 2021 AND 2022

MEDICAL - RETIREE MONTHLY (WITHOUT MEDICARE) PREMIUM RATES

PLAN NAME & YEAR		Retiree Only	Retiree & Child or Retiree & Spouse	Retiree & Family
CAREFIRST BLUECROSS BLUESHIELD PPO	2021	\$106.58	\$191.84	\$266.46
	2022	\$111.92	\$201.44	\$279.78
CAREFIRST BLUECROSS BLUESHIELD EPO	2021	\$71.14	\$149.28	\$184.94
	2022	\$74.68	\$156.74	\$194.20
KAISER	2021	\$71.08	\$149.18	\$184.82
	2022	\$74.64	\$156.64	\$194.08
UNITEDHEALTHCARE PPO	2021	\$104.84	\$188.72	\$262.14
	2022	\$110.08	\$198.16	\$275.24
UNITEDHEALTHCARE EPO	2021	\$71.56	\$148.84	\$177.46
	2022	\$75.14	\$156.28	\$186.34

MEDICAL - RETIREE MONTHLY (WITH MEDICARE) PREMIUM RATES

PLAN NAME & YEAR		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	2021	\$53.30	\$159.86	\$106.58	\$245.12	\$213.16	\$159.86	\$266.46
	2022	\$55.96	\$167.86	\$111.92	\$257.38	\$223.82	\$167.86	\$279.78
CAREFIRST BLUECROSS BLUESHIELD EPO	2021	\$35.06	\$105.62	\$77.06	\$176.20	\$112.38	\$96.38	\$184.94
	2022	\$36.82	\$110.90	\$80.90	\$185.00	\$118.00	\$101.20	\$194.20
UNITEDHEALTHCARE PPO	2021	\$52.42	\$157.26	\$104.84	\$241.14	\$209.68	\$157.26	\$262.14
	2022	\$55.04	\$165.12	\$110.08	\$253.20	\$220.16	\$165.12	\$275.24
UNITEDHEALTHCARE EPO	2021	\$47.26	\$118.82	\$94.52	\$177.46	\$162.26	\$141.76	\$177.46
	2022	\$49.62	\$124.76	\$99.24	\$186.34	\$170.38	\$148.86	\$186.34

PRESCRIPTION DRUG - RETIREE MONTHLY (WITHOUT MEDICARE) PREMIUM RATES

PLAN NAME & YEAR		Retiree Only	Retiree & Child	Retiree & Spouse	Retiree & Family
CVS Caremark	2021	\$55.64	\$73.96	\$92.36	\$111.30
	2022	\$61.20	\$81.34	\$101.60	\$122.42

PRESCRIPTION DRUG - RETIREE MONTHLY (WITH MEDICARE) PREMIUM RATES

PLAN NAME & YEAR		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
CVS Caremark	2021	\$40.04	\$70.38	\$73.26	\$66.38	\$95.68	\$95.68	\$81.64	\$80.08	\$95.68*	\$95.68**
	2022	\$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 & YEAR		Retiree Only	Retiree & Child	Retiree & Spouse	Retiree & Family
DELTA DENTAL DHMO	2021	\$8.14	\$16.34	\$14.22	\$22.94
	2022	\$8.32	\$16.68	\$14.54	\$23.44
UNITED CONCORDIA DPPO	2021	\$12.32	\$23.54	\$24.64	\$46.16
	2022	\$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

Age of Retiree	Monthly Retiree Rates (per \$1,000)		Age of Spouse	Monthly Spouse Rates (per \$1,000)	
	2021	2022		2021	2022
Under 30	\$0.03	\$0.03	Under 30	\$0.09	\$0.09
30 to 34	\$0.04	\$0.04	30 to 34	\$0.10	\$0.10
35 to 39	\$0.05	\$0.05	35 to 39	\$0.12	\$0.12
40 to 44	\$0.08	\$0.08	40 to 44	\$0.18	\$0.18
45 to 49	\$0.13	\$0.13	45 to 49	\$0.28	\$0.28
50 to 54	\$0.20	\$0.20	50 to 54	\$0.42	\$0.42
55 to 59	\$0.37	\$0.37	55 to 59	\$0.65	\$0.65
60 to 64	\$0.52	\$0.52	60 to 64	\$1.00	\$1.00
65 to 69	\$0.77	\$0.77	65 to 69	\$1.45	\$1.45
70 to 74	\$1.38	\$1.38	70 to 74	\$2.28	\$2.28
75 to 79	\$2.06	\$2.06	75 to 79	\$2.28	\$2.28
80 and older	\$2.06	\$2.06	80 and older	\$2.28	\$2.28
Dependent Child Coverage	2021	\$0.14 per \$1,000 per month			
	2022	\$0.14 per \$1,000 per month			