

# Health Benefits

Putting the pieces together  
to improve your health.



## EMPLOYEE 10-MONTH RATE SHEETS EFFECTIVE 01/01/2019 THRU 12/31/2019

MEDICAL - EMPLOYEE MONTHLY PREMIUM RATES			
Plan Name	Employee Only	Employee & Child or Employee & Spouse	Employee & Family
CAREFIRST BLUECROSS BLUESHIELD PPO	\$122.40	\$220.30	\$305.98
CAREFIRST BLUECROSS BLUESHIELD EPO	\$81.70	\$171.43	\$212.38
KAISER	\$79.66	\$167.16	\$207.10
UNITEDHEALTHCARE PPO	\$120.38	\$216.72	\$301.01
UNITEDHEALTHCARE EPO	\$82.18	\$170.90	\$203.78

MEDICAL - EMPLOYEE BI-WEEKLY PREMIUM RATES			
Plan Name	Employee Only	Employee & Child or Employee & Spouse	Employee & Family
CAREFIRST BLUECROSS BLUESHIELD PPO	\$61.19	\$110.15	\$153.00
CAREFIRST BLUECROSS BLUESHIELD EPO	\$40.84	\$85.71	\$106.20
KAISER	\$39.82	\$83.59	\$103.55
UNITEDHEALTHCARE PPO	\$60.19	\$108.35	\$150.50
UNITEDHEALTHCARE EPO	\$41.09	\$85.45	\$101.90

PRESCRIPTION DRUG - MONTHLY PREMIUM RATES				
EMPLOYEE	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
		\$54.10	\$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	\$8.44	\$14.71	\$16.91	\$23.75
UNITED CONCORDIA DPPO	\$13.97	\$26.69	\$27.91	\$52.32

DENTAL - EMPLOYEE BI-WEEKLY PREMIUM RATES				
Plan Name	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
DELTA DENTAL DHMO	\$4.22	\$7.36	\$8.46	\$11.88
UNITED CONCORDIA DPPO	\$6.96	\$13.34	\$13.96	\$26.16

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	\$0.036	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 \$0.16 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	\$1.44	\$2.76
\$200,000	\$2.88	\$5.52
\$300,000	\$4.32	\$8.28

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