



Health Benefits

Together, we are working toward a **healthier community.**

EMPLOYEE 10-MONTH RATE SHEETS EFFECTIVE 01/01/2024 THRU 12/31/2024

| MEDICAL - EMPLOYEE MONTHLY PREMIUM RATES | | | |
|------------------------------------------|---------------|---------------------------------------|-------------------|
| Plan Name | Employee Only | Employee & Child or Employee & Spouse | Employee & Family |
| CAREFIRST BLUECROSS BLUESHIELD PPO | \$148.06 | \$266.50 | \$370.16 |
| CAREFIRST BLUECROSS BLUESHIELD EPO | \$98.82 | \$207.38 | \$256.92 |
| KAISER | \$98.76 | \$207.24 | \$256.76 |
| UNITEDHEALTHCARE PPO | \$145.64 | \$262.16 | \$364.14 |
| UNITEDHEALTHCARE EPO | \$99.42 | \$206.76 | \$246.52 |

| MEDICAL - EMPLOYEE BI-WEEKLY PREMIUM RATES | | | |
|--------------------------------------------|---------------|---------------------------------------|-------------------|
| Plan Name | Employee Only | Employee & Child or Employee & Spouse | Employee & Family |
| CAREFIRST BLUECROSS BLUESHIELD PPO | \$74.03 | \$133.25 | \$185.08 |
| CAREFIRST BLUECROSS BLUESHIELD EPO | \$49.41 | \$103.69 | \$128.46 |
| KAISER | \$49.38 | \$103.62 | \$128.38 |
| UNITEDHEALTHCARE PPO | \$72.82 | \$131.08 | \$182.07 |
| UNITEDHEALTHCARE EPO | \$49.71 | \$103.38 | \$123.26 |

| PRESCRIPTION DRUG - MONTHLY PREMIUM RATES | | | | |
|-------------------------------------------|---------------|------------------|-------------------|-------------------|
| EMPLOYEE | Employee Only | Employee & Child | Employee & Spouse | Employee & Family |
| | | \$71.98 | \$95.68 | \$119.48 |

| PRESCRIPTION DRUG - BI-WEEKLY PREMIUM RATES | | | | |
|---------------------------------------------|---------------|------------------|-------------------|-------------------|
| EMPLOYEE | Employee Only | Employee & Child | Employee & Spouse | Employee & Family |
| | | \$35.99 | \$47.84 | \$59.74 |

| DENTAL - EMPLOYEE MONTHLY PREMIUM RATES | | | | |
|-----------------------------------------|---------------|------------------|-------------------|-------------------|
| Plan Name | Employee Only | Employee & Child | Employee & Spouse | Employee & Family |
| DELTA DENTAL DHMO | \$10.94 | \$21.92 | \$19.10 | \$30.80 |
| UNITED CONCORDIA DPPO | \$17.10 | \$32.72 | \$34.22 | \$64.14 |

| DENTAL - EMPLOYEE BI-WEEKLY PREMIUM RATES | | | | |
|-------------------------------------------|---------------|------------------|-------------------|-------------------|
| Plan Name | Employee Only | Employee & Child | Employee & Spouse | Employee & Family |
| DELTA DENTAL DHMO | \$5.47 | \$10.96 | \$9.55 | \$15.40 |
| UNITED CONCORDIA DPPO | \$8.55 | \$16.36 | \$17.11 | \$32.07 |

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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