



# Health Benefits

*Together, we are working toward a healthier community*



## EMPLOYEE AND RETIREE RATE SHEETS EFFECTIVE 01/01/2023 THRU 12/31/2023

MEDICAL - EMPLOYEE MONTHLY PREMIUM RATES			
Plan Name	Employee Only	Employee & Child or Employee & Spouse	Employee & Family
CAREFIRST BLUECROSS BLUESHIELD PPO	\$117.50	\$211.50	\$293.78
CAREFIRST BLUECROSS BLUESHIELD EPO	\$78.42	\$164.58	\$203.90
KAISER	\$78.38	\$164.48	\$203.76
UNITEDHEALTHCARE PPO	\$115.58	\$208.06	\$289.00
UNITEDHEALTHCARE EPO	\$78.90	\$164.08	\$195.66

MEDICAL - EMPLOYEE BI-WEEKLY PREMIUM RATES			
Plan Name	Employee Only	Employee & Child or Employee & Spouse	Employee & Family
CAREFIRST BLUECROSS BLUESHIELD PPO	\$58.75	\$105.75	\$146.89
CAREFIRST BLUECROSS BLUESHIELD EPO	\$39.21	\$82.29	\$101.95
KAISER	\$39.19	\$82.24	\$101.88
UNITEDHEALTHCARE PPO	\$57.79	\$104.03	\$144.50
UNITEDHEALTHCARE EPO	\$39.45	\$82.04	\$97.83

PRESCRIPTION DRUG - EMPLOYEE MONTHLY PREMIUM RATES				
CVS Caremark	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
		\$54.54	\$72.48	\$90.50

PRESCRIPTION DRUG - EMPLOYEE BI-WEEKLY PREMIUM RATES				
CVS Caremark	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
		\$27.27	\$36.24	\$45.25

DENTAL - EMPLOYEE MONTHLY PREMIUM RATES				
Plan Name	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
DELTA DENTAL DHMO	\$8.70	\$17.43	\$15.18	\$24.50
UNITED CONCORDIA DPPO	\$13.56	\$25.96	\$27.16	\$50.90

DENTAL - EMPLOYEE BI-WEEKLY PREMIUM RATES				
Plan Name	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
DELTA DENTAL DHMO	\$4.35	\$8.72	\$7.59	\$12.25
UNITED CONCORDIA DPPO	\$6.78	\$12.98	\$13.58	\$25.45

Rates may vary from what appears on your paystub due to rounding.

**MEDICAL - RETIREE MONTHLY (WITHOUT MEDICARE) PREMIUM RATES**

Plan Name	Retiree Only	Retiree & Child or Retiree & Spouse	Retiree & Family
CAREFIRST BLUECROSS BLUESHIELD PPO	\$117.50	\$211.50	\$293.78
CAREFIRST BLUECROSS BLUESHIELD EPO	\$78.42	\$164.58	\$203.90
KAISER	\$78.38	\$164.48	\$203.76
UNITEDHEALTHCARE PPO	\$115.58	\$208.06	\$289.00
UNITEDHEALTHCARE EPO	\$78.90	\$164.08	\$195.66

**MEDICAL - RETIREE MONTHLY (WITH MEDICARE) PREMIUM RATES**

Plan Name	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	\$58.76	\$176.24	\$117.50	\$270.24	\$235.02	\$176.24	\$293.78
CAREFIRST BLUECROSS BLUESHIELD EPO	\$38.66	\$116.46	\$84.94	\$194.26	\$123.90	\$106.26	\$203.90
UNITEDHEALTHCARE PPO	\$57.80	\$173.38	\$115.58	\$265.86	\$231.18	\$173.38	\$289.00
UNITEDHEALTHCARE EPO	\$52.10	\$131.00	\$104.20	\$195.66	\$178.88	\$156.30	\$195.66

**PRESCRIPTION DRUG - RETIREE MONTHLY (WITHOUT MEDICARE) PREMIUM RATES**

CVS Caremark	Retiree Only	Retiree & Child	Retiree & Spouse	Retiree & Family
	\$67.34	\$89.48	\$111.76	\$134.66

**PRESCRIPTION DRUG - RETIREE MONTHLY (WITH MEDICARE) PREMIUM RATES**

CVS Caremark	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
	\$44.84	\$85.16	\$88.66	\$80.30	\$115.78	\$115.78	\$98.78	\$96.88	\$115.78*	\$115.78**

\*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	Retiree Only	Retiree & Child	Retiree & Spouse	Retiree & Family
DELTA DENTAL DHMO	\$8.70	\$17.44	\$15.18	\$24.49
UNITED CONCORDIA DPPO	\$13.56	\$25.96	\$27.16	\$50.90

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	\$0.03	Under 30	\$0.09
30 to 34	\$0.04	30 to 34	\$0.10
35 to 39	\$0.05	35 to 39	\$0.12
40 to 44	\$0.08	40 to 44	\$0.18
45 to 49	\$0.13	45 to 49	\$0.28
50 to 54	\$0.20	50 to 54	\$0.42
55 to 59	\$0.37	55 to 59	\$0.65
60 to 64	\$0.52	60 to 64	\$1.00
65 to 69	\$0.77	65 to 69	\$1.45
70 to 74	\$1.38	70 to 74	\$2.28
75 to 79	\$2.06	75 to 79	\$2.28
80 and older	\$2.06	80 and older	\$2.28

Dependent Child Coverage is \$0.14 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	\$1.20	\$2.30
\$200,000	\$2.40	\$4.60
\$300,000	\$3.60	\$6.90

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