



Health Benefits

Together, we are working toward a healthier community



EMPLOYEE 10-MONTH 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	\$141.00	\$253.80	\$352.52
CAREFIRST BLUECROSS BLUESHIELD EPO	\$94.10	\$197.50	\$244.68
KAISER	\$94.06	\$197.38	\$244.52
UNITEDHEALTHCARE PPO	\$138.70	\$249.68	\$346.80
UNITEDHEALTHCARE EPO	\$94.68	\$196.92	\$234.78

MEDICAL - EMPLOYEE BI-WEEKLY PREMIUM RATES			
Plan Name	Employee Only	Employee & Child or Employee & Spouse	Employee & Family
CAREFIRST BLUECROSS BLUESHIELD PPO	\$70.50	\$126.90	\$176.26
CAREFIRST BLUECROSS BLUESHIELD EPO	\$47.05	\$98.75	\$122.34
KAISER	\$47.03	\$98.69	\$122.26
UNITEDHEALTHCARE PPO	\$69.35	\$124.84	\$173.40
UNITEDHEALTHCARE EPO	\$47.34	\$98.46	\$117.39

PRESCRIPTION DRUG - MONTHLY PREMIUM RATES				
EMPLOYEE	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
		\$65.44	\$86.98	\$108.60

PRESCRIPTION DRUG - BI-WEEKLY PREMIUM RATES				
EMPLOYEE	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
		\$32.72	\$43.49	\$54.30

DENTAL - EMPLOYEE MONTHLY PREMIUM RATES				
Plan Name	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
DELTA DENTAL DHMO	\$10.44	\$20.93	\$18.22	\$29.40
UNITED CONCORDIA DPPO	\$16.28	\$31.16	\$32.58	\$61.08

DENTAL - EMPLOYEE BI-WEEKLY PREMIUM RATES				
Plan Name	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
DELTA DENTAL DHMO	\$5.22	\$10.47	\$9.11	\$14.70
UNITED CONCORDIA DPPO	\$8.14	\$15.58	\$16.29	\$30.54

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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