

Health Benefits

Putting the pieces together
to improve your health.



EMPLOYEE AND RETIREE 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	\$102.00	\$183.58	\$254.98
CAREFIRST BLUECROSS BLUESHIELD EPO	\$68.08	\$142.86	\$176.98
KAISER	\$66.38	\$139.30	\$172.58
UNITEDHEALTHCARE PPO	\$100.32	\$180.60	\$250.84
UNITEDHEALTHCARE EPO	\$68.48	\$142.42	\$169.82

MEDICAL - EMPLOYEE BI-WEEKLY PREMIUM RATES			
Plan Name	Employee Only	Employee & Child or Employee & Spouse	Employee & Family
CAREFIRST BLUECROSS BLUESHIELD PPO	\$51.00	\$91.79	\$127.50
CAREFIRST BLUECROSS BLUESHIELD EPO	\$34.04	\$71.43	\$88.49
KAISER	\$33.19	\$69.65	\$86.29
UNITEDHEALTHCARE PPO	\$50.16	\$90.30	\$125.42
UNITEDHEALTHCARE EPO	\$34.24	\$71.21	\$84.91

PRESCRIPTION DRUG - MONTHLY PREMIUM RATES				
EMPLOYEE	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
		\$45.08	\$59.90	\$74.80

PRESCRIPTION DRUG - BI-WEEKLY PREMIUM RATES				
EMPLOYEE	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
		\$22.54	\$29.95	\$37.40

DENTAL - EMPLOYEE MONTHLY PREMIUM RATES				
Plan Name	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
DELTA DENTAL DHMO	\$7.03	\$12.26	\$14.09	\$19.79
UNITED CONCORDIA DPPO	\$11.64	\$22.24	\$23.26	\$43.60

DENTAL - EMPLOYEE BI-WEEKLY PREMIUM RATES				
Plan Name	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
DELTA DENTAL DHMO	\$3.52	\$6.13	\$7.04	\$9.89
UNITED CONCORDIA DPPO	\$5.82	\$11.12	\$11.63	\$21.80

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	\$102.00	\$183.58	\$254.98
CAREFIRST BLUECROSS BLUESHIELD EPO	\$68.08	\$142.86	\$176.98
KAISER	\$66.38	\$139.30	\$172.58
UNITEDHEALTHCARE PPO	\$100.32	\$180.60	\$250.84
UNITEDHEALTHCARE EPO	\$68.48	\$142.42	\$169.82

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	\$51.00	\$152.98	\$102.00	\$234.56	\$203.98	\$152.98	\$254.98
CAREFIRST BLUECROSS BLUESHIELD EPO	\$33.56	\$101.08	\$73.74	\$168.60	\$107.54	\$92.24	\$176.98
UNITEDHEALTHCARE PPO	\$50.16	\$150.48	\$100.32	\$230.76	\$200.66	\$150.48	\$250.84
UNITEDHEALTHCARE EPO	\$45.22	\$113.70	\$90.44	\$169.82	\$155.26	\$135.66	\$169.82

PRESCRIPTION DRUG - RETIREE MONTHLY (WITHOUT MEDICARE) PREMIUM RATES

CVS Caremark	Retiree Only	Retiree & Child	Retiree & Spouse	Retiree & Family
	\$55.64	\$73.96	\$92.36	\$111.30

NON-MEDICARE ELIGIBLE DEPENDENTS OF MEDICARE-ELIGIBLE RETIREES MONTHLY PREMIUM RATES*

Spouse Only	Spouse & Child	Spouse & 2 Children	Child Only	2 or more children
\$55.65	\$73.96	\$111.30	\$55.65	\$111.30

* Effective January 1, 2019, retirees eligible for Medicare are no longer eligible for prescription drug coverage. However, any enrolled dependents of the retiree who are not Medicare-eligible, may continue to be covered for prescription coverage until the dependent becomes eligible for Medicare or, in the case of a child, reaches at 26.

DENTAL - RETIREE MONTHLY PREMIUM RATES

Plan Name	Retiree Only	Retiree & Child	Retiree & Spouse	Retiree & Family
DELTA DENTAL DHMO	\$7.03	\$12.26	\$14.09	\$19.79
UNITED CONCORDIA DPPO	\$11.64	\$22.24	\$23.26	\$43.60

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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	\$0.03	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

Plan Coverage Level	Employee Only Monthly Rates	Employee + Family Monthly Rates
\$100,000	\$1.20	\$2.30
\$200,000	\$2.40	\$4.60
\$300,000	\$3.60	\$6.90

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