

## 100% HEALTH RATES

### Montgomery County - Full-Scope Temporary Employees

*Effective January 1, 2024*

HEALTH PLANS	MONTHLY RATES		
	SELF	SELF+1	FAMILY
<b>MEDICAL:</b>			
Carefirst High Option POS (medical only)	\$752.09	\$1,301.03	\$2,190.67
Carefirst Standard Option POS (medical only)	\$699.45	\$1,209.94	\$2,037.33
UnitedHealthcare Select HMO (medical only)	\$615.66	\$1,183.53	\$1,881.48
Kaiser HMO (medical with Rx)	\$766.21	\$1,440.50	\$2,268.01
<b>PRESCRIPTION:</b>			
Caremark Standard Option \$10/\$20/\$35 Rx Plan	\$276.07	\$510.72	\$791.45
<b>DENTAL:</b>			
Dental PPO (Traditional Dental Plan)	\$42.90	\$95.58	\$137.54
Dental HMO (DHMO)	\$14.65	\$27.73	\$40.57
<b>VISION:</b>			
Vision Plan	\$4.74	\$7.50	\$11.38

# MONTGOMERY COUNTY EMPLOYEE RATES - FULL-SCOPE TEMPORARY EMPLOYEES

Effective January 1, 2024

## OPTIONAL LIFE INSURANCE

Effective January 1, 2024

### How to Calculate the Estimated Monthly Employee Cost (After-Tax)

- 1) Determine your coverage amount for Optional Life Insurance (subject to plan maximums):
  - Take your basic annual earnings (i.e., your annual full-time equivalent salary) and multiply by the level of Optional Life Insurance you are electing.  
*For example, if your annual full-time equivalent salary is \$26,700, and you want an additional two times your basic annual earnings in Optional Life Insurance, then  $\$26,700 \times 2 = \$53,400$ .*
  - Round this amount to the next \$1,000.  
*For example, you would round \$53,400 to \$54,000.*
- 2) Divide the amount determined in 1) by \$1,000. *For example,  $\$54,000/\$1,000 = 54$ .*
- 3) From the table below, find the total monthly cost for your age band as of January 1 (if you are a new hire during the year, you should use your age as of your hire date). This is your monthly cost for each \$1,000 of Optional Life Insurance coverage you elect. If you move into a higher age band during the year, the new cost for that age band will apply as of that date.

AGE	TOTAL MONTHLY COST
	12 PAY PERIODS
<25	\$0.049
25-29	\$0.056
30-34	\$0.069
35-39	\$0.078
40-44	\$0.084
45-49	\$0.118
50-54	\$0.172
55-59	\$0.310
60-64	\$0.466
65-69	\$0.884
70-74	\$1.564
75-79	\$2.011
80-84	\$2.011
85-89	\$2.011
90-94	\$2.011
95+	\$2.011

*For example, if you are 44 as of January 1, the total monthly cost is \$0.084 for every \$1,000 of Optional Life Insurance you elect. Should you turn 45 during the year, your new monthly cost will be \$0.118 for every \$1,000 of Optional Life Insurance you elect.*

- 4) Multiply the total monthly cost determined in 3) by the amount determined in 2). This is your estimated monthly cost for the Optional Life Insurance you have elected.  
*For example,  $\$0.084 \times 54 = \$4.54$ . This monthly cost would increase to  $\$0.118 \times 54$  or  $\$6.37$  should you move into the next age band during the plan year.*

**Please note that salary adjustments during the year that change your coverage amount, will also change your monthly cost for Optional Life Insurance.**

## DEPENDENT LIFE INSURANCE

Effective January 1, 2024

### Estimated Total Employee Monthly Cost (After-Tax)

COVERAGE		TOTAL MONTHLY COST
		12 PAY PERIODS
\$2,000 - Spouse, \$1,000 - Child	100% Employee Paid	\$0.875
\$4,000 - Spouse, \$2,000 - Child	100% Employee Paid	\$1.751
\$10,000 - Spouse, \$5,000 - Child	100% Employee Paid	\$4.377