

## MONTGOMERY COUNTY EMPLOYEE HEALTH RATES

*Effective January 1, 2024*

HEALTH PLANS	EMPLOYEE BI WEEKLY COST			EMPLOYER BI WEEKLY COST			TOTAL BI WEEKLY COST		
	SELF	SELF+1	FAMILY	SELF	SELF+1	FAMILY	SELF	SELF+1	FAMILY
<b>MEDICAL:</b>									
Carefirst High Option POS (medical only)	\$ 69.42	\$ 120.10	\$ 202.22	\$ 277.70	\$ 480.38	\$ 808.86	\$ 347.12	\$ 600.48	\$ 1,011.08
Carefirst Standard Option POS (medical only)	\$ 64.56	\$ 111.69	\$ 188.06	\$ 258.26	\$ 446.74	\$ 752.25	\$ 322.82	\$ 558.43	\$ 940.31
UnitedHealthcare Select HMO (medical only)	\$ 56.83	\$ 109.25	\$ 173.68	\$ 227.32	\$ 436.99	\$ 694.70	\$ 284.15	\$ 546.24	\$ 868.38
Kaiser HMO (medical with Rx)	\$ 70.73	\$ 132.97	\$ 209.35	\$ 282.91	\$ 531.88	\$ 837.42	\$ 353.64	\$ 664.85	\$ 1,046.77
<b>PRESCRIPTION:</b>									
Caremark Standard Option \$10/\$20/\$35 Rx Plan	\$ 25.48	\$ 47.14	\$ 73.06	\$ 101.94	\$ 188.58	\$ 292.22	\$ 127.42	\$ 235.72	\$ 365.28
<b>DENTAL:</b>									
Dental PPO (Traditional Dental Plan)	\$ 3.96	\$ 8.82	\$ 12.70	\$ 15.84	\$ 35.29	\$ 50.78	\$ 19.80	\$ 44.11	\$ 63.48
Dental HMO (DHMO)	\$ 1.35	\$ 2.56	\$ 3.74	\$ 5.41	\$ 10.24	\$ 14.98	\$ 6.76	\$ 12.80	\$ 18.72
<b>VISION:</b>									
Vision Plan	\$ 0.44	\$ 0.69	\$ 1.05	\$ 1.75	\$ 2.77	\$ 4.20	\$ 2.19	\$ 3.46	\$ 5.25

*The employee/employer cost share is 20%/80% for all medical plans, dental, vision and Caremark Standard Option prescription plan.*

*If you are an employee of a participating agency, please check with your Office of Human Resources for your cost sharing arrangement.*

# MONTGOMERY COUNTY EMPLOYEE RATES

Effective January 1, 2024

## OPTIONAL LIFE INSURANCE

Effective January 1, 2024

### How to Calculate the Estimated Bi-Weekly 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 bi-weekly 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 bi-weekly 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 BI-WEEKLY COST
<25	\$0.023
25-29	\$0.026
30-34	\$0.032
35-39	\$0.036
40-44	\$0.039
45-49	\$0.054
50-54	\$0.079
55-59	\$0.143
60-64	\$0.215
65-69	\$0.408
70-74	\$0.722
75-79	\$0.928
80-84	\$0.928
85-89	\$0.928
90-94	\$0.928
95+	\$0.928

*For example, if you are 44 as of January 1, the total bi-weekly cost is \$0.039 for every \$1,000 of Optional Life Insurance you elect. Should you turn 45 during the year, your new bi-weekly cost will be \$0.054 for every \$1,000 of Optional Life Insurance you elect.*

- 4) Multiply the total bi-weekly cost determined in 3) by the amount determined in 2). This is your estimated bi-weekly cost for the Optional Life Insurance you have elected.  
*For example,  $\$0.039 \times 54 = \$2.11$ . This bi-weekly cost would increase to  $\$0.054 \times 54$  or \$2.92 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 bi-weekly cost for Optional Life Insurance.**

## DEPENDENT LIFE INSURANCE

Effective January 1, 2024

### Estimated Total Bi-Weekly Cost and Employee Bi-Weekly Cost (After-Tax)

COVERAGE		TOTAL BI-WEEKLY COST	EMPLOYEE BI-WEEKLY COST
\$2,000 - Spouse, \$1,000 - Child	20% Employee Paid	\$0.404	\$0.081
\$4,000 - Spouse, \$2,000 - Child	100% Employee Paid	\$0.808	\$0.808
\$10,000 - Spouse, \$5,000 - Child	100% Employee Paid	\$2.020	\$2.020