

100% HEALTH RATES

Montgomery County Outside Agency & Municipality Employees

Effective January 1, 2024

HEALTH PLANS	MONTHLY RATES		
	SELF	SELF+1	FAMILY
MEDICAL:			
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
PRESCRIPTION:			
Caremark Standard Option \$10/\$20/\$35 Rx Plan	\$276.07	\$510.72	\$791.45
DENTAL:			
Dental PPO (Traditional Dental Plan)	\$42.90	\$95.58	\$137.54
Dental HMO (DHMO)	\$14.65	\$27.73	\$40.57
VISION:			
Vision Plan	\$4.74	\$7.50	\$11.38

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LIFE INSURANCE:		100% Monthly Rates		Optional Life Insurance (per \$1,000 coverage)	
				AGE	100% Monthly Rates
				<25	\$0.049
Dependent Life Insurance				25-29	\$0.056
	\$2,000/\$1,000	\$0.875		30-34	\$0.069
	\$4,000/\$2,000	\$1.751		35-39	\$0.078
	\$10,000/\$5,000	\$4.377		40-44	\$0.084
				45-49	\$0.118
Term Life Insurance (per \$1,000 coverage)		\$0.296		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