

MONTGOMERY COUNTY EMPLOYEE HEALTH RATES

Effective January 1, 2017

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
MEDICAL:									
Carefirst High Option POS (medical only)	\$ 63.35	\$ 109.59	\$ 184.53	\$ 190.06	\$ 328.78	\$ 553.60	\$ 253.41	\$ 438.37	\$ 738.13
Carefirst Standard Option POS (medical only)	\$ 58.92	\$ 101.92	\$ 171.62	\$ 176.75	\$ 305.76	\$ 514.84	\$ 235.67	\$ 407.68	\$ 686.46
UnitedHealthcare Select HMO (medical only)	\$ 44.38	\$ 85.31	\$ 135.62	\$ 177.50	\$ 341.23	\$ 542.46	\$ 221.88	\$ 426.54	\$ 678.08
Kaiser HMO (medical with Rx)	\$ 51.46	\$ 96.75	\$ 152.34	\$ 205.86	\$ 387.02	\$ 609.34	\$ 257.32	\$ 483.77	\$ 761.68
PRESCRIPTION:									
Caremark High Option \$4/\$8 Rx Plan*	\$ 105.98	\$ 196.06	\$ 303.82	\$ 60.28	\$ 111.52	\$ 172.83	\$ 166.26	\$ 307.58	\$ 476.65
Caremark High Option \$5/\$10 Rx Plan**	\$ 103.83	\$ 192.10	\$ 297.68	\$ 60.28	\$ 111.52	\$ 172.83	\$ 164.11	\$ 303.62	\$ 470.51
Caremark Standard Option \$10/\$20/\$35 Rx Plan	\$ 20.10	\$ 37.18	\$ 57.61	\$ 60.28	\$ 111.52	\$ 172.83	\$ 80.38	\$ 148.70	\$ 230.44
DENTAL:									
Dental PPO (Traditional Dental Plan)	\$ 4.00	\$ 8.92	\$ 12.83	\$ 12.01	\$ 26.74	\$ 38.48	\$ 16.01	\$ 35.66	\$ 51.31
Dental HMO (DHMO)	\$ 1.78	\$ 3.37	\$ 4.93	\$ 5.33	\$ 10.10	\$ 14.80	\$ 7.11	\$ 13.47	\$ 19.73
VISION:									
Vision Plan	\$ 0.43	\$ 0.68	\$ 1.03	\$ 1.28	\$ 2.02	\$ 3.07	\$ 1.71	\$ 2.70	\$ 4.10

The employee/employer cost share is 20%/80% for United Healthcare and Kaiser; 25%/75% for CareFirst High and Standard Option medical plans, dental, vision and Caremark Standard Option prescription plan. For the Caremark High Option prescription plans, the County pays 75% of the Standard Option Plan and participants pay the remainder.

** Only available to MCGEO and IAFF members who are County employees.*

*** Only available to FOP members, Non-Represented employees and retirees.*

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, 2017

OPTIONAL LIFE INSURANCE

Effective January 1, 2017

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	
	NON-POSTHUMOUS ELIGIBLE	POSTHUMOUS ELIGIBLE
<25	\$0.020	\$0.039
25-29	\$0.023	\$0.041
30-34	\$0.028	\$0.046
35-39	\$0.030	\$0.049
40-44	\$0.033	\$0.051
45-49	\$0.046	\$0.065
50-54	\$0.067	\$0.085
55-59	\$0.119	\$0.138
60-64	\$0.179	\$0.198
65-69	\$0.338	\$0.356
70-74	\$0.597	\$0.615
75-79	\$0.963	\$0.981
80-84	\$1.555	\$1.574
85-89	\$2.515	\$2.534
90-94	\$4.070	\$4.089
95+	\$6.589	\$6.608

For example, if you are 44 as of January 1 and non-Posthumous eligible, the total bi-weekly cost is \$0.033 for every \$1,000 of Optional Life Insurance you elect. Should you turn 45 during the year, your new bi-weekly cost will be \$0.046 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, $\$0.033 \times 54 = \1.78 . This bi-weekly cost would increase to $\$0.046 \times 54$ or \$2.48 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, 2017

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	25% Employee Paid	\$0.722	\$0.181
\$4,000 - Spouse, \$2,000 - Child	100% Employee Paid	\$0.623	\$0.623
\$10,000 - Spouse, \$5,000 - Child	100% Employee Paid	\$1.420	\$1.420