

## MONTGOMERY COUNTY EMPLOYEE HEALTH RATES

*Effective January 1, 2015*

HEALTH PLANS	EMPLOYEE 21 Pay per Year Cost			EMPLOYER 21 Pay per Year Cost			TOTAL 21 Pay per Year Cost		
	SELF	SELF+1	FAMILY	SELF	SELF+1	FAMILY	SELF	SELF+1	FAMILY
<b>MEDICAL:</b>									
Carefirst High Option POS (medical only)	\$ 77.11	\$ 133.39	\$ 224.61	\$ 231.34	\$ 400.18	\$ 673.82	\$ 308.45	\$ 533.57	\$ 898.43
Carefirst Standard Option POS (medical only)	\$ 71.71	\$ 124.06	\$ 208.89	\$ 215.14	\$ 372.16	\$ 626.66	\$ 286.85	\$ 496.22	\$ 835.55
UnitedHealthcare Select HMO (medical only)	\$ 50.53	\$ 97.13	\$ 154.41	\$ 202.10	\$ 388.53	\$ 617.65	\$ 252.63	\$ 485.66	\$ 772.06
Kaiser HMO (medical with Rx)	\$ 59.49	\$ 111.84	\$ 176.08	\$ 237.95	\$ 447.34	\$ 704.33	\$ 297.44	\$ 559.18	\$ 880.41
<b>PRESCRIPTION:</b>									
Caremark High Option \$4/\$8 Rx Plan*	\$ 100.73	\$ 186.35	\$ 288.77	\$ 57.05	\$ 105.55	\$ 163.57	\$ 157.78	\$ 291.90	\$ 452.34
Caremark High Option \$5/\$10 Rx Plan**	\$ 98.69	\$ 182.59	\$ 282.94	\$ 57.05	\$ 105.55	\$ 163.57	\$ 155.74	\$ 288.14	\$ 446.51
Caremark Standard Option \$10/\$20/\$35 Rx Plan	\$ 19.02	\$ 35.18	\$ 54.52	\$ 57.05	\$ 105.55	\$ 163.57	\$ 76.07	\$ 140.73	\$ 218.09
<b>DENTAL:</b>									
Dental PPO (Traditional Dental Plan)	\$ 4.96	\$ 11.04	\$ 15.88	\$ 14.86	\$ 33.11	\$ 47.65	\$ 19.82	\$ 44.15	\$ 63.53
Dental HMO (DHMO)	\$ 2.20	\$ 4.17	\$ 6.11	\$ 6.61	\$ 12.51	\$ 18.32	\$ 8.81	\$ 16.68	\$ 24.43
<b>VISION:</b>									
Vision Plan	\$ 0.53	\$ 0.84	\$ 1.27	\$ 1.58	\$ 2.51	\$ 3.81	\$ 2.11	\$ 3.35	\$ 5.08

*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, 2015

## OPTIONAL LIFE INSURANCE

Effective January 1, 2015

### 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	
	26 PAY PERIODS	21 PAY PERIODS
<25	\$0.020	\$0.025
25-29	\$0.023	\$0.028
30-34	\$0.028	\$0.034
35-39	\$0.031	\$0.038
40-44	\$0.033	\$0.041
45-49	\$0.046	\$0.057
50-54	\$0.067	\$0.083
55-59	\$0.119	\$0.147
60-64	\$0.179	\$0.221
65-69	\$0.338	\$0.418

*For example, if you are 44 as of January 1, 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, 2015

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

COVERAGE		TOTAL BI-WEEKLY COST		EMPLOYEE BI-WEEKLY COST	
		26 PAY PERIODS	21 PAY PERIODS	26 PAY PERIODS	21 PAY PERIODS
\$2,000 - Spouse, \$1,000 - Child over 6 months, \$100 - Child under 6 months.	25% Employee Paid	\$0.348	\$0.431	\$0.087	\$0.108
\$4,000 - Spouse, \$2,000 - Child over 6 months, \$100 - Child under 6 months.	100% Employee Paid	\$0.702	\$0.869	\$0.702	\$0.869
\$10,000 - Spouse, \$5,000 - Child over 6 months, \$100 - Child under 6 months.	100% Employee Paid	\$1.756	\$2.174	\$1.756	\$2.174