

## MONTGOMERY COUNTY EMPLOYEE HEALTH RATES

*Effective January 1, 2024*

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)	\$ 85.95	\$ 148.69	\$ 250.36	\$ 343.82	\$ 594.76	\$ 1,001.45	\$ 429.77	\$ 743.45	\$ 1,251.81
Carefirst Standard Option POS (medical only)	\$ 79.94	\$ 138.28	\$ 232.84	\$ 319.75	\$ 553.11	\$ 931.35	\$ 399.69	\$ 691.39	\$ 1,164.19
UnitedHealthcare Select HMO (medical only)	\$ 70.36	\$ 135.26	\$ 215.03	\$ 281.45	\$ 541.04	\$ 860.10	\$ 351.81	\$ 676.30	\$ 1,075.13
Kaiser HMO (medical with Rx)	\$ 87.57	\$ 164.63	\$ 259.20	\$ 350.26	\$ 658.51	\$ 1,036.81	\$ 437.83	\$ 823.14	\$ 1,296.01
<b>PRESCRIPTION:</b>									
Caremark Standard Option \$10/\$20/\$35 Rx Plan	\$ 31.55	\$ 58.37	\$ 90.45	\$ 126.20	\$ 233.47	\$ 361.81	\$ 157.75	\$ 291.84	\$ 452.26
<b>DENTAL:</b>									
Dental PPO (Traditional Dental Plan)	\$ 4.90	\$ 10.92	\$ 15.72	\$ 19.61	\$ 43.70	\$ 62.87	\$ 24.51	\$ 54.62	\$ 78.59
Dental HMO (DHMO)	\$ 1.67	\$ 3.17	\$ 4.64	\$ 6.70	\$ 12.68	\$ 18.54	\$ 8.37	\$ 15.85	\$ 23.18
<b>VISION:</b>									
Vision Plan	\$ 0.54	\$ 0.86	\$ 1.30	\$ 2.17	\$ 3.43	\$ 5.20	\$ 2.71	\$ 4.29	\$ 6.50

*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	
	26 PAY PERIODS	21 PAY PERIODS
<25	\$0.023	\$0.028
25-29	\$0.026	\$0.032
30-34	\$0.032	\$0.039
35-39	\$0.036	\$0.045
40-44	\$0.039	\$0.048
45-49	\$0.054	\$0.067
50-54	\$0.079	\$0.098
55-59	\$0.143	\$0.177
60-64	\$0.215	\$0.266
65-69	\$0.408	\$0.505
70-74	\$0.722	\$0.894
75-79	\$0.928	\$1.149
80-84	\$0.928	\$1.149
85-89	\$0.928	\$1.149
90-94	\$0.928	\$1.149
95+	\$0.928	\$1.149

*For example, if you are 44 as of January 1, the total bi-weekly cost is \$0.048 for every \$1,000 of Optional Life Insurance you elect. Should you turn 45 during the year, your new bi-weekly cost will be \$0.067 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,  $\$0.048 \times 54 = \$2.59$ . This bi-weekly cost would increase to  $\$0.067 \times 54$  or \$3.62 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	
		26 PAY PERIODS	21 PAY PERIODS	26 PAY PERIODS	21 PAY PERIODS
\$2,000 - Spouse, \$1,000 - Child	20% Employee Paid	\$0.404	\$0.500	\$0.081	\$0.100
\$4,000 - Spouse, \$2,000 - Child	100% Employee Paid	\$0.808	\$1.001	\$0.808	\$1.001
\$10,000 - Spouse, \$5,000 - Child	100% Employee Paid	\$2.020	\$2.501	\$2.020	\$2.501