

MONTGOMERY COUNTY EMPLOYEE HEALTH RATES

Effective January 1, 2017

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
MEDICAL:									
Carefirst High Option POS (medical only)	\$ 78.44	\$ 135.69	\$ 228.47	\$ 235.31	\$ 407.05	\$ 685.40	\$ 313.75	\$ 542.74	\$ 913.87
Carefirst Standard Option POS (medical only)	\$ 72.95	\$ 126.19	\$ 212.48	\$ 218.83	\$ 378.56	\$ 637.43	\$ 291.78	\$ 504.75	\$ 849.91
UnitedHealthcare Select HMO (medical only)	\$ 54.94	\$ 105.62	\$ 167.91	\$ 219.77	\$ 422.48	\$ 671.62	\$ 274.71	\$ 528.10	\$ 839.53
Kaiser HMO (medical with Rx)	\$ 63.72	\$ 119.79	\$ 188.61	\$ 254.87	\$ 479.16	\$ 754.42	\$ 318.59	\$ 598.95	\$ 943.03
PRESCRIPTION:									
Caremark High Option \$4/\$8 Rx Plan*	\$ 131.20	\$ 242.75	\$ 376.17	\$ 74.64	\$ 138.07	\$ 213.97	\$ 205.84	\$ 380.82	\$ 590.14
Caremark High Option \$5/\$10 Rx Plan**	\$ 128.54	\$ 237.84	\$ 368.56	\$ 74.64	\$ 138.07	\$ 213.97	\$ 203.18	\$ 375.91	\$ 582.53
Caremark Standard Option \$10/\$20/\$35 Rx Plan	\$ 24.88	\$ 46.03	\$ 71.33	\$ 74.64	\$ 138.07	\$ 213.97	\$ 99.52	\$ 184.10	\$ 285.30
DENTAL:									
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
VISION:									
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, 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	
	26 PAY PERIODS	21 PAY PERIODS	26 PAY PERIODS	21 PAY PERIODS
<25	\$0.020	\$0.025	\$0.039	\$0.048
25-29	\$0.023	\$0.028	\$0.041	\$0.051
30-34	\$0.028	\$0.034	\$0.046	\$0.057
35-39	\$0.030	\$0.038	\$0.049	\$0.061
40-44	\$0.033	\$0.041	\$0.051	\$0.063
45-49	\$0.046	\$0.057	\$0.065	\$0.080
50-54	\$0.067	\$0.083	\$0.085	\$0.106
55-59	\$0.119	\$0.147	\$0.138	\$0.170
60-64	\$0.179	\$0.222	\$0.198	\$0.245
65-69	\$0.338	\$0.418	\$0.356	\$0.441
70-74	\$0.597	\$0.739	\$0.615	\$0.762
75-79	\$0.963	\$1.192	\$0.981	\$1.215
80-84	\$1.555	\$1.926	\$1.574	\$1.949
85-89	\$2.515	\$3.114	\$2.534	\$3.137
90-94	\$4.070	\$5.039	\$4.089	\$5.062
95+	\$6.589	\$8.158	\$6.608	\$8.181

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	
		26 PAY PERIODS	21 PAY PERIODS	26 PAY PERIODS	21 PAY PERIODS
\$2,000 - Spouse, \$1,000 - Child	25% Employee Paid	\$0.722	\$0.894	\$0.181	\$0.224
\$4,000 - Spouse, \$2,000 - Child	100% Employee Paid	\$0.623	\$0.771	\$0.623	\$0.771
\$10,000 - Spouse, \$5,000 - Child	100% Employee Paid	\$1.420	\$1.758	\$1.420	\$1.758