

## MONTGOMERY COUNTY EMPLOYEE HEALTH RATES

*Effective January 1, 2025*

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
<b>MEDICAL:</b>									
Carefirst High Option POS (medical only)	\$ 77.82	\$ 134.63	\$ 226.68	\$ 311.30	\$ 538.50	\$ 906.74	\$ 389.12	\$ 673.13	\$ 1,133.42
Carefirst Standard Option POS (medical only)	\$ 72.38	\$ 125.20	\$ 210.82	\$ 289.50	\$ 500.80	\$ 843.26	\$ 361.88	\$ 626.00	\$ 1,054.08
UnitedHealthcare Select HMO (medical only)	\$ 63.71	\$ 122.47	\$ 194.69	\$ 254.82	\$ 489.87	\$ 778.76	\$ 318.53	\$ 612.34	\$ 973.45
Kaiser HMO (medical with Rx)	\$ 75.32	\$ 141.61	\$ 222.96	\$ 301.30	\$ 566.45	\$ 891.85	\$ 376.62	\$ 708.06	\$ 1,114.81
<b>PRESCRIPTION:</b>									
Caremark Standard Option \$10/\$20/\$35 Rx Plan	\$ 28.52	\$ 52.75	\$ 81.75	\$ 114.06	\$ 211.02	\$ 327.00	\$ 142.58	\$ 263.77	\$ 408.75
<b>DENTAL:</b>									
Dental PPO (Traditional Dental Plan)	\$ 4.05	\$ 9.02	\$ 12.98	\$ 16.18	\$ 36.06	\$ 51.90	\$ 20.23	\$ 45.08	\$ 64.88
Dental HMO (DHMO)	\$ 1.35	\$ 2.56	\$ 3.74	\$ 5.41	\$ 10.24	\$ 14.98	\$ 6.76	\$ 12.80	\$ 18.72
<b>VISION:</b>									
Vision Plan	\$ 0.44	\$ 0.69	\$ 1.05	\$ 1.75	\$ 2.77	\$ 4.20	\$ 2.19	\$ 3.46	\$ 5.25

*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, 2025

## OPTIONAL LIFE INSURANCE

Effective January 1, 2025

### 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
<25	\$0.023
25-29	\$0.026
30-34	\$0.032
35-39	\$0.036
40-44	\$0.039
45-49	\$0.054
50-54	\$0.079
55-59	\$0.143
60-64	\$0.215
65-69	\$0.408
70-74	\$0.722
75-79	\$0.928
80-84	\$0.928
85-89	\$0.928
90-94	\$0.928
95+	\$0.928

*For example, if you are 44 as of January 1, the total bi-weekly cost is \$0.039 for every \$1,000 of Optional Life Insurance you elect. Should you turn 45 during the year, your new bi-weekly cost will be \$0.054 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,  $\$0.039 \times 54 = \$2.11$ . This bi-weekly cost would increase to  $\$0.054 \times 54$  or \$2.92 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, 2025

### 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	20% Employee Paid	\$0.404	\$0.081
\$4,000 - Spouse, \$2,000 - Child	100% Employee Paid	\$0.808	\$0.808
\$10,000 - Spouse, \$5,000 - Child	100% Employee Paid	\$2.020	\$2.020