

100% HEALTH RATES

Montgomery County Outside Agency & Municipality Employees

Effective January 1, 2025

HEALTH PLANS	MONTHLY RATES		
	SELF	SELF+1	FAMILY
MEDICAL:			
Carefirst High Option POS (medical only)	\$843.09	\$1,458.45	\$2,455.74
Carefirst Standard Option POS (medical only)	\$784.08	\$1,356.34	\$2,283.85
UnitedHealthcare Select HMO (medical only)	\$690.15	\$1,326.74	\$2,109.14
Kaiser HMO (medical with Rx)	\$816.02	\$1,534.12	\$2,415.42
PRESCRIPTION:			
Caremark Standard Option \$10/\$20/\$35 Rx Plan	\$308.92	\$571.50	\$885.63
DENTAL:			
Dental PPO (Traditional Dental Plan)	\$43.84	\$97.68	\$140.57
Dental HMO (DHMO)	\$14.65	\$27.73	\$40.57
VISION:			
Vision Plan	\$4.74	\$7.50	\$11.38

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LIFE INSURANCE:		100% Monthly Rates		Optional Life Insurance (per \$1,000 coverage)	
				AGE	100% Monthly Rates
				<25	\$0.049
Dependent Life Insurance				25-29	\$0.056
\$2,000/\$1,000	\$0.875			30-34	\$0.069
\$4,000/\$2,000	\$1.751			35-39	\$0.078
\$10,000/\$5,000	\$4.377			40-44	\$0.084
				45-49	\$0.118
Term Life Insurance (per \$1,000 coverage)		\$0.296		50-54	\$0.172
				55-59	\$0.310
				60-64	\$0.466
				65-69	\$0.884
				70-74	\$1.564
				75-79	\$2.011
				80-84	\$2.011
				85-89	\$2.011
				90-94	\$2.011
				95+	\$2.011