

## Active Employee Cost - Calendar Year 2019

### Healthcare Costs

Non-Tobacco-User; Completed Neither Health Risk Assessment nor Biometric Health Screening

Base Employee Cost Share\*

Effective January 1, 2019

Medical Plans	Coverage Level	Employee Percentage	Biweekly 10-Month Employee	Biweekly 12-Month Employee
<b>Point of Service Plans</b>				
<b>CareFirst BlueChoice Adv POS</b>	Individual	17%	52.90	40.69
	Individual + Spouse	17%	105.79	81.37
	Individual + Child	17%	105.79	81.37
	Family (Individual + Spouse + Child(ren))	17%	143.93	110.72
	Family (Individual + Children)	17%	143.93	110.72
<b>Health Maintenance Organization Plans</b>				
<b>CareFirst BlueChoice HMO</b>	Individual	12%	28.43	21.87
	Individual + Spouse	12%	53.43	41.10
	Individual + Child	12%	53.43	41.10
	Family (Individual + Spouse + Child(ren))	12%	87.54	67.34
	Family (Individual + Children)	12%	87.54	67.34
<b>Kaiser Permanente HMO</b>	Individual	12%	38.36	29.51
	Individual + Spouse	12%	76.56	58.89
	Individual + Child	12%	76.56	58.89
	Family (Individual + Spouse + Child(ren))	12%	110.91	85.32
	Family (Individual + Children)	12%	110.91	85.32

Supplemental Plans	Coverage Level	Employee Percentage	Biweekly 10-Month Employee	Biweekly 12-Month Employee
<b>Caremark Prescription</b>	Individual	17%	17.46	13.43
	Individual + Spouse	17%	34.88	26.83
	Individual + Child	17%	34.88	26.83
	Family (Individual + Spouse + Child(ren))	17%	43.04	33.11
	Family (Individual + Children)	17%	43.04	33.11
<b>Kaiser Permanente Prescription</b>	Individual	17%	7.02	5.40
	Individual + Spouse	17%	13.88	10.68
	Individual + Child	17%	13.88	10.68
	Family (Individual + Spouse + Child(ren))	17%	20.11	15.47
	Family (Individual + Children)	17%	20.11	15.47
<b>CareFirst Dental PPO</b>	Individual	17%	3.34	2.57
	Individual + Spouse	17%	6.67	5.13
	Individual + Child	17%	6.67	5.13
	Family (Individual + Spouse + Child(ren))	17%	9.80	7.54
	Family (Individual + Children)	17%	9.80	7.54
<b>Aetna Dental DMO</b>	Individual	17%	2.20	1.69
	Individual + Spouse	17%	4.40	3.38
	Individual + Child	17%	4.40	3.38
	Family (Individual + Spouse + Child(ren))	17%	6.46	4.97
	Family (Individual + Children)	17%	6.46	4.97
<b>Davis Vision</b>	Individual	17%	0.16	0.12
	Individual + Spouse	17%	0.29	0.22
	Individual + Child	17%	0.29	0.22
	Family (Individual + Spouse + Child(ren))	17%	0.37	0.28
	Family (Individual + Children)	17%	0.37	0.28

\*Your rates may vary based on your participation in the Wellness Initiatives program. Visit the Employee Benefits web page to see all of the rate combinations. [Employee Benefits web page](#)

<p>Employee Life Insurance 100% rate = \$.059 per thousand of insurance per month Based on two times current salary rounded to the nearest \$1,000</p>
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## Active Employee Cost - Calendar Year 2019

### Healthcare Costs

Non-Tobacco-User; Completed Both Health Risk Assessment and Biometric Health Screening

2% Reduction in Employee Cost Share

Effective January 1, 2019

Medical Plans	Coverage Level	Biweekly 10-Month Employee	Biweekly 12-Month Employee
<b>Point of Service Plans</b>			
<b>CareFirst BlueChoice Adv POS</b>	Individual	46.67	35.90
	Individual + Spouse	93.34	71.80
	Individual + Child	93.34	71.80
	Family (Individual + Spouse + Child(ren))	127.00	97.69
	Family (Individual + Children)	127.00	97.69
<b>Health Maintenance Organization Plans</b>			
<b>CareFirst BlueChoice HMO</b>	Individual	23.69	18.23
	Individual + Spouse	44.53	34.26
	Individual + Child	44.53	34.26
	Family (Individual + Spouse + Child(ren))	72.95	56.12
	Family (Individual + Children)	72.95	56.12
<b>Kaiser Permanente HMO</b>	Individual	31.97	24.59
	Individual + Spouse	63.80	49.08
	Individual + Child	63.80	49.08
	Family (Individual + Spouse + Child(ren))	92.42	71.10
	Family (Individual + Children)	92.42	71.10

Supplemental Plans	Coverage Level	Biweekly 10-Month Employee	Biweekly 12-Month Employee
<b>Caremark Prescription</b>	Individual	15.40	11.85
	Individual + Spouse	30.77	23.67
	Individual + Child	30.77	23.67
	Family (Individual + Spouse + Child(ren))	37.98	29.22
	Family (Individual + Children)	37.98	29.22
<b>Kaiser Permanente Prescription</b>	Individual	6.20	4.77
	Individual + Spouse	12.26	9.43
	Individual + Child	12.26	9.43
	Family (Individual + Spouse + Child(ren))	17.75	13.65
	Family (Individual + Children)	17.75	13.65
<b>CareFirst Dental PPO</b>	Individual	2.94	2.26
	Individual + Spouse	5.89	4.53
	Individual + Child	5.89	4.53
	Family (Individual + Spouse + Child(ren))	8.65	6.65
	Family (Individual + Children)	8.65	6.65
<b>Aetna Dental DMO</b>	Individual	1.94	1.49
	Individual + Spouse	3.88	2.99
	Individual + Child	3.88	2.99
	Family (Individual + Spouse + Child(ren))	5.71	4.39
	Family (Individual + Children)	5.71	4.39
<b>Davis Vision</b>	Individual	0.14	0.11
	Individual + Spouse	0.26	0.20
	Individual + Child	0.26	0.20
	Family (Individual + Spouse + Child(ren))	0.32	0.25
	Family (Individual + Children)	0.32	0.25

Employee Life Insurance 100% rate = \$.059 per thousand of insurance per month  
Based on two times current salary rounded to the nearest \$1,000

## Active Employee Cost - Calendar Year 2019

### Healthcare Costs

Non-Tobacco-User; Completed Either Health Risk Assessment or Biometric Health Screening

1% Reduction in Employee Cost Share

Effective January 1, 2019

Medical Plans	Coverage Level	Biweekly 10-Month Employee	Biweekly 12-Month Employee
<b>Point of Service Plans</b>			
<b>CareFirst BlueChoice Adv POS</b>	Individual	49.78	38.29
	Individual + Spouse	99.56	76.59
	Individual + Child	99.56	76.59
	Family (Individual + Spouse + Child(ren))	135.47	104.21
	Family (Individual + Children)	135.47	104.21
<b>Health Maintenance Organization Plans</b>			
<b>CareFirst BlueChoice HMO</b>	Individual	26.06	20.04
	Individual + Spouse	48.98	37.68
	Individual + Child	48.98	37.68
	Family (Individual + Spouse + Child(ren))	80.24	61.73
	Family (Individual + Children)	80.24	61.73
<b>Kaiser Permanente HMO</b>	Individual	35.17	27.05
	Individual + Spouse	70.18	53.99
	Individual + Child	70.18	53.99
	Family (Individual + Spouse + Child(ren))	101.67	78.21
	Family (Individual + Children)	101.67	78.21

Supplemental Plans	Coverage Level	Biweekly 10-Month Employee	Biweekly 12-Month Employee
<b>Caremark Prescription</b>	Individual	16.43	12.64
	Individual + Spouse	32.83	25.26
	Individual + Child	32.83	25.26
	Family (Individual + Spouse + Child(ren))	40.52	31.17
	Family (Individual + Children)	40.52	31.17
<b>Kaiser Permanente Prescription</b>	Individual	6.61	5.09
	Individual + Spouse	13.07	10.06
	Individual + Child	13.07	10.06
	Family (Individual + Spouse + Child(ren))	18.93	14.56
	Family (Individual + Children)	18.93	14.56
<b>CareFirst Dental PPO</b>	Individual	3.14	2.41
	Individual + Spouse	6.28	4.83
	Individual + Child	6.28	4.83
	Family (Individual + Spouse + Child(ren))	9.22	7.09
	Family (Individual + Children)	9.22	7.09
<b>Aetna Dental DMO</b>	Individual	2.07	1.59
	Individual + Spouse	4.14	3.18
	Individual + Child	4.14	3.18
	Family (Individual + Spouse + Child(ren))	6.08	4.68
	Family (Individual + Children)	6.08	4.68
<b>Davis Vision</b>	Individual	0.15	0.12
	Individual + Spouse	0.28	0.21
	Individual + Child	0.28	0.21
	Family (Individual + Spouse + Child(ren))	0.35	0.27
	Family (Individual + Children)	0.35	0.27

Employee Life Insurance 100% rate = \$.059 per thousand of insurance per month  
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## Active Employee Cost - Calendar Year 2019

### Healthcare Costs

**Tobacco-User; Completed Both Health Risk Assessment and Biometric Health Screening**

**23% Surcharge added to the Cost Share\***

**Effective January 1, 2019**

Medical Plans	Coverage Level	Biweekly 10-Month Employee	Biweekly 12-Month Employee
<b>Point of Service Plans</b>			
<b>CareFirst BlueChoice Adv POS</b>	Individual	124.45	95.73
	Individual + Spouse	248.90	191.46
	Individual + Child	171.12	131.63
	Family (Individual + Spouse + Child(ren))	282.56	217.36
	Family (Individual + Children)	204.78	157.52
<b>Health Maintenance Organization Plans</b>			
<b>CareFirst BlueChoice HMO</b>	Individual	82.92	63.78
	Individual + Spouse	155.84	119.88
	Individual + Child	103.76	79.81
	Family (Individual + Spouse + Child(ren))	184.27	141.74
	Family (Individual + Children)	132.18	101.68
<b>Kaiser Permanente HMO</b>	Individual	111.89	86.07
	Individual + Spouse	223.31	171.78
	Individual + Child	143.72	110.56
	Family (Individual + Spouse + Child(ren))	251.93	193.80
	Family (Individual + Children)	172.35	132.58

Supplemental Plans	Coverage Level	Biweekly 10-Month Employee	Biweekly 12-Month Employee
<b>Caremark Prescription</b>	Individual	41.08	31.60
	Individual + Spouse	82.07	63.13
	Individual + Child	56.45	43.42
	Family (Individual + Spouse + Child(ren))	89.27	68.67
	Family (Individual + Children)	63.65	48.96
<b>Kaiser Permanente Prescription</b>	Individual	16.52	12.71
	Individual + Spouse	32.68	25.14
	Individual + Child	22.58	17.37
	Family (Individual + Spouse + Child(ren))	38.17	29.36
	Family (Individual + Children)	28.07	21.60
<b>CareFirst Dental PPO</b>	Individual	7.84	6.03
	Individual + Spouse	15.69	12.07
	Individual + Child	10.79	8.30
	Family (Individual + Spouse + Child(ren))	18.45	14.19
	Family (Individual + Children)	13.55	10.42
<b>Aetna Dental DMO</b>	Individual	5.17	3.98
	Individual + Spouse	10.35	7.96
	Individual + Child	7.12	5.47
	Family (Individual + Spouse + Child(ren))	12.17	9.36
	Family (Individual + Children)	8.94	6.88
<b>Davis Vision</b>	Individual	0.37	0.29
	Individual + Spouse	0.68	0.53
	Individual + Child	0.49	0.38
	Family (Individual + Spouse + Child(ren))	0.75	0.58
	Family (Individual + Children)	0.56	0.43

\*The employee cost share at each coverage level above includes a 25 percent tobacco-user surcharge. Regardless of coverage level, the surcharge is applied only to the total cost of individual coverage or, if a spouse is enrolled, to the total cost of individual and spouse coverage.

**Employee Life Insurance 100% rate = \$.059 per thousand of insurance per month  
Based on two times current salary rounded to the nearest \$1,000**

## Active Employee Cost - Calendar Year 2019

### Healthcare Costs

**Tobacco-User; Completed Either Health Risk Assessment or Biometric Health Screening**

**24% Surcharge added to the Cost Share\***

**Effective January 1, 2019**

Medical Plans	Coverage Level	Biweekly 10-Month Employee	Biweekly 12-Month Employee
<b>Point of Service Plans</b>			
<b>CareFirst BlueChoice Adv POS</b>	Individual	127.57	98.13
	Individual + Spouse	255.13	196.26
	Individual + Child	177.35	136.42
	Family (Individual + Spouse + Child(ren))	291.04	223.87
	Family (Individual + Children)	213.25	164.04
<b>Health Maintenance Organization Plans</b>			
<b>CareFirst BlueChoice HMO</b>	Individual	85.29	65.61
	Individual + Spouse	160.30	123.31
	Individual + Child	108.21	83.24
	Family (Individual + Spouse + Child(ren))	191.57	147.36
	Family (Individual + Children)	139.48	107.29
<b>Kaiser Permanente HMO</b>	Individual	115.09	88.53
	Individual + Spouse	229.69	176.68
	Individual + Child	150.11	115.47
	Family (Individual + Spouse + Child(ren))	261.17	200.90
	Family (Individual + Children)	181.60	139.69

Supplemental Plans	Coverage Level	Biweekly 10-Month Employee	Biweekly 12-Month Employee
<b>Caremark Prescription</b>	Individual	42.11	32.39
	Individual + Spouse	84.12	64.71
	Individual + Child	58.51	45.00
	Family (Individual + Spouse + Child(ren))	91.81	70.62
	Family (Individual + Children)	66.19	50.92
<b>Kaiser Permanente Prescription</b>	Individual	16.94	13.03
	Individual + Spouse	33.50	25.77
	Individual + Child	23.40	18.00
	Family (Individual + Spouse + Child(ren))	39.35	30.27
	Family (Individual + Children)	29.26	22.50
<b>CareFirst Dental PPO</b>	Individual	8.04	6.18
	Individual + Spouse	16.09	12.37
	Individual + Child	11.18	8.60
	Family (Individual + Spouse + Child(ren))	19.03	14.64
	Family (Individual + Children)	14.12	10.86
<b>Aetna Dental DMO</b>	Individual	5.30	4.08
	Individual + Spouse	10.61	8.16
	Individual + Child	7.37	5.67
	Family (Individual + Spouse + Child(ren))	12.55	9.66
	Family (Individual + Children)	9.32	7.17
<b>Davis Vision</b>	Individual	0.38	0.30
	Individual + Spouse	0.71	0.54
	Individual + Child	0.51	0.39
	Family (Individual + Spouse + Child(ren))	0.78	0.60
	Family (Individual + Children)	0.58	0.45

\*The employee cost share at each coverage level above includes a 25 percent tobacco-user surcharge. Regardless of coverage level, the surcharge is applied only to the total cost of individual coverage or, if a spouse is enrolled, to the total cost of individual and spouse coverage.

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## Active Employee Cost - Calendar Year 2019

### Healthcare Costs

**Tobacco-User; Completed Neither Health Risk Assessment nor Biometric Health Screening**

**25% Surcharge added to the Cost Share\***

**Effective January 1, 2019**

Medical Plans	Coverage Level	Biweekly 10-Month Employee	Biweekly 12-Month Employee
<b>Point of Service Plans</b>			
<b>CareFirst BlueChoice Adv POS</b>	Individual	130.68	100.52
	Individual + Spouse	261.35	201.04
	Individual + Child	183.57	141.21
	Family (Individual + Spouse + Child(ren))	299.50	230.39
	Family (Individual + Children)	221.72	170.55
<b>Health Maintenance Organization Plans</b>			
<b>CareFirst BlueChoice HMO</b>	Individual	87.65	67.43
	Individual + Spouse	164.75	126.73
	Individual + Child	112.66	86.66
	Family (Individual + Spouse + Child(ren))	198.86	152.97
	Family (Individual + Children)	146.77	112.90
<b>Kaiser Permanente HMO</b>	Individual	118.28	90.99
	Individual + Spouse	236.06	181.59
	Individual + Child	156.48	120.37
	Family (Individual + Spouse + Child(ren))	270.41	208.01
	Family (Individual + Children)	190.83	146.79

Supplemental Plans	Coverage Level	Biweekly 10-Month Employee	Biweekly 12-Month Employee
<b>Caremark Prescription</b>	Individual	43.13	33.18
	Individual + Spouse	86.17	66.29
	Individual + Child	60.55	46.58
	Family (Individual + Spouse + Child(ren))	94.34	72.57
	Family (Individual + Children)	68.72	52.86
<b>Kaiser Permanente Prescription</b>	Individual	17.35	13.35
	Individual + Spouse	34.31	26.40
	Individual + Child	24.22	18.63
	Family (Individual + Spouse + Child(ren))	40.54	31.18
	Family (Individual + Children)	30.44	23.41
<b>CareFirst Dental PPO</b>	Individual	8.24	6.34
	Individual + Spouse	16.48	12.68
	Individual + Child	11.57	8.90
	Family (Individual + Spouse + Child(ren))	19.61	15.08
	Family (Individual + Children)	14.70	11.31
<b>Aetna Dental DMO</b>	Individual	5.43	4.18
	Individual + Spouse	10.87	8.36
	Individual + Child	7.63	5.87
	Family (Individual + Spouse + Child(ren))	12.93	9.95
	Family (Individual + Children)	9.70	7.46
<b>Davis Vision</b>	Individual	0.39	0.30
	Individual + Spouse	0.72	0.55
	Individual + Child	0.52	0.40
	Family (Individual + Spouse + Child(ren))	0.80	0.61
	Family (Individual + Children)	0.60	0.46

\*The employee cost share at each coverage level above includes a 25 percent tobacco-user surcharge. Regardless of coverage level, the surcharge is applied only to the total cost of individual coverage or, if a spouse is enrolled, to the total cost of individual and spouse coverage.

**Employee Life Insurance 100% rate = \$.059 per thousand of insurance per month  
Based on two times current salary rounded to the nearest \$1,000**

**Active Employee Cost - Calendar Year 2019**  
**Optional Term Life Insurance (Employee and Dependent)**  
 Effective January 1, 2019

<b>Optional Employee Term Life Insurance</b>		
Eligible employees enrolled for basic term life insurance are entitled to purchase additional one times their salary (rounded down to the nearest thousand) in life insurance. The cost of optional life insurance is based on age and is paid entirely by the employee through payroll deductions.		
Age Bracket	Bi-weekly Employee Deductions (per thousand of coverage)	
	10-month	12-month
Under 25	0.014	0.011
25 - 29	0.017	0.013
30 - 34	0.019	0.015
35 - 39	0.023	0.018
40 - 44	0.026	0.020
45 - 49	0.040	0.031
50 - 54	0.057	0.044
55 - 59	0.111	0.085
60 - 64	0.168	0.129
65 - 69	0.325	0.250
70 and over	0.530	0.408
SAMPLE CALCULATION: Optional Term Life Insurance Coverage rates for a 37 year-old, 10-month employee who earns \$46,000 a year.		
Coverage Amount (one times the annual salary)		\$46,000.00
Thousands of Coverage		46
Bi-weekly Cost = 46 x .024		\$1.10

<b>Optional Dependent Term Life Insurance</b>	
You must be enrolled in Basic Employee Term Life coverage to elect Optional Dependent Term Life coverage. Coverage for qualified dependent children will continue until September 30 following their 23 <sup>rd</sup> birthday.	
Coverage Amount for each qualified dependent spouse and/or dependent child(ren)	\$10,000.00
Bi-weekly payroll deduction for 12-month employees	\$1.15
Bi-weekly payroll deduction for 10-month employees	\$1.50