

Active Employee Cost - Calendar Year 2021

Healthcare Costs

Completed Neither Health Risk Assessment nor Biometric Health Screening

Base Employee Cost Share*

Effective January 1, 2021

Medical Plans	Coverage Level	Employee Percentage	Biweekly 10-Month Employee	Biweekly 12-Month Employee
Point of Service Plans				
CareFirst BlueChoice Adv POS	Individual	17%	58.37	44.90
	Individual + Spouse	17%	116.75	89.81
	Individual + Child	17%	116.75	89.81
	Family (Individual + Spouse + Child(ren))	17%	158.85	122.19
	Family (Individual + Children)	17%	158.85	122.19
Health Maintenance Organization Plans				
CareFirst BlueChoice HMO	Individual	12%	32.69	25.14
	Individual + Spouse	12%	61.44	47.26
	Individual + Child	12%	61.44	47.26
	Family (Individual + Spouse + Child(ren))	12%	100.66	77.43
	Family (Individual + Children)	12%	100.66	77.43
Kaiser Permanente HMO	Individual	12%	41.85	32.19
	Individual + Spouse	12%	83.52	64.25
	Individual + Child	12%	83.52	64.25
	Family (Individual + Spouse + Child(ren))	12%	121.03	93.10
	Family (Individual + Children)	12%	121.03	93.10

Supplemental Plans	Coverage Level	Employee Percentage	Biweekly 10-Month Employee	Biweekly 12-Month Employee
Caremark Prescription	Individual	17%	15.90	12.23
	Individual + Spouse	17%	31.76	24.43
	Individual + Child	17%	31.76	24.43
	Family (Individual + Spouse + Child(ren))	17%	39.20	30.15
	Family (Individual + Children)	17%	39.20	30.15
Kaiser Permanente Prescription	Individual	17%	7.66	5.89
	Individual + Spouse	17%	15.15	11.65
	Individual + Child	17%	15.15	11.65
	Family (Individual + Spouse + Child(ren))	17%	21.89	16.84
	Family (Individual + Children)	17%	21.89	16.84
CareFirst Dental PPO	Individual	17%	3.43	2.64
	Individual + Spouse	17%	6.86	5.28
	Individual + Child	17%	6.86	5.28
	Family (Individual + Spouse + Child(ren))	17%	10.09	7.76
	Family (Individual + Children)	17%	10.09	7.76
Aetna Dental DMO	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
Davis Vision	Individual	17%	0.17	0.13
	Individual + Spouse	17%	0.32	0.25
	Individual + Child	17%	0.32	0.25
	Family (Individual + Spouse + Child(ren))	17%	0.41	0.31
	Family (Individual + Children)	17%	0.41	0.31

*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 combinatic [Employee Benefits web page](#)

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 2021

Healthcare Costs

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2% Reduction in Employee Cost Share

Effective January 1, 2021

Medical Plans	Coverage Level	Biweekly 10-Month Employee	Biweekly 12-Month Employee
Point of Service Plans			
CareFirst BlueChoice Adv POS	Individual	51.51	39.62
	Individual + Spouse	103.01	79.24
	Individual + Child	103.01	79.24
	Family (Individual + Spouse + Child(ren))	140.16	107.82
	Family (Individual + Children)	140.16	107.82
Health Maintenance Organization Plans			
CareFirst BlueChoice HMO	Individual	27.24	20.95
	Individual + Spouse	51.20	39.38
	Individual + Child	51.20	39.38
	Family (Individual + Spouse + Child(ren))	83.88	64.52
	Family (Individual + Children)	83.88	64.52
Kaiser Permanente HMO	Individual	34.88	26.83
	Individual + Spouse	69.61	53.54
	Individual + Child	69.61	53.54
	Family (Individual + Spouse + Child(ren))	100.86	77.58
	Family (Individual + Children)	100.86	77.58

Supplemental Plans	Coverage Level	Biweekly 10-Month Employee	Biweekly 12-Month Employee
Caremark Prescription	Individual	14.03	10.79
	Individual + Spouse	28.03	21.56
	Individual + Child	28.03	21.56
	Family (Individual + Spouse + Child(ren))	34.58	26.60
	Family (Individual + Children)	34.58	26.60
Kaiser Permanente Prescription	Individual	6.76	5.20
	Individual + Spouse	13.37	10.28
	Individual + Child	13.37	10.28
	Family (Individual + Spouse + Child(ren))	19.32	14.86
	Family (Individual + Children)	19.32	14.86
CareFirst Dental PPO	Individual	3.02	2.33
	Individual + Spouse	6.05	4.66
	Individual + Child	6.05	4.66
	Family (Individual + Spouse + Child(ren))	8.89	6.84
	Family (Individual + Children)	8.89	6.84
Aetna Dental DMO	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
Davis Vision	Individual	0.16	0.12
	Individual + Spouse	0.29	0.22
	Individual + Child	0.29	0.22
	Family (Individual + Spouse + Child(ren))	0.37	0.28
	Family (Individual + Children)	0.37	0.28

Employee Life Insurance 100% rate = \$.059 per thousand of insurance per month
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Active Employee Cost - Calendar Year 2021

Healthcare Costs

Completed Either Health Risk Assessment or Biometric Health Screening

1% Reduction in Employee Cost Share

Effective January 1, 2021

Medical Plans	Coverage Level	Biweekly 10-Month Employee	Biweekly 12-Month Employee
Point of Service Plans			
CareFirst BlueChoice Adv POS	Individual	54.94	42.26
	Individual + Spouse	109.88	84.52
	Individual + Child	109.88	84.52
	Family (Individual + Spouse + Child(ren))	149.50	115.00
	Family (Individual + Children)	149.50	115.00
Health Maintenance Organization Plans			
CareFirst BlueChoice HMO	Individual	29.96	23.05
	Individual + Spouse	56.32	43.32
	Individual + Child	56.32	43.32
	Family (Individual + Spouse + Child(ren))	92.27	70.98
	Family (Individual + Children)	92.27	70.98
Kaiser Permanente HMO	Individual	38.36	29.51
	Individual + Spouse	76.57	58.90
	Individual + Child	76.57	58.90
	Family (Individual + Spouse + Child(ren))	110.95	85.34
	Family (Individual + Children)	110.95	85.34

Supplemental Plans	Coverage Level	Biweekly 10-Month Employee	Biweekly 12-Month Employee
Caremark Prescription	Individual	14.96	11.51
	Individual + Spouse	29.90	23.00
	Individual + Child	29.90	23.00
	Family (Individual + Spouse + Child(ren))	36.89	28.38
	Family (Individual + Children)	36.89	28.38
Kaiser Permanente Prescription	Individual	7.21	5.54
	Individual + Spouse	14.26	10.97
	Individual + Child	14.26	10.97
	Family (Individual + Spouse + Child(ren))	20.61	15.85
	Family (Individual + Children)	20.61	15.85
CareFirst Dental PPO	Individual	3.23	2.48
	Individual + Spouse	6.46	4.97
	Individual + Child	6.46	4.97
	Family (Individual + Spouse + Child(ren))	9.49	7.30
	Family (Individual + Children)	9.49	7.30
Aetna Dental DMO	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
Davis Vision	Individual	0.17	0.13
	Individual + Spouse	0.31	0.24
	Individual + Child	0.31	0.24
	Family (Individual + Spouse + Child(ren))	0.39	0.30
	Family (Individual + Children)	0.39	0.30

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