Baltimore County Government Monthly Insurance Contribution Rates

For Retirees Retired ***On or After July 1, 2007 and Hired Prior to July 1, 2007***

Effective 1/1/2013 through 12/31/2013

Dental and Vision Contributions			
Plan Name	**Coverage Level**	**Non-Medicare Retiree**	**Medicare Retirees/Dependent; Non-Medicare Dependent of Medicare Retiree; Over age 65 Dependent/Retiree**
CAREFIRST BCBS TRADITIONAL DENTAL	Individual	$ 32.97	$ 32.97
	Parent + 1 Child	$ 49.43	$ 49.43
	Retiree + Spouse	$ 65.92	$ 65.92
	Family	$ 98.92	$ 98.92
CAREFIRST BCBS PREFERRED DENTAL PPO	Individual	$ 6.67	$ 26.70
	Parent + 1 Child	$ 9.46	$ 37.86
	Retiree + Spouse	$ 12.63	$ 50.51
	Family	$ 18.95	$ 75.79
CIGNA DENTAL DHMO	Individual	$ 4.33	$ 17.35
	Parent + 1 Child	$ 7.82	$ 31.29
	Retiree + Spouse	$ 8.67	$ 34.67
	Family	$ 13.06	$ 52.25
VISION	Individual	$ 0.26	$ 2.64
	Parent + 1 Child	$ 0.40	$ 3.97
	Retiree + Spouse	$ 0.53	$ 5.28
	Family	$ 0.79	$ 7.91

Baltimore County Contributions to rates are based on creditable years of service. Please refer to that area of the chart that corresponds to your creditable years of service.

30+ YOS, County Pays 80% of PPO Premium, 90% of OAPIN/HMO, 75% of Medicare Supplemental				
General government employees hired prior to 07/01/2007 who retire with 30 or more years of service and Public Safety retirees with 25 years of service will receive same subsidy as active employees for retiree health plans.				
Plan Name	**Coverage Level**	**Total Monthly Premium**	**County Monthly Share**	**Retiree Monthly Share**
CIGNA OAP (PPO - In/Out Network)	Individual	$ 675.11	$ 540.09	$ 135.02
	Parent + 1 Child	$ 990.79	$ 792.64	$ 198.15
	Retiree + Spouse	$ 1,440.65	$ 1,152.52	$ 288.13
	Family	$ 2,056.27	$ 1,645.02	$ 411.25
CIGNA OAPIN (In Network Only)	Individual	$ 530.25	$ 477.23	$ 53.02
	Parent + 1 Child	$ 769.79	$ 692.82	$ 76.97
	Retiree + Spouse	$ 1,135.27	$ 1,021.75	$ 113.52
	Family	$ 1,603.18	$ 1,442.87	$ 160.31
Kaiser Permanente Select HMO	Individual	$ 553.72	$ 498.35	$ 55.37
	Parent + 1 Child	$ 830.58	$ 747.53	$ 83.05
	Retiree + Spouse	$ 1,107.44	$ 996.70	$ 110.74
	Family	$ 1,661.16	$ 1,495.05	$ 166.11
CIGNA Medicare Surround	Individual	$ 425.24	$ 318.93	$ 106.31
Kaiser Medicare Plus	Individual	$ 305.18	$ 228.89	$ 76.29
Non-Medicare Dep of Medicare Retiree; Over Age 65 Retiree/Dep not eligible for Medicare, County Pays 75%				
CIGNA OAP (PPO - In/Out Network)	Individual	$ 675.11	$ 506.34	$ 168.77
	Parent + 1 Child	$ 990.79	$ 743.10	$ 247.69
	Retiree + Spouse	$ 1,440.65	$ 1,080.49	$ 360.16
	Family	$ 2,056.27	$ 1,542.21	$ 514.06
CIGNA OAPIN (In Network Only)	Individual	$ 530.25	$ 397.69	$ 132.56
	Parent + 1 Child	$ 769.79	$ 577.35	$ 192.44
	Retiree + Spouse	$ 1,135.27	$ 851.46	$ 283.81
	Family	$ 1,603.18	$ 1,202.39	$ 400.79
Kaiser Permanente Select HMO	Individual	$ 553.72	$ 415.29	$ 138.43
	Parent + 1 Child	$ 830.58	$ 622.94	$ 207.64
	Retiree + Spouse	$ 1,107.44	$ 830.58	$ 276.86
	Family	$ 1,661.16	$ 1,245.87	$ 415.29

Baltimore County Government Monthly Insurance Contribution Rates

For Retirees Retired ***On or After July 1, 2007 and Hired Prior to July 1, 2007***

Effective 1/1/2013 through 12/31/2013

29 YOS, County Pays 76.5% of PPO Premium, 85% of OAPIN/HMO, 72.5% of Medicare Supplemental				
Plan Name	**Coverage Level**	**Total Monthly Premium**	**County Monthly Share**	**Retiree Monthly Share**
CIGNA OAP (PPO - In/Out Network)	Individual	$ 675.11	$ 516.46	$ 158.65
	Parent + 1 Child	$ 990.79	$ 757.96	$ 232.83
	Retiree + Spouse	$ 1,440.65	$ 1,102.10	$ 338.55
	Family	$ 2,056.27	$ 1,573.05	$ 483.22
CIGNA OAPIN (In Network Only)	Individual	$ 530.25	$ 450.72	$ 79.53
	Parent + 1 Child	$ 769.79	$ 654.33	$ 115.46
	Retiree + Spouse	$ 1,135.27	$ 964.98	$ 170.29
	Family	$ 1,603.18	$ 1,362.71	$ 240.47
Kaiser Permanente Select HMO	Individual	$ 553.72	$ 470.67	$ 83.05
	Parent + 1 Child	$ 830.58	$ 706.00	$ 124.58
	Retiree + Spouse	$ 1,107.44	$ 941.33	$ 166.11
	Family	$ 1,661.16	$ 1,411.99	$ 249.17
CIGNA Medicare Surround	Individual	$ 425.24	$ 308.30	$ 116.94
Kaiser Medicare Plus	Individual	$ 305.18	$ 221.26	$ 83.92
Non-Medicare Dep of Medicare Retiree; Over Age 65 Retiree/Dep not eligible for Medicare County Pays 72.5%				
CIGNA OAP (PPO - In/Out Network)	Individual	$ 675.11	$ 489.46	$ 185.65
	Parent + 1 Child	$ 990.79	$ 718.33	$ 272.46
	Retiree + Spouse	$ 1,440.65	$ 1,044.48	$ 396.17
	Family	$ 2,056.27	$ 1,490.80	$ 565.47
CIGNA OAPIN (In Network Only)	Individual	$ 530.25	$ 384.44	$ 145.81
	Parent + 1 Child	$ 769.79	$ 558.10	$ 211.69
	Retiree + Spouse	$ 1,135.27	$ 823.08	$ 312.19
	Family	$ 1,603.18	$ 1,162.31	$ 440.87
Kaiser Permanente Select HMO	Individual	$ 553.72	$ 401.45	$ 152.27
	Parent + 1 Child	$ 830.58	$ 602.18	$ 228.40
	Retiree + Spouse	$ 1,107.44	$ 802.90	$ 304.54
	Family	$ 1,661.16	$ 1,204.35	$ 456.81

28 YOS County Pays 73.2% of PPO Premium, 80% of OAPIN/HMO, 70% of Medicare Supplemental				
Plan Name	**Coverage Level**	**Total Monthly Premium**	**County Monthly Share**	**Retiree Monthly Share**
CIGNA OAP (PPO - In/Out Network)	Individual	$ 675.11	$ 494.19	$ 180.92
	Parent + 1 Child	$ 990.79	$ 725.26	$ 265.53
	Retiree + Spouse	$ 1,440.65	$ 1,054.56	$ 386.09
	Family	$ 2,056.27	$ 1,505.19	$ 551.08
CIGNA OAPIN (In Network Only)	Individual	$ 530.25	$ 424.20	$ 106.05
	Parent + 1 Child	$ 769.79	$ 615.84	$ 153.95
	Retiree + Spouse	$ 1,135.27	$ 908.22	$ 227.05
	Family	$ 1,603.18	$ 1,282.55	$ 320.63
Kaiser Permanente Select HMO	Individual	$ 553.72	$ 442.98	$ 110.74
	Parent + 1 Child	$ 830.58	$ 664.47	$ 166.11
	Retiree + Spouse	$ 1,107.44	$ 885.96	$ 221.48
	Family	$ 1,661.16	$ 1,328.93	$ 332.23
CIGNA Medicare Surround	Individual	$ 425.24	$ 297.67	$ 127.57
Kaiser Medicare Plus	Individual	$ 305.18	$ 213.63	$ 91.55
Non-Medicare Dep of Medicare Retiree; Over Age 65 Retiree/Dep not eligible for Medicare, County Pays 70%				
CIGNA OAP (PPO - In/Out Network)	Individual	$ 675.11	$ 472.58	$ 202.53
	Parent + 1 Child	$ 990.79	$ 693.56	$ 297.23
	Retiree + Spouse	$ 1,440.65	$ 1,008.46	$ 432.19
	Family	$ 2,056.27	$ 1,439.39	$ 616.88
CIGNA OAPIN (In Network Only)	Individual	$ 530.25	$ 371.18	$ 159.07
	Parent + 1 Child	$ 769.79	$ 538.86	$ 230.93
	Retiree + Spouse	$ 1,135.27	$ 794.69	$ 340.58
	Family	$ 1,603.18	$ 1,122.23	$ 480.95
Kaiser Permanente Select HMO	Individual	$ 553.72	$ 387.61	$ 166.11
	Parent + 1 Child	$ 830.58	$ 581.41	$ 249.17
	Retiree + Spouse	$ 1,107.44	$ 775.21	$ 332.23
	Family	$ 1,661.16	$ 1,162.82	$ 498.34

Baltimore County Government Monthly Insurance Contribution Rates

For Retirees Retired ***On or After July 1, 2007 and Hired Prior to July 1, 2007***

Effective 1/1/2013 through 12/31/2013

27 YOS, County Pays 69.9% of PPO Premium, 75% of OAPIN/HMO, 67.5% of Medicare Supplemental				
Plan Name	**Coverage Level**	**Total Monthly Premium**	**County Monthly Share**	**Retiree Monthly Share**
CIGNA OAP (PPO - In/Out Network)	Individual	$ 675.11	$ 471.91	$ 203.20
	Parent + 1 Child	$ 990.79	$ 692.57	$ 298.22
	Retiree + Spouse	$ 1,440.65	$ 1,007.02	$ 433.63
	Family	$ 2,056.27	$ 1,437.34	$ 618.93
CIGNA OAPIN (In Network Only)	Individual	$ 530.25	$ 397.69	$ 132.56
	Parent + 1 Child	$ 769.79	$ 577.35	$ 192.44
	Retiree + Spouse	$ 1,135.27	$ 851.46	$ 283.81
	Family	$ 1,603.18	$ 1,202.39	$ 400.79
Kaiser Permanente Select HMO	Individual	$ 553.72	$ 415.29	$ 138.43
	Parent + 1 Child	$ 830.58	$ 622.94	$ 207.64
	Retiree + Spouse	$ 1,107.44	$ 830.58	$ 276.86
	Family	$ 1,661.16	$ 1,245.87	$ 415.29
CIGNA Medicare Surround	Individual	$ 425.24	$ 287.04	$ 138.20
Kaiser Medicare Plus	Individual	$ 305.18	$ 206.00	$ 99.18
Non-Medicare Dep of Medicare Retiree; Over Age 65 Retiree/Dep not eligible for Medicare County Pays 67.5%				
CIGNA OAP (PPO - In/Out Network)	Individual	$ 675.11	$ 455.70	$ 219.41
	Parent + 1 Child	$ 990.79	$ 668.79	$ 322.00
	Retiree + Spouse	$ 1,440.65	$ 972.44	$ 468.21
	Family	$ 2,056.27	$ 1,387.99	$ 668.28
CIGNA OAPIN (In Network Only)	Individual	$ 530.25	$ 357.92	$ 172.33
	Parent + 1 Child	$ 769.79	$ 519.61	$ 250.18
	Retiree + Spouse	$ 1,135.27	$ 766.31	$ 368.96
	Family	$ 1,603.18	$ 1,082.15	$ 521.03
Kaiser Permanente Select HMO	Individual	$ 553.72	$ 373.77	$ 179.95
	Parent + 1 Child	$ 830.58	$ 560.65	$ 269.93
	Retiree + Spouse	$ 1,107.44	$ 747.53	$ 359.91
	Family	$ 1,661.16	$ 1,121.29	$ 539.87

26 YOS, County Pays 66.6% of PPO Premium, 70% of OAPIN/HMO, 65% of Medicare Supplemental				
Plan Name	**Coverage Level**	**Total Monthly Premium**	**County Monthly Share**	**Retiree Monthly Share**
CIGNA OAP (PPO - In/Out Network)	Individual	$ 675.11	$ 449.63	$ 225.48
	Parent + 1 Child	$ 990.79	$ 659.87	$ 330.92
	Retiree + Spouse	$ 1,440.65	$ 959.48	$ 481.17
	Family	$ 2,056.27	$ 1,369.48	$ 686.79
CIGNA OAPIN (In Network Only)	Individual	$ 530.25	$ 371.18	$ 159.07
	Parent + 1 Child	$ 769.79	$ 538.86	$ 230.93
	Retiree + Spouse	$ 1,135.27	$ 794.69	$ 340.58
	Family	$ 1,603.18	$ 1,122.23	$ 480.95
Kaiser Permanente Select HMO	Individual	$ 553.72	$ 387.61	$ 166.11
	Parent + 1 Child	$ 830.58	$ 581.41	$ 249.17
	Retiree + Spouse	$ 1,107.44	$ 775.21	$ 332.23
	Family	$ 1,661.16	$ 1,162.82	$ 498.34
CIGNA Medicare Surround	Individual	$ 425.24	$ 276.41	$ 148.83
Kaiser Medicare Plus	Individual	$ 305.18	$ 198.37	$ 106.81
Non-Medicare Dep of Medicare Retiree; Over Age 65 Retiree/Dep not eligible for Medicare County Pays 65%				
CIGNA OAP (PPO - In/Out Network)	Individual	$ 675.11	$ 438.83	$ 236.28
	Parent + 1 Child	$ 990.79	$ 644.02	$ 346.77
	Retiree + Spouse	$ 1,440.65	$ 936.43	$ 504.22
	Family	$ 2,056.27	$ 1,336.58	$ 719.69
CIGNA OAPIN (In Network Only)	Individual	$ 530.25	$ 344.67	$ 185.58
	Parent + 1 Child	$ 769.79	$ 500.37	$ 269.42
	Retiree + Spouse	$ 1,135.27	$ 737.93	$ 397.34
	Family	$ 1,603.18	$ 1,042.07	$ 561.11
Kaiser Permanente Select HMO	Individual	$ 553.72	$ 359.92	$ 193.80
	Parent + 1 Child	$ 830.58	$ 539.88	$ 290.70
	Retiree + Spouse	$ 1,107.44	$ 719.84	$ 387.60
	Family	$ 1,661.16	$ 1,079.76	$ 581.40

Baltimore County Government Monthly Insurance Contribution Rates

For Retirees Retired ***On or After July 1, 2007 and Hired Prior to July 1, 2007***

Effective 1/1/2013 through 12/31/2013

25 YOS, County Pays 63.3% of PPO Premium, 65% of OAPIN/HMO, 62.5% of Medicare Supplemental				
Plan Name	**Coverage Level**	**Total Monthly Premium**	**County Monthly Share**	**Retiree Monthly Share**
CIGNA OAP (PPO - In/Out Network)	Individual	$ 675.11	$ 427.35	$ 247.76
	Parent + 1 Child	$ 990.79	$ 627.18	$ 363.61
	Retiree + Spouse	$ 1,440.65	$ 911.94	$ 528.71
	Family	$ 2,056.27	$ 1,301.62	$ 754.65
CIGNA OAPIN (In Network Only)	Individual	$ 530.25	$ 344.67	$ 185.58
	Parent + 1 Child	$ 769.79	$ 500.37	$ 269.42
	Retiree + Spouse	$ 1,135.27	$ 737.93	$ 397.34
	Family	$ 1,603.18	$ 1,042.07	$ 561.11
Kaiser Permanente Select HMO	Individual	$ 553.72	$ 359.92	$ 193.80
	Parent + 1 Child	$ 830.58	$ 539.88	$ 290.70
	Retiree + Spouse	$ 1,107.44	$ 719.84	$ 387.60
	Family	$ 1,661.16	$ 1,079.76	$ 581.40
CIGNA Medicare Surround	Individual	$ 425.24	$ 265.78	$ 159.46
Kaiser Medicare Plus	Individual	$ 305.18	$ 190.74	$ 114.44
Non-Medicare Dep of Medicare Retiree; Over Age 65 Retiree/Dep not eligible for Medicare County Pays 62.5%				
CIGNA OAP (PPO - In/Out Network)	Individual	$ 675.11	$ 421.95	$ 253.16
	Parent + 1 Child	$ 990.79	$ 619.25	$ 371.54
	Retiree + Spouse	$ 1,440.65	$ 900.41	$ 540.24
	Family	$ 2,056.27	$ 1,285.17	$ 771.10
CIGNA OAPIN (In Network Only)	Individual	$ 530.25	$ 331.41	$ 198.84
	Parent + 1 Child	$ 769.79	$ 481.12	$ 288.67
	Retiree + Spouse	$ 1,135.27	$ 709.55	$ 425.72
	Family	$ 1,603.18	$ 1,001.99	$ 601.19
Kaiser Permanente Select HMO	Individual	$ 553.72	$ 346.08	$ 207.64
	Parent + 1 Child	$ 830.58	$ 519.12	$ 311.46
	Retiree + Spouse	$ 1,107.44	$ 692.15	$ 415.29
	Family	$ 1,661.16	$ 1,038.23	$ 622.93
AT 25 YOS, PUBLIC SAFETY RETIREES RECEIVE SAME SUBSIDY AS AVAILABLE FOR ACTIVE EMPLOYEES AT THE TIME OF THEIR RETIREMENT FOR PRE-MEDICARE PLANS AND 75% OF PREMIUM FOR MEDICARE PLANS (INCLUDING SPOUSES). REFER TO RATES FOR 30 YEARS OF SERVICE.				

24 YOS, County Pays 60% of Premium				
Plan Name	**Coverage Level**	**Total Monthly Premium**	**County Monthly Share**	**Retiree Monthly Share**
CIGNA OAP (PPO - In/Out Network)	Individual	$ 675.11	$ 405.07	$ 270.04
	Parent + 1 Child	$ 990.79	$ 594.48	$ 396.31
	Retiree + Spouse	$ 1,440.65	$ 864.39	$ 576.26
	Family	$ 2,056.27	$ 1,233.77	$ 822.50
CIGNA OAPIN (In Network Only)	Individual	$ 530.25	$ 318.15	$ 212.10
	Parent + 1 Child	$ 769.79	$ 461.88	$ 307.91
	Retiree + Spouse	$ 1,135.27	$ 681.17	$ 454.10
	Family	$ 1,603.18	$ 961.91	$ 641.27
Kaiser Permanente Select HMO	Individual	$ 553.72	$ 332.24	$ 221.48
	Parent + 1 Child	$ 830.58	$ 498.35	$ 332.23
	Retiree + Spouse	$ 1,107.44	$ 664.47	$ 442.97
	Family	$ 1,661.16	$ 996.70	$ 664.46
CIGNA Medicare Surround	Individual	$ 425.24	$ 255.15	$ 170.09
Kaiser Medicare Plus	Individual	$ 305.18	$ 183.11	$ 122.07

Baltimore County Government Monthly Insurance Contribution Rates

For Retirees Retired ***On or After July 1, 2007 and Hired Prior to July 1, 2007***

Effective 1/1/2013 through 12/31/2013

23 YOS, County Pays 57.5% of Premium				
Plan Name	**Coverage Level**	**Total Monthly Premium**	**County Monthly Share**	**Retiree Monthly Share**
CIGNA OAP (PPO - In/Out Network)	Individual	$ 675.11	$ 388.19	$ 286.92
	Parent + 1 Child	$ 990.79	$ 569.71	$ 421.08
	Retiree + Spouse	$ 1,440.65	$ 828.38	$ 612.27
	Family	$ 2,056.27	$ 1,182.36	$ 873.91
CIGNA OAPIN (In Network Only)	Individual	$ 530.25	$ 304.90	$ 225.35
	Parent + 1 Child	$ 769.79	$ 442.63	$ 327.16
	Retiree + Spouse	$ 1,135.27	$ 652.79	$ 482.48
	Family	$ 1,603.18	$ 921.83	$ 681.35
Kaiser Permanente Select HMO	Individual	$ 553.72	$ 318.39	$ 235.33
	Parent + 1 Child	$ 830.58	$ 477.59	$ 352.99
	Retiree + Spouse	$ 1,107.44	$ 636.78	$ 470.66
	Family	$ 1,661.16	$ 955.17	$ 705.99
CIGNA Medicare Surround	Individual	$ 425.24	$ 244.52	$ 180.72
Kaiser Medicare Plus	Individual	$ 305.18	$ 175.48	$ 129.70

22 YOS, County Pays 55% of Premium				
Plan Name	**Coverage Level**	**Total Monthly Premium**	**County Monthly Share**	**Retiree Monthly Share**
CIGNA OAP (PPO - In/Out Network)	Individual	$ 675.11	$ 371.32	$ 303.79
	Parent + 1 Child	$ 990.79	$ 544.94	$ 445.85
	Retiree + Spouse	$ 1,440.65	$ 792.36	$ 648.29
	Family	$ 2,056.27	$ 1,130.95	$ 925.32
CIGNA OAPIN (In Network Only)	Individual	$ 530.25	$ 291.64	$ 238.61
	Parent + 1 Child	$ 769.79	$ 423.39	$ 346.40
	Retiree + Spouse	$ 1,135.27	$ 624.40	$ 510.87
	Family	$ 1,603.18	$ 881.75	$ 721.43
Kaiser Permanente Select HMO	Individual	$ 553.72	$ 304.55	$ 249.17
	Parent + 1 Child	$ 830.58	$ 456.82	$ 373.76
	Retiree + Spouse	$ 1,107.44	$ 609.10	$ 498.34
	Family	$ 1,661.16	$ 913.64	$ 747.52
CIGNA Medicare Surround	Individual	$ 425.24	$ 233.89	$ 191.35
Kaiser Medicare Plus	Individual	$ 305.18	$ 167.85	$ 137.33

21 YOS, County Pays 52.5% of Premium				
Plan Name	**Coverage Level**	**Total Monthly Premium**	**County Monthly Share**	**Retiree Monthly Share**
CIGNA OAP (PPO - In/Out Network)	Individual	$ 675.11	$ 354.44	$ 320.67
	Parent + 1 Child	$ 990.79	$ 520.17	$ 470.62
	Retiree + Spouse	$ 1,440.65	$ 756.35	$ 684.30
	Family	$ 2,056.27	$ 1,079.55	$ 976.72
CIGNA OAPIN (In Network Only)	Individual	$ 530.25	$ 278.39	$ 251.86
	Parent + 1 Child	$ 769.79	$ 404.14	$ 365.65
	Retiree + Spouse	$ 1,135.27	$ 596.02	$ 539.25
	Family	$ 1,603.18	$ 841.67	$ 761.51
Kaiser Permanente Select HMO	Individual	$ 553.72	$ 290.71	$ 263.01
	Parent + 1 Child	$ 830.58	$ 436.06	$ 394.52
	Retiree + Spouse	$ 1,107.44	$ 581.41	$ 526.03
	Family	$ 1,661.16	$ 872.11	$ 789.05
CIGNA Medicare Surround	Individual	$ 425.24	$ 223.26	$ 201.98
Kaiser Medicare Plus	Individual	$ 305.18	$ 160.22	$ 144.96

Baltimore County Government Monthly Insurance Contribution Rates

For Retirees Retired ***On or After July 1, 2007 and Hired Prior to July 1, 2007***

Effective 1/1/2013 through 12/31/2013

20 YOS, County Pays 50% of Premium				
Plan Name	**Coverage Level**	**Total Monthly Premium**	**County Monthly Share**	**Retiree Monthly Share**
CIGNA OAP (PPO - In/Out Network)	Individual	$ 675.11	$ 337.56	$ 337.55
	Parent + 1 Child	$ 990.79	$ 495.40	$ 495.39
	Retiree + Spouse	$ 1,440.65	$ 720.33	$ 720.32
	Family	$ 2,056.27	$ 1,028.14	$ 1,028.13
CIGNA OAPIN (In Network Only)	Individual	$ 530.25	$ 265.13	$ 265.12
	Parent + 1 Child	$ 769.79	$ 384.90	$ 384.89
	Retiree + Spouse	$ 1,135.27	$ 567.64	$ 567.63
	Family	$ 1,603.18	$ 801.59	$ 801.59
Kaiser Permanente Select HMO	Individual	$ 553.72	$ 276.86	$ 276.86
	Parent + 1 Child	$ 830.58	$ 415.29	$ 415.29
	Retiree + Spouse	$ 1,107.44	$ 553.72	$ 553.72
	Family	$ 1,661.16	$ 830.58	$ 830.58
CIGNA Medicare Surround	Individual	$ 425.24	$ 212.62	$ 212.62
Kaiser Medicare Plus	Individual	$ 305.18	$ 152.59	$ 152.59

19 YOS, County Pays 47.5% of Premium				
Plan Name	**Coverage Level**	**Total Monthly Premium**	**County Monthly Share**	**Retiree Monthly Share**
CIGNA OAP (PPO - In/Out Network)	Individual	$ 675.11	$ 320.68	$ 354.43
	Parent + 1 Child	$ 990.79	$ 470.63	$ 520.16
	Retiree + Spouse	$ 1,440.65	$ 684.31	$ 756.34
	Family	$ 2,056.27	$ 976.73	$ 1,079.54
CIGNA OAPIN (In Network Only)	Individual	$ 530.25	$ 251.87	$ 278.38
	Parent + 1 Child	$ 769.79	$ 365.66	$ 404.13
	Retiree + Spouse	$ 1,135.27	$ 539.26	$ 596.01
	Family	$ 1,603.18	$ 761.52	$ 841.66
Kaiser Permanente Select HMO	Individual	$ 553.72	$ 263.02	$ 290.70
	Parent + 1 Child	$ 830.58	$ 394.53	$ 436.05
	Retiree + Spouse	$ 1,107.44	$ 526.04	$ 581.40
	Family	$ 1,661.16	$ 789.06	$ 872.10
CIGNA Medicare Surround	Individual	$ 425.24	$ 201.99	$ 223.25
Kaiser Medicare Plus	Individual	$ 305.18	$ 144.97	$ 160.21

18 YOS, County Pays 45% of Premium				
Plan Name	**Coverage Level**	**Total Monthly Premium**	**County Monthly Share**	**Retiree Monthly Share**
CIGNA OAP (PPO - In/Out Network)	Individual	$ 675.11	$ 303.80	$ 371.31
	Parent + 1 Child	$ 990.79	$ 445.86	$ 544.93
	Retiree + Spouse	$ 1,440.65	$ 648.30	$ 792.35
	Family	$ 2,056.27	$ 925.33	$ 1,130.94
CIGNA OAPIN (In Network Only)	Individual	$ 530.25	$ 238.62	$ 291.63
	Parent + 1 Child	$ 769.79	$ 346.41	$ 423.38
	Retiree + Spouse	$ 1,135.27	$ 510.88	$ 624.39
	Family	$ 1,603.18	$ 721.44	$ 881.74
Kaiser Permanente Select HMO	Individual	$ 553.72	$ 249.18	$ 304.54
	Parent + 1 Child	$ 830.58	$ 373.77	$ 456.81
	Retiree + Spouse	$ 1,107.44	$ 498.35	$ 609.09
	Family	$ 1,661.16	$ 747.53	$ 913.63
CIGNA Medicare Surround	Individual	$ 425.24	$ 191.36	$ 233.88
Kaiser Medicare Plus	Individual	$ 305.18	$ 137.34	$ 167.84

Baltimore County Government Monthly Insurance Contribution Rates

For Retirees Retired ***On or After July 1, 2007 and Hired Prior to July 1, 2007***

Effective 1/1/2013 through 12/31/2013

17 YOS, County Pays 42.5% of Premium				
Plan Name	**Coverage Level**	**Total Monthly Premium**	**County Monthly Share**	**Retiree Monthly Share**
CIGNA OAP (PPO - In/Out Network)	Individual	$ 675.11	$ 286.93	$ 388.18
	Parent + 1 Child	$ 990.79	$ 421.09	$ 569.70
	Retiree + Spouse	$ 1,440.65	$ 612.28	$ 828.37
	Family	$ 2,056.27	$ 873.92	$ 1,182.35
CIGNA OAPIN (In Network Only)	Individual	$ 530.25	$ 225.36	$ 304.89
	Parent + 1 Child	$ 769.79	$ 327.17	$ 442.62
	Retiree + Spouse	$ 1,135.27	$ 482.49	$ 652.78
	Family	$ 1,603.18	$ 681.36	$ 921.82
Kaiser Permanente Select HMO	Individual	$ 553.72	$ 235.34	$ 318.38
	Parent + 1 Child	$ 830.58	$ 353.00	$ 477.58
	Retiree + Spouse	$ 1,107.44	$ 470.67	$ 636.77
	Family	$ 1,661.16	$ 706.00	$ 955.16
CIGNA Medicare Surround	Individual	$ 425.24	$ 180.73	$ 244.51
Kaiser Medicare Plus	Individual	$ 305.18	$ 129.71	$ 175.47

16 YOS, County Pays 40% of Premium				
Plan Name	**Coverage Level**	**Total Monthly Premium**	**County Monthly Share**	**Retiree Monthly Share**
CIGNA OAP (PPO - In/Out Network)	Individual	$ 675.11	$ 270.05	$ 405.06
	Parent + 1 Child	$ 990.79	$ 396.32	$ 594.47
	Retiree + Spouse	$ 1,440.65	$ 576.26	$ 864.39
	Family	$ 2,056.27	$ 822.51	$ 1,233.76
CIGNA OAPIN (In Network Only)	Individual	$ 530.25	$ 212.10	$ 318.15
	Parent + 1 Child	$ 769.79	$ 307.92	$ 461.87
	Retiree + Spouse	$ 1,135.27	$ 454.11	$ 681.16
	Family	$ 1,603.18	$ 641.28	$ 961.90
Kaiser Permanente Select HMO	Individual	$ 553.72	$ 221.49	$ 332.23
	Parent + 1 Child	$ 830.58	$ 332.24	$ 498.34
	Retiree + Spouse	$ 1,107.44	$ 442.98	$ 664.46
	Family	$ 1,661.16	$ 664.47	$ 996.69
CIGNA Medicare Surround	Individual	$ 425.24	$ 170.10	$ 255.14
Kaiser Medicare Plus	Individual	$ 305.18	$ 122.08	$ 183.10

15 YOS, County Pays 37.5% of Premium				
Plan Name	**Coverage Level**	**Total Monthly Premium**	**County Monthly Share**	**Retiree Monthly Share**
CIGNA OAP (PPO - In/Out Network)	Individual	$ 675.11	$ 253.17	$ 421.94
	Parent + 1 Child	$ 990.79	$ 371.55	$ 619.24
	Retiree + Spouse	$ 1,440.65	$ 540.25	$ 900.40
	Family	$ 2,056.27	$ 771.11	$ 1,285.16
CIGNA OAPIN (In Network Only)	Individual	$ 530.25	$ 198.85	$ 331.40
	Parent + 1 Child	$ 769.79	$ 288.68	$ 481.11
	Retiree + Spouse	$ 1,135.27	$ 425.73	$ 709.54
	Family	$ 1,603.18	$ 601.20	$ 1,001.98
Kaiser Permanente Select HMO	Individual	$ 553.72	$ 207.65	$ 346.07
	Parent + 1 Child	$ 830.58	$ 311.47	$ 519.11
	Retiree + Spouse	$ 1,107.44	$ 415.29	$ 692.15
	Family	$ 1,661.16	$ 622.94	$ 1,038.22
CIGNA Medicare Surround	Individual	$ 425.24	$ 159.47	$ 265.77
Kaiser Medicare Plus	Individual	$ 305.18	$ 114.45	$ 190.73

Baltimore County Government Monthly Insurance Contribution Rates

For Retirees Retired ***On or After July 1, 2007 and Hired Prior to July 1, 2007***

Effective 1/1/2013 through 12/31/2013

14 YOS, County Pays 35% of Premium

Plan Name	Coverage Level	Total Monthly Premium	County Monthly Share	Retiree Monthly Share
CIGNA OAP (PPO - In/Out Network)	Individual	$ 675.11	$ 236.29	$ 438.82
	Parent + 1 Child	$ 990.79	$ 346.78	$ 644.01
	Retiree + Spouse	$ 1,440.65	$ 504.23	$ 936.42
	Family	$ 2,056.27	$ 719.70	$ 1,336.57
CIGNA OAPIN (In Network Only)	Individual	$ 530.25	$ 185.59	$ 344.66
	Parent + 1 Child	$ 769.79	$ 269.43	$ 500.36
	Retiree + Spouse	$ 1,135.27	$ 397.35	$ 737.92
	Family	$ 1,603.18	$ 561.12	$ 1,042.06
Kaiser Permanente Select HMO	Individual	$ 553.72	$ 193.81	$ 359.91
	Parent + 1 Child	$ 830.58	$ 290.71	$ 539.87
	Retiree + Spouse	$ 1,107.44	$ 387.61	$ 719.83
	Family	$ 1,661.16	$ 581.41	$ 1,079.75
CIGNA Medicare Surround	Individual	$ 425.24	$ 148.84	$ 276.40
Kaiser Medicare Plus	Individual	$ 305.18	$ 106.82	$ 198.36

13 YOS, County Pays 32.5% of Premium

Plan Name	Coverage Level	Total Monthly Premium	County Monthly Share	Retiree Monthly Share
CIGNA OAP (PPO - In/Out Network)	Individual	$ 675.11	$ 219.42	$ 455.69
	Parent + 1 Child	$ 990.79	$ 322.01	$ 668.78
	Retiree + Spouse	$ 1,440.65	$ 468.22	$ 972.43
	Family	$ 2,056.27	$ 668.29	$ 1,387.98
CIGNA OAPIN (In Network Only)	Individual	$ 530.25	$ 172.34	$ 357.91
	Parent + 1 Child	$ 769.79	$ 250.19	$ 519.60
	Retiree + Spouse	$ 1,135.27	$ 368.97	$ 766.30
	Family	$ 1,603.18	$ 521.04	$ 1,082.14
Kaiser Permanente Select HMO	Individual	$ 553.72	$ 179.96	$ 373.76
	Parent + 1 Child	$ 830.58	$ 269.94	$ 560.64
	Retiree + Spouse	$ 1,107.44	$ 359.92	$ 747.52
	Family	$ 1,661.16	$ 539.88	$ 1,121.28
CIGNA Medicare Surround	Individual	$ 425.24	$ 138.21	$ 287.03
Kaiser Medicare Plus	Individual	$ 305.18	$ 99.19	$ 205.99

12 YOS, County Pays 30% of Premium

Plan Name	Coverage Level	Total Monthly Premium	County Monthly Share	Retiree Monthly Share
CIGNA OAP (PPO - In/Out Network)	Individual	$ 675.11	$ 202.54	$ 472.57
	Parent + 1 Child	$ 990.79	$ 297.24	$ 693.55
	Retiree + Spouse	$ 1,440.65	$ 432.20	$ 1,008.45
	Family	$ 2,056.27	$ 616.89	$ 1,439.38
CIGNA OAPIN (In Network Only)	Individual	$ 530.25	$ 159.08	$ 371.17
	Parent + 1 Child	$ 769.79	$ 230.94	$ 538.85
	Retiree + Spouse	$ 1,135.27	$ 340.59	$ 794.68
	Family	$ 1,603.18	$ 480.96	$ 1,122.22
Kaiser Permanente Select HMO	Individual	$ 553.72	$ 166.12	$ 387.60
	Parent + 1 Child	$ 830.58	$ 249.18	$ 581.40
	Retiree + Spouse	$ 1,107.44	$ 332.24	$ 775.20
	Family	$ 1,661.16	$ 498.35	$ 1,162.81
CIGNA Medicare Surround	Individual	$ 425.24	$ 127.58	$ 297.66
Kaiser Medicare Plus	Individual	$ 305.18	$ 91.56	$ 213.62

Baltimore County Government Monthly Insurance Contribution Rates

For Retirees Retired ***On or After July 1, 2007 and Hired Prior to July 1, 2007***

Effective 1/1/2013 through 12/31/2013

11 YOS, County Pays 27.5% of Premium				
Plan Name	**Coverage Level**	**Total Monthly Premium**	**County Monthly Share**	**Retiree Monthly Share**
CIGNA OAP (PPO - In/Out Network)	Individual	$ 675.11	$ 185.66	$ 489.45
	Parent + 1 Child	$ 990.79	$ 272.47	$ 718.32
	Retiree + Spouse	$ 1,440.65	$ 396.18	$ 1,044.47
	Family	$ 2,056.27	$ 565.48	$ 1,490.79
CIGNA OAPIN (In Network Only)	Individual	$ 530.25	$ 145.82	$ 384.43
	Parent + 1 Child	$ 769.79	$ 211.70	$ 558.09
	Retiree + Spouse	$ 1,135.27	$ 312.20	$ 823.07
	Family	$ 1,603.18	$ 440.88	$ 1,162.30
Kaiser Permanente Select HMO	Individual	$ 553.72	$ 152.28	$ 401.44
	Parent + 1 Child	$ 830.58	$ 228.41	$ 602.17
	Retiree + Spouse	$ 1,107.44	$ 304.55	$ 802.89
	Family	$ 1,661.16	$ 456.82	$ 1,204.34
CIGNA Medicare Surround	Individual	$ 425.24	$ 116.95	$ 308.29
Kaiser Medicare Plus	Individual	$ 305.18	$ 83.93	$ 221.25

10 YOS, County Pays 25% of Premium				
Plan Name	**Coverage Level**	**Total Monthly Premium**	**County Monthly Share**	**Retiree Monthly Share**
CIGNA OAP (PPO - In/Out Network)	Individual	$ 675.11	$ 168.78	$ 506.33
	Parent + 1 Child	$ 990.79	$ 247.70	$ 743.09
	Retiree + Spouse	$ 1,440.65	$ 360.17	$ 1,080.48
	Family	$ 2,056.27	$ 514.07	$ 1,542.20
CIGNA OAPIN (In Network Only)	Individual	$ 530.25	$ 132.57	$ 397.68
	Parent + 1 Child	$ 769.79	$ 192.45	$ 577.34
	Retiree + Spouse	$ 1,135.27	$ 283.82	$ 851.45
	Family	$ 1,603.18	$ 400.80	$ 1,202.38
Kaiser Permanente Select HMO	Individual	$ 553.72	$ 138.43	$ 415.29
	Parent + 1 Child	$ 830.58	$ 207.65	$ 622.93
	Retiree + Spouse	$ 1,107.44	$ 276.86	$ 830.58
	Family	$ 1,661.16	$ 415.29	$ 1,245.87
CIGNA Medicare Surround	Individual	$ 425.24	$ 106.31	$ 318.93
Kaiser Medicare Plus	Individual	$ 305.18	$ 76.30	$ 228.88