Baltimore County Government Monthly Insurance Contribution Rates for Retirees

Retired Prior to July 1, 2007

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

Plan Name	Coverage Level	Total Premium	Date of Retirement On/After 2/2/92 with 30 years service* County pays same as active employees	Date of Retirement On/After 2/2/92 with 20-29 years service* 75% active employees	Date of Retirement On/After 2/2/92 with 10-19 years service* 50% active employees	Date of Retirement Before 2/1/92 County pays 90% for medical also disability retirees, retired prior to 3/11/96	Non-Medicare spouse of Medicare Retiree; Non-Medicare Widow/Widower; Age 65 Retiree/Spouse not eligible for Medicare subsidy is 75% of total premium
			1	2	3	4	5
CIGNA OPEN ACCESS PLUS (OAP)	Individual	$ 675.11	$ 135.02	$ 270.04	$ 405.06	$ 67.51	$ 168.77
	Parent + 1 Child	$ 990.79	$ 198.15	$ 396.31	$ 594.47	$ 99.07	$ 247.69
	Retiree + Spouse	$ 1,440.65	$ 288.13	$ 576.26	$ 864.39	$ 144.06	$ 360.16
	Family	$ 2,056.27	$ 411.25	$ 822.50	$ 1,233.76	$ 205.62	$ 514.06
CIGNA OPEN ACCESS PLUS IN-NETWORK (OAPIN)	Individual	$ 530.25	$ 53.02	$ 172.33	$ 291.63	$ 53.02	$ 132.56
	Parent + 1 Child	$ 769.79	$ 76.97	$ 250.18	$ 423.38	$ 76.97	$ 192.44
	Retiree + Spouse	$ 1,135.27	$ 113.52	$ 368.96	$ 624.39	$ 113.52	$ 283.81
	Family	$ 1,603.18	$ 160.31	$ 521.03	$ 881.74	$ 160.31	$ 400.79
KAISER HMO	Individual	$ 553.72	$ 55.37	$ 179.95	$ 304.54	$ 55.37	$ 138.43
	Parent + 1 Child	$ 830.58	$ 83.05	$ 269.93	$ 456.81	$ 83.05	$ 207.64
	Retiree + Spouse	$ 1,107.44	$ 110.74	$ 359.91	$ 609.09	$ 110.74	$ 276.86
	Family	$ 1,661.16	$ 166.11	$ 539.87	$ 913.63	$ 166.11	$ 415.29

Rates for Dental and Vision	Coverage Level	Non-Medicare Retirees/Dependents	Medicare Retirees/Dependent; Non-Medicare Dependent of Medicare Retiree; Retiree/Dependent
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	$ 12.62	$ 50.51
	Family	$ 18.94	$ 75.79
CIGNA DENTAL DHMO	Individual	$ 4.33	$ 17.35
	Parent + 1 Child	$ 7.82	$ 31.29
	Retiree + Spouse	$ 8.66	$ 34.67
	Family	$ 13.06	$ 52.25
VISION	Individual	$ 0.26	$ 2.64
	Parent + 1 Child	$ 0.39	$ 3.97
	Retiree + Spouse	$ 0.52	$ 5.28
	Family	$ 0.79	$ 7.91

Medicare Supplemental Plans	Total Monthly Premium	Retiree/Dependent Monthly Cost
CIGNA MEDICARE SURROUND	$ 425.24	$ 106.31
KAISER MEDICARE PLUS	$ 305.18	$ 76.29

Subsidy rules:

* Date of Retirement On/After 2/2/92 w/30 years service- pays same as active employees- Column #1
* Disability retirees retired on/after 3/11/96, pay same as active- Column #1
* Police/Corrections Officers/Deputy Sheriffs w/20 yrs of service retired after 2/2/92- Column #1
* Fire w/25 years service, retired after 2/2/92 or age 50 w/20 yrs. Service retired after 2/2/92- Column #1
* Incentive retirees, 1996- Column #1
* Retired after 2/2/92 with 20-29 years service- receives 75% of active subsidy- Column #2
* Retired after 2/2/92 with 10-19 years service- receives 50% of active subsidy- Column #3
* Disability retirees retired prior to 3/11/96, County pays 90%- Column #4
* Widows/Widowers; Non-Medicare spouses of Medicare retirees- Column #5
* **Retirees on/after 7/1/06 with less than 10 years service receive no subsidy for health benefits**