For Active Employees *Hired on or After July 1, 2007*

Baltimore County Government Monthly Insurance Contribution Rates

Effective 1/1/2016 through 12/31/2016

Rates apply to full and part-time employees who work at least 30 hours/week in a 35 hour position or 34 hours/week in a 40 hour position

Baltimore County's share of health plan premiums:

Subsidy for Individual Employee Medical Coverage

CIGNA Open Access Plus (OAP)

The County share of the premium for 1/1/2016 will be 77%, your share will be 23%.

CIGNA Open Access Plus In Network (OAPIN) and Kaiser Permanente HMO plan

The County share of the premium cost for 1/1/2016 will be 87%, your share will be 13%.

Subsidy for Dependents Included on Your Medical Plans

If you include a legal spouse and your legal dependent children up to the plan age limits on your medical plans, Baltimore County will pay the full subsidy amount for your Individual coverage plus 72% of the difference in cost between the Individual premium amount and the cost to include your dependent. Your share of the cost will be the difference between what the County pays and the full premium amount.

All Dental Plans

The County share of the premium cost for 1/1/2016 will be 75%, your share will be 25%.

Vision

The County share of the premium cost for 1/1/2016 will be 90%, your share will be 10%.

MEDICAL INSURANCE	Total Annual Premium	Total Monthly Premium	Total 24 Pay Premium	County Portion Per Pay (24 Pays)	Employee Portion Per Pay (24 Pays)
CIGNA Open Access Plus (OAP)					
Individual	$ 9,680.40	$ 806.70	$ 403.35	$ 310.58	**$ 92.77**
Parent + 1 Child	$ 14,206.80	$ 1,183.90	$ 591.95	$ 446.38	**$ 145.57**
Employee + Spouse	$ 20,657.28	$ 1,721.44	$ 860.72	$ 639.90	**$ 220.82**
Family	$ 29,484.60	$ 2,457.05	$ 1,228.53	$ 904.72	**$ 323.80**
CIGNA Open Access In-Network (OAPIN)					
Individual	$ 7,666.92	$ 638.91	$ 319.46	$ 277.93	**$ 41.52**
Parent + 1 Child	$ 11,130.48	$ 927.54	$ 463.77	$ 381.84	**$ 81.93**
Employee + Spouse	$ 16,415.04	$ 1,367.92	$ 683.96	$ 540.38	**$ 143.58**
Family	$ 23,180.52	$ 1,931.71	$ 965.86	$ 743.34	**$ 222.51**
Kaiser Permanente Select HMO					
Individual	$ 7,246.08	$ 603.84	$ 301.92	$ 262.68	**$ 39.24**
Parent + 1 Child	$ 10,519.08	$ 876.59	$ 438.30	$ 360.87	**$ 77.42**
Employee + Spouse	$ 15,513.84	$ 1,292.82	$ 646.41	$ 510.72	**$ 135.69**
Family	$ 21,907.80	$ 1,825.65	$ 912.83	$ 702.54	**$ 210.28**

DENTAL INSURANCE	Total Annual Premium	Total Monthly Premium	Total 24 Pay Premium	County Portion Per Pay (24 Pays)	Employee Portion Per Pay (24 Pays)
CareFirst BCBS Traditional Dental					
Individual	$ 395.64	$ 32.97	$ 16.49	$ 12.37	**$ 4.12**
Parent + 1 Child	$ 593.16	$ 49.43	$ 24.72	$ 18.54	**$ 6.17**
Employee + Spouse	$ 791.04	$ 65.92	$ 32.96	$ 24.72	**$ 8.24**
Family	$ 1,187.04	$ 98.92	$ 49.46	$ 37.10	**$ 12.36**
CareFirst Dental Preferred PPO					
Individual	$ 320.40	$ 26.70	$ 13.35	$ 10.02	**$ 3.33**
Parent + 1 Child	$ 454.32	$ 37.86	$ 18.93	$ 14.20	**$ 4.73**
Employee + Spouse	$ 606.12	$ 50.51	$ 25.26	$ 18.95	**$ 6.31**
Family	$ 909.48	$ 75.79	$ 37.90	$ 28.43	**$ 9.47**
CIGNA Dental DHMO					
Individual	$ 250.32	$ 20.86	$ 10.43	$ 7.83	**$ 2.60**
Parent + 1 Child	$ 451.32	$ 37.61	$ 18.81	$ 14.11	**$ 4.70**
Employee + Spouse	$ 500.04	$ 41.67	$ 20.84	$ 15.63	**$ 5.20**
Family	$ 753.72	$ 62.81	$ 31.41	$ 23.56	**$ 7.85**

VISION INSURANCE	Total Annual Premium	Total Monthly Premium	Total 24 Pay Premium	County Portion Per Pay (24 Pays)	Employee Portion Per Pay (24 Pays)
CareFirst Davis Vision					
Individual	$ 32.40	$ 2.70	$ 1.35	$ 1.22	**$ 0.13**
Parent + 1 Child	$ 48.72	$ 4.06	$ 2.03	$ 1.83	**$ 0.20**
Employee + Spouse	$ 64.80	$ 5.40	$ 2.70	$ 2.43	**$ 0.27**
Family	$ 97.20	$ 8.10	$ 4.05	$ 3.65	**$ 0.40**