For Active Employees *Hired Prior to July 1, 2007*

Baltimore County Government Monthly Insurance Contribution Rates

Effective 1/1/2017 through 12/31/2017

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:

CIGNA Open Access Plus (OAP)

The County share of the premium for 1/1/2017 will be 75%, your share will be 25%.

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

The County share of the premium cost for 1/1/2017 will be 85%, your share will be 15%.

All Dental Plans

The County share of the premium cost for 1/1/2017 will be 75%, your share will be 25%.

Vision

The County share of the premium cost for 1/1/2017 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	$ 10,392.60	$ 866.05	$ 433.03	$ 324.77	**$ 108.25**
Parent + 1 Child	$ 15,252.00	$ 1,271.00	$ 635.50	$ 476.63	**$ 158.87**
Employee + Spouse	$ 22,177.08	$ 1,848.09	$ 924.05	$ 693.04	**$ 231.01**
Family	$ 31,653.84	$ 2,637.82	$ 1,318.91	$ 989.19	**$ 329.72**
CIGNA Open Access In-Network (OAPIN)					
Individual	$ 8,230.80	$ 685.90	$ 342.95	$ 291.51	**$ 51.44**
Parent + 1 Child	$ 11,949.12	$ 995.76	$ 497.88	$ 423.20	**$ 74.68**
Employee + Spouse	$ 17,622.36	$ 1,468.53	$ 734.27	$ 624.13	**$ 110.13**
Family	$ 24,885.48	$ 2,073.79	$ 1,036.90	$ 881.37	**$ 155.53**
Kaiser Permanente Select HMO					
Individual	$ 7,528.56	$ 627.38	$ 313.69	$ 266.64	**$ 47.05**
Parent + 1 Child	$ 10,929.24	$ 910.77	$ 455.39	$ 387.08	**$ 68.30**
Employee + Spouse	$ 16,118.64	$ 1,343.22	$ 671.61	$ 570.87	**$ 100.74**
Family	$ 22,761.84	$ 1,896.82	$ 948.41	$ 806.15	**$ 142.26**

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	$ 237.84	$ 19.82	$ 9.91	$ 7.44	**$ 2.47**
Parent + 1 Child	$ 440.76	$ 36.73	$ 18.37	$ 13.78	**$ 4.59**
Employee + Spouse	$ 474.96	$ 39.58	$ 19.79	$ 14.85	**$ 4.94**
Family	$ 715.92	$ 59.66	$ 29.83	$ 22.38	**$ 7.45**

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**