

Active Employee Cost - Calendar Year 2023

Healthcare Costs

Completed Neither Health Risk Assessment nor Biometric Health Screening

Base Employee Cost Share*

Effective January 1, 2023

Medical Plans	Coverage Level	Employee Percentage	Biweekly 10-Month Employee	Biweekly 12-Month Employee
Point of Service Plans				
Cigna POS	Individual	17%	64.81	49.85
	Individual + Spouse	17%	129.61	99.70
	Individual + Child	17%	129.61	99.70
	Family (Individual + Spouse + Child(ren))	17%	176.35	135.65
	Family (Individual + Children)	17%	176.35	135.65
Health Maintenance Organization Plans				
Cigna HMO	Individual	12%	33.14	25.50
	Individual + Spouse	12%	62.30	47.92
	Individual + Child	12%	62.30	47.92
	Family (Individual + Spouse + Child(ren))	12%	102.07	78.51
	Family (Individual + Children)	12%	102.07	78.51
Kaiser Permanente HMO	Individual	12%	43.90	33.77
	Individual + Spouse	12%	87.62	67.40
	Individual + Child	12%	87.62	67.40
	Family (Individual + Spouse + Child(ren))	12%	126.96	97.66
	Family (Individual + Children)	12%	126.96	97.66

Supplemental Plans	Coverage Level	Employee Percentage	Biweekly 10-Month Employee	Biweekly 12-Month Employee
Caremark Prescription	Individual	17%	17.96	13.82
	Individual + Spouse	17%	35.89	27.61
	Individual + Child	17%	35.89	27.61
	Family (Individual + Spouse + Child(ren))	17%	44.29	34.07
	Family (Individual + Children)	17%	44.29	34.07
Kaiser Permanente Prescription	Individual	17%	8.03	6.18
	Individual + Spouse	17%	15.89	12.23
	Individual + Child	17%	15.89	12.23
	Family (Individual + Spouse + Child(ren))	17%	22.97	17.67
	Family (Individual + Children)	17%	22.97	17.67
CareFirst Dental PPO	Individual	17%	3.55	2.73
	Individual + Spouse	17%	7.10	5.46
	Individual + Child	17%	7.10	5.46
	Family (Individual + Spouse + Child(ren))	17%	10.43	8.03
	Family (Individual + Children)	17%	10.43	8.03
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%	0.19	0.14
	Individual + Spouse	17%	0.34	0.26
	Individual + Child	17%	0.34	0.26
	Family (Individual + Spouse + Child(ren))	17%	0.43	0.33
	Family (Individual + Children)	17%	0.43	0.33

*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 = \$.068 per thousand of insurance per month
Based on two times current salary rounded to the nearest \$1,000

Active Employee Cost - Calendar Year 2023

Healthcare Costs

Completed Both Health Risk Assessment and Biometric Health Screening

2% Reduction in Employee Cost Share

Effective January 1, 2023

Medical Plans	Coverage Level	Biweekly 10-Month Employee	Biweekly 12-Month Employee
Point of Service Plans			
Cigna POS	Individual	57.18	43.98
	Individual + Spouse	114.36	87.97
	Individual + Child	114.36	87.97
	Family (Individual + Spouse + Child(ren))	155.60	119.69
	Family (Individual + Children)	155.60	119.69
Health Maintenance Organization Plans			
Cigna HMO	Individual	27.62	21.25
	Individual + Spouse	51.92	39.94
	Individual + Child	51.92	39.94
	Family (Individual + Spouse + Child(ren))	85.06	65.43
	Family (Individual + Children)	85.06	65.43
Kaiser Permanente HMO	Individual	36.59	28.14
	Individual + Spouse	73.02	56.17
	Individual + Child	73.02	56.17
	Family (Individual + Spouse + Child(ren))	105.80	81.39
	Family (Individual + Children)	105.80	81.39

Supplemental Plans	Coverage Level	Biweekly 10-Month Employee	Biweekly 12-Month Employee
Caremark Prescription	Individual	15.85	12.19
	Individual + Spouse	31.67	24.36
	Individual + Child	31.67	24.36
	Family (Individual + Spouse + Child(ren))	39.08	30.06
	Family (Individual + Children)	39.08	30.06
Kaiser Permanente Prescription	Individual	7.08	5.45
	Individual + Spouse	14.02	10.78
	Individual + Child	14.02	10.78
	Family (Individual + Spouse + Child(ren))	20.26	15.59
	Family (Individual + Children)	20.26	15.59
CareFirst Dental PPO	Individual	3.13	2.41
	Individual + Spouse	6.27	4.82
	Individual + Child	6.27	4.82
	Family (Individual + Spouse + Child(ren))	9.21	7.08
	Family (Individual + Children)	9.21	7.08
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))	5.69	4.38
	Family (Individual + Children)	5.69	4.38
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

Employee Life Insurance 100% rate = \$.068 per thousand of insurance per month
Based on two times current salary rounded to the nearest \$1,000

Active Employee Cost - Calendar Year 2023

Healthcare Costs

Completed Either Health Risk Assessment or Biometric Health Screening

1% Reduction in Employee Cost Share

Effective January 1, 2023

Medical Plans	Coverage Level	Biweekly 10-Month Employee	Biweekly 12-Month Employee
Point of Service Plans			
Cigna POS	Individual	60.99	46.92
	Individual + Spouse	121.98	93.83
	Individual + Child	121.98	93.83
	Family (Individual + Spouse + Child(ren))	165.97	127.67
	Family (Individual + Children)	165.97	127.67
Health Maintenance Organization Plans			
Cigna HMO	Individual	30.38	23.37
	Individual + Spouse	57.11	43.93
	Individual + Child	57.11	43.93
	Family (Individual + Spouse + Child(ren))	93.56	71.97
	Family (Individual + Children)	93.56	71.97
Kaiser Permanente HMO	Individual	40.24	30.96
	Individual + Spouse	80.32	61.78
	Individual + Child	80.32	61.78
	Family (Individual + Spouse + Child(ren))	116.38	89.52
	Family (Individual + Children)	116.38	89.52

Supplemental Plans	Coverage Level	Biweekly 10-Month Employee	Biweekly 12-Month Employee
Caremark Prescription	Individual	16.91	13.01
	Individual + Spouse	33.78	25.98
	Individual + Child	33.78	25.98
	Family (Individual + Spouse + Child(ren))	41.69	32.07
	Family (Individual + Children)	41.69	32.07
Kaiser Permanente Prescription	Individual	7.55	5.81
	Individual + Spouse	14.95	11.50
	Individual + Child	14.95	11.50
	Family (Individual + Spouse + Child(ren))	21.61	16.62
	Family (Individual + Children)	21.61	16.62
CareFirst Dental PPO	Individual	3.34	2.57
	Individual + Spouse	6.68	5.14
	Individual + Child	6.68	5.14
	Family (Individual + Spouse + Child(ren))	9.82	7.56
	Family (Individual + Children)	9.82	7.56
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	0.18	0.14
	Individual + Spouse	0.33	0.25
	Individual + Child	0.33	0.25
	Family (Individual + Spouse + Child(ren))	0.42	0.32
	Family (Individual + Children)	0.42	0.32

Employee Life Insurance 100% rate = \$.068 per thousand of insurance per month
Based on two times current salary rounded to the nearest \$1,000