

# For Active Employees Hired Prior to July 1, 2007

## Baltimore County Government Monthly Insurance Contribution Rates

Effective 1/1/2024 through 12/31/2024

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 1/1/2024 will be 75%, your share will be 25%.

#### Cigna Open Access Plus In Network (OAPIN), Cigna High Deductible Health Plan, and Kaiser Permanente HMO plan

The County share of the premium cost for 1/1/2024 will be 85%, your share will be 15%.

#### All Dental Plans

The County share of the premium cost for 1/1/2024 will be 75%, your share will be 25%.

#### Vision

The County share of the premium cost for 1/1/2024 will be 90%, your share will be 10%.

MEDICAL INSURANCE	Total Annual Premium	Total Monthly Premium	Total Biweekly Premium	County Portion Per Pay (biweekly)	Employee Portion Per Pay (biweekly)
<b>Cigna Open Access Plus (OAP)</b>					
Individual	\$ 13,214.16	\$ 1,101.18	\$ 508.24	\$ 381.18	\$ 127.05
Parent + 1 Child	\$ 19,392.60	\$ 1,616.05	\$ 745.87	\$ 559.41	\$ 186.45
Employee + Spouse	\$ 28,197.84	\$ 2,349.82	\$ 1,084.53	\$ 813.40	\$ 271.13
Family	\$ 40,247.52	\$ 3,353.96	\$ 1,547.98	\$ 1,160.99	\$ 386.99
<b>Cigna Open Access In-Network (OAPIN)</b>					
Individual	\$ 10,432.92	\$ 869.41	\$ 401.27	\$ 341.08	\$ 60.18
Parent + 1 Child	\$ 15,146.52	\$ 1,262.21	\$ 582.56	\$ 495.18	\$ 87.37
Employee + Spouse	\$ 22,337.04	\$ 1,861.42	\$ 859.12	\$ 730.25	\$ 128.86
Family	\$ 31,543.68	\$ 2,628.64	\$ 1,213.22	\$ 1,031.24	\$ 181.97
<b>Cigna High Deductible Health Plan (HDHP)</b>					
Individual	\$ 7,866.60	\$ 655.55	\$ 302.56	\$ 257.18	\$ 45.38
Parent + 1 Child	\$ 11,420.40	\$ 951.70	\$ 439.25	\$ 373.36	\$ 65.88
Employee + Spouse	\$ 16,842.36	\$ 1,403.53	\$ 647.78	\$ 550.62	\$ 97.16
Family	\$ 23,784.36	\$ 1,982.03	\$ 914.78	\$ 777.57	\$ 137.21
<b>Kaiser Permanente Select HMO</b>					
Individual	\$ 10,168.32	\$ 847.36	\$ 391.09	\$ 332.43	\$ 58.65
Parent + 1 Child	\$ 14,761.32	\$ 1,230.11	\$ 567.74	\$ 482.59	\$ 85.15
Employee + Spouse	\$ 21,770.40	\$ 1,814.20	\$ 837.32	\$ 711.73	\$ 125.59
Family	\$ 30,742.92	\$ 2,561.91	\$ 1,182.42	\$ 1,005.06	\$ 177.36

DENTAL INSURANCE	Total Annual Premium	Total Monthly Premium	Total Biweekly Premium	County Portion Per Pay (biweekly)	Employee Portion Per Pay (biweekly)
<b>CareFirst BCBS Traditional Dental</b>					
Individual	\$ 460.92	\$ 38.41	\$ 17.73	\$ 13.30	\$ 4.43
Parent + 1 Child	\$ 691.20	\$ 57.60	\$ 26.58	\$ 19.94	\$ 6.64
Employee + Spouse	\$ 921.72	\$ 76.81	\$ 35.45	\$ 26.59	\$ 8.86
Family	\$ 1,383.12	\$ 115.26	\$ 53.20	\$ 39.90	\$ 13.29
<b>CareFirst BCBS Preferred Dental PPO</b>					
Individual	\$ 377.04	\$ 31.42	\$ 14.50	\$ 10.88	\$ 3.62
Parent + 1 Child	\$ 534.60	\$ 44.55	\$ 20.56	\$ 15.43	\$ 5.14
Employee + Spouse	\$ 713.28	\$ 59.44	\$ 27.43	\$ 20.58	\$ 6.85
Family	\$ 1,070.28	\$ 89.19	\$ 41.16	\$ 30.88	\$ 10.29
<b>CIGNA Dental DHMO</b>					
Individual	\$ 237.48	\$ 19.79	\$ 9.13	\$ 6.86	\$ 2.28
Parent + 1 Child	\$ 427.92	\$ 35.66	\$ 16.46	\$ 12.35	\$ 4.11
Employee + Spouse	\$ 474.00	\$ 39.50	\$ 18.23	\$ 13.68	\$ 4.55
Family	\$ 714.48	\$ 59.54	\$ 27.48	\$ 20.61	\$ 6.87

VISION INSURANCE	Total Annual Premium	Total Monthly Premium	Total Biweekly Premium	County Portion Per Pay (biweekly)	Employee Portion Per Pay (biweekly)
<b>National Vision Administrators</b>					
Individual	\$ 33.36	\$ 2.78	\$ 1.28	\$ 1.16	\$ 0.12
Parent + 1 Child	\$ 50.16	\$ 4.18	\$ 1.93	\$ 1.74	\$ 0.19
Employee + Spouse	\$ 66.72	\$ 5.56	\$ 2.57	\$ 2.31	\$ 0.25
Family	\$ 100.08	\$ 8.34	\$ 3.85	\$ 3.47	\$ 0.38