

For Active Employees Hired on or After 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:

Subsidy for Individual Employee Medical Coverage

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%.

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 70% 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 1/1/2024 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)
Cigna Open Access Plus (OAP)					
Individual	\$ 13,214.16	\$ 1,101.18	\$ 508.24	\$ 381.18	\$ 127.05
Parent + 1 Child	\$ 19,392.60	\$ 1,616.05	\$ 745.87	\$ 547.53	\$ 198.33
Employee + Spouse	\$ 28,197.84	\$ 2,349.82	\$ 1,084.53	\$ 784.59	\$ 299.94
Family	\$ 40,247.52	\$ 3,353.96	\$ 1,547.98	\$ 1,109.01	\$ 438.97
Cigna Open Access In-Network (OAPIN)					
Individual	\$ 10,432.92	\$ 869.41	\$ 401.27	\$ 341.08	\$ 60.18
Parent + 1 Child	\$ 15,146.52	\$ 1,262.21	\$ 582.56	\$ 467.99	\$ 114.56
Employee + Spouse	\$ 22,337.04	\$ 1,861.42	\$ 859.12	\$ 661.58	\$ 197.53
Family	\$ 31,543.68	\$ 2,628.64	\$ 1,213.22	\$ 909.45	\$ 303.76
Cigna High Deductible Health Plan (HDHP)					
Individual	\$ 7,866.60	\$ 655.55	\$ 302.56	\$ 257.18	\$ 45.38
Parent + 1 Child	\$ 11,420.40	\$ 951.70	\$ 439.25	\$ 352.86	\$ 86.38
Employee + Spouse	\$ 16,842.36	\$ 1,403.53	\$ 647.78	\$ 498.84	\$ 148.94
Family	\$ 23,784.36	\$ 1,982.03	\$ 914.78	\$ 685.74	\$ 229.04
Kaiser Permanente Select HMO					
Individual	\$ 10,168.32	\$ 847.36	\$ 391.09	\$ 332.43	\$ 58.65
Parent + 1 Child	\$ 14,761.32	\$ 1,230.11	\$ 567.74	\$ 456.09	\$ 111.65
Employee + Spouse	\$ 21,770.40	\$ 1,814.20	\$ 837.32	\$ 644.80	\$ 192.52
Family	\$ 30,742.92	\$ 2,561.91	\$ 1,182.42	\$ 886.37	\$ 296.05

DENTAL INSURANCE	Total Annual Premium	Total Monthly Premium	Total Biweekly Premium	County Portion Per Pay (biweekly)	Employee Portion Per Pay (biweekly)
CareFirst BCBS Traditional Dental					
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
CareFirst BCBS Preferred Dental PPO					
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
CIGNA Dental DHMO					
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)
National Vision Administrators					
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