



Baltimore County Government

2025 Active Employee Insurance Contribution Rates

Baltimore County has approved one contribution structure for Active Employee Health Insurance. Effective January 1, 2025, all Active Employees will pay the same rate regardless of Date of Hire.

Rates apply to full and part-time employees who are scheduled to work at least 30 hours/week

Cost Share of Plan Premiums:

- Cigna Open Access Plus (OAP) PPO** - The County Share of the Premium is 75%, Your Share is 25%.
- Cigna Open Access Plus In Network (OAPIN) EPO, Cigna High Deductible Health Plan (HDHP), and Kaiser Permanente HMO** - The County Share of the Premium cost is 85%, Your Share is 15%.
- All Dental Plans** - The County Share of the Premium cost is 75%, Your Share is 25%.
- Vision Plan** - The County Share of the Premium cost is 90%, Your Share is 10%.

MEDICAL	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	\$ 13,926.72	\$ 1,160.56	\$ 535.64	\$401.74	\$133.90
Parent + 1 Child	\$ 20,438.28	\$ 1,703.19	\$ 786.09	\$589.57	\$196.51
Employee + Spouse	\$ 29,718.24	\$ 2,476.52	\$ 1,143.01	\$857.26	\$285.74
Family	\$ 42,417.72	\$ 3,534.81	\$ 1,631.45	\$1,223.59	\$407.86
Cigna Open Access In-Network (OAPIN)					
Individual	\$ 10,995.48	\$ 916.29	\$ 422.90	\$359.47	\$63.43
Parent + 1 Child	\$ 15,963.24	\$ 1,330.27	\$ 613.97	\$521.88	\$92.09
Employee + Spouse	\$ 23,541.48	\$ 1,961.79	\$ 905.44	\$769.63	\$135.81
Family	\$ 33,244.56	\$ 2,770.38	\$ 1,278.64	\$1,086.85	\$191.78
Cigna High Deductible Health Plan (HDHP)					
Individual	\$ 8,290.80	\$ 690.90	\$ 318.88	\$271.05	\$47.82
Parent + 1 Child	\$ 12,036.24	\$ 1,003.02	\$ 462.93	\$393.50	\$69.43
Employee + Spouse	\$ 17,750.52	\$ 1,479.21	\$ 682.71	\$580.31	\$102.40
Family	\$ 25,066.80	\$ 2,088.90	\$ 964.11	\$819.50	\$144.60
Kaiser Permanente Select HMO					
Individual	\$ 11,032.68	\$ 919.39	\$ 424.33	\$360.69	\$63.64
Parent + 1 Child	\$ 16,016.16	\$ 1,334.68	\$ 616.01	\$523.61	\$92.39
Employee + Spouse	\$ 23,620.92	\$ 1,968.41	\$ 908.50	\$772.23	\$136.26
Family	\$ 33,356.16	\$ 2,779.68	\$ 1,282.93	\$1,090.49	\$192.43

DENTAL	Total Annual Premium	Total Monthly Premium	Total Biweekly Premium	County Portion Per Pay (biweekly)	Employee Portion Per Pay (biweekly)
CareFirst BCBS Traditional Dental					
Individual	\$ 472.08	\$ 39.34	\$ 18.16	\$13.62	\$4.53
Parent + 1 Child	\$ 707.88	\$ 58.99	\$ 27.23	\$20.42	\$6.80
Employee + Spouse	\$ 944.04	\$ 78.67	\$ 36.31	\$27.24	\$9.07
Family	\$ 1,416.60	\$ 118.05	\$ 54.48	\$40.87	\$13.62
CareFirst BCBS Preferred Dental PPO					
Individual	\$ 386.16	\$ 32.18	\$ 14.85	\$11.14	\$3.71
Parent + 1 Child	\$ 547.56	\$ 45.63	\$ 21.06	\$15.80	\$5.26
Employee + Spouse	\$ 730.56	\$ 60.88	\$ 28.10	\$21.08	\$7.02
Family	\$ 1,096.20	\$ 91.35	\$ 42.16	\$31.63	\$10.54
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	Total Annual Premium	Total Monthly Premium	Total Biweekly Premium	County Amount Per Pay (biweekly)	County Amount 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