

**HOWARD COUNTY GOVERNMENT
PLAN YEAR: JANUARY 1, 2022 - DECEMBER 31, 2022**

| PLAN OPTION & ENROLLMENT TIER | 2022 FULL MONTHLY PREMIUM | 2022 FULL TIME EMPLOYEE Bi weekly contribution (24 pays) | 2022 PART TIME EMPLOYEE Bi weekly contribution (24 pays) |
|-------------------------------------|---------------------------------|--|--|
| Aetna Open Choice PPO | | | |
| Employee | \$774.06 | \$58.50 | \$194.00 |
| Employee & Child(ren) | \$1,354.59 | \$102.00 | \$339.00 |
| Employee & Spouse | \$1,780.33 | \$134.00 | \$445.50 |
| Family | \$2,206.06 | \$165.50 | \$552.00 |
| Aetna Open Access Select | | | |
| Employee | \$655.61 | \$33.00 | \$164.00 |
| Employee & Child(ren) | \$1,226.00 | \$61.50 | \$306.50 |
| Employee & Spouse | \$1,507.91 | \$75.50 | \$377.00 |
| Family | \$1,940.63 | \$97.50 | \$485.50 |
| Kaiser HMO | | | |
| Employee | \$611.01 | \$31.00 | \$153.00 |
| Employee & Child(ren) | \$1,160.91 | \$58.50 | \$290.50 |
| Employee & Spouse | \$1,405.31 | \$70.50 | \$351.50 |
| Family | \$1,833.01 | \$92.00 | \$458.50 |
| Delta Dental PPO Plus | | | |
| Employee | \$33.46 | \$9.00 | \$9.00 |
| Employee & Child(ren) | \$58.47 | \$15.00 | \$15.00 |
| Employee & Spouse | \$76.93 | \$19.50 | \$19.50 |
| Family | \$94.68 | \$24.00 | \$24.00 |
| Delta Dental DHMO | | | |
| Employee | \$13.81 | \$3.50 | \$3.50 |
| Employee & Child(ren) | \$25.86 | \$6.50 | \$6.50 |
| Employee & Spouse | \$25.86 | \$6.50 | \$6.50 |
| Family | \$33.38 | \$8.50 | \$8.50 |

| Supplemental Life Insurance | |
|-----------------------------|--|
| Age | Monthly Rate per \$1000 of coverage |
| under 25 | \$0.050 |
| 25 - 29 | \$0.060 |
| 30 - 34 | \$0.080 |
| 35 - 39 | \$0.090 |
| 40 - 44 | \$0.100 |
| 45 - 49 | \$0.190 |
| 50 - 54 | \$0.330 |
| 55 - 59 | \$0.430 |
| 60 - 64 | \$0.660 |
| 65 - 69 | \$1.270 |
| 70 + | \$2.060 |

| Dependent Life Insurance |
|--------------------------------|
| \$20,000 benefit on spouse |
| \$10,000 benefit on child(ren) |
| Rate is \$1.00 per pay |