

**HOWARD COUNTY GOVERNMENT
PLAN YEAR: JANUARY 1, 2023 - DECEMBER 31, 2023**

PLAN OPTION & ENROLLMENT TIER	2023 FULL MONTHLY PREMIUM	2023 FULL TIME EMPLOYEE Bi weekly contribution (24 pays)	2023 PART TIME EMPLOYEE Bi weekly contribution (24 pays)
Aetna Open Choice PPO			
Employee	\$810.46	\$61.00	\$202.50
Employee & Child(ren)	\$1,418.30	\$106.50	\$354.50
Employee & Spouse	\$1,864.07	\$140.00	\$466.00
Family	\$2,309.82	\$173.50	\$577.50
Aetna Open Access Select			
Employee	\$686.45	\$34.50	\$171.50
Employee & Child(ren)	\$1,283.67	\$64.50	\$320.50
Employee & Spouse	\$1,578.83	\$79.00	\$394.50
Family	\$2,031.91	\$102.00	\$507.50
Kaiser HMO			
Employee	\$637.02	\$32.00	\$159.00
Employee & Child(ren)	\$1,210.33	\$61.00	\$302.50
Employee & Spouse	\$1,465.14	\$73.50	\$366.00
Family	\$1,911.05	\$96.00	\$477.50
Delta Dental PPO Plus			
Employee	\$36.00	\$9.00	\$9.00
Employee & Child(ren)	\$60.00	\$15.00	\$15.00
Employee & Spouse	\$78.00	\$19.50	\$19.50
Family	\$96.00	\$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 \$1,000 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