

Howard County Government Medicare-Eligible Retirees Premium Chart

Plan year January 1, 2023 - December 31, 2023

POST OPEB | Retired After 7/1/2009

POST-OPEB Medicare Eligible	Spouse Subsidy	Monthly Premium	50% County Paid	50% Retiree Paid	75% County Paid	25% Retiree Paid	90% County Paid	10% Retiree Paid	100% County Paid	0% Retiree Paid
			10 - 19 years of service		20 - 24 years of service		25 - 29 years of service		30+ years of service*	
Aetna Medicare Advantage 95 C03										
Individual	\$ -	\$ 338.45	\$ 163.35	\$ 175.10	\$ 245.03	\$ 93.43	\$ 294.03	\$ 44.42	\$ 326.70	\$ 11.75
Individual & Spouse	\$ 70.07	\$ 676.90	\$ 163.35	\$ 443.48	\$ 245.03	\$ 361.80	\$ 294.03	\$ 312.80	\$ 326.70	\$ 280.13
Aetna Medicare Advantage 10 P01										
Individual	\$ -	\$ 326.70	\$ 163.35	\$ 163.35	\$ 245.03	\$ 81.68	\$ 294.03	\$ 32.67	\$ 326.70	\$ -
Individual & Spouse	\$ 70.07	\$ 653.40	\$ 163.35	\$ 419.98	\$ 245.03	\$ 338.30	\$ 294.03	\$ 289.30	\$ 326.70	\$ 256.63
Kaiser Medicare Advantage										
Individual	\$ -	\$ 280.29	\$ 163.35	\$ 116.94	\$ 245.03	\$ 35.27	\$ 280.29	\$ -	\$ 280.29	\$ -
Individual & Spouse	\$ 70.07	\$ 560.58	\$ 163.35	\$ 327.16	\$ 245.03	\$ 245.48	\$ 294.03	\$ 196.48	\$ 326.70	\$ 163.81

HOWARD COUNTY GOVERNMENT
January 1, 2023 - December 31, 2023

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Applicable to non-Medicare eligible retirees who retired after July 1, 2009

	Spouse Subsidy	Full Monthly Premium	50% County Paid	50% Retiree Paid	75% County Paid	25% Retiree Paid	90% County Paid	10% Retiree Paid	100% County Paid	0% Retiree Paid
			15 - 19 years of service		20 - 24 years of service		25 - 29 years of service		30+ years of service	
Aetna Open Choice PPO										
Individual	\$ -	\$ 810.46	\$ 343.23	\$ 467.24	\$ 514.84	\$ 295.62	\$ 617.81	\$ 192.66	\$686.45	\$ 124.01
Individual & Child(ren)	\$ -	\$ 1,418.30	\$ 343.23	\$1,075.08	\$ 514.84	\$ 903.46	\$ 617.81	\$ 800.50	\$686.45	\$ 731.85
Individual & Spouse	\$ 207.03	\$ 1,864.07	\$ 343.23	\$1,313.82	\$ 514.84	\$ 1,142.20	\$ 617.81	\$1,039.24	\$686.45	\$ 970.59
Family	\$ 207.03	\$ 2,309.82	\$ 343.23	\$1,759.57	\$ 514.84	\$ 1,587.95	\$ 617.81	\$1,484.99	\$686.45	\$ 1,416.34
Aetna Open Access Select										
Individual	\$ -	\$ 686.45	\$ 343.23	\$ 343.23	\$ 514.84	\$ 171.61	\$ 617.81	\$ 68.65	\$686.45	\$ -
Individual & Child(ren)	\$ -	\$ 1,283.67	\$ 343.23	\$ 940.45	\$ 514.84	\$ 768.83	\$ 617.81	\$ 665.87	\$686.45	\$ 597.22
Individual & Spouse	\$ 207.03	\$ 1,578.83	\$ 343.23	\$1,028.58	\$ 514.84	\$ 856.96	\$ 617.81	\$ 754.00	\$686.45	\$ 685.35
Family	\$ 207.03	\$ 2,031.91	\$ 343.23	\$1,481.66	\$ 514.84	\$ 1,310.04	\$ 617.81	\$1,207.08	\$686.45	\$ 1,138.43
Kaiser HMO										
Individual	\$ -	\$ 637.02	\$ 343.23	\$ 293.80	\$ 514.84	\$ 122.18	\$ 617.81	\$ 19.21	\$637.02	\$ -
Individual & Child(ren)	\$ -	\$ 1,210.33	\$ 343.23	\$ 867.11	\$ 514.84	\$ 695.49	\$ 617.81	\$ 592.53	\$686.45	\$ 523.88
Individual & Spouse	\$ 207.03	\$ 1,465.14	\$ 343.23	\$ 914.89	\$ 514.84	\$ 743.27	\$ 617.81	\$ 640.31	\$686.45	\$ 571.66
Family	\$ 207.03	\$ 1,911.05	\$ 343.23	\$1,360.80	\$ 514.84	\$ 1,189.18	\$ 617.81	\$1,086.22	\$686.45	\$ 1,017.57

HOWARD COUNTY GOVERNMENT
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Retirees - Dental Insurance

Dental Plan Option	Full Monthly Premium	Spouse Subsidy	County Contribution	Retiree Contribution
Delta Dental PPO Plus				
Retiree only	\$ 36.00	\$ -	\$ 3.45	\$ 32.55
Retiree & Children	\$ 60.00	\$ -	\$ 3.45	\$ 56.55
Retiree & Spouse	\$ 78.00	\$ 3.01	\$ 3.45	\$ 71.54
Retiree & Family	\$ 96.00	\$ 3.01	\$ 3.45	\$ 89.54
Delta Dental DHMO				
Retiree only	\$ 13.81	\$ -	\$ 3.45	\$ 10.36
Retiree & Children	\$ 25.86	\$ -	\$ 3.45	\$ 22.41
Retiree & Spouse	\$ 25.86	\$ 3.01	\$ 3.45	\$ 19.40
Retiree & Family	\$ 33.38	\$ 3.01	\$ 3.45	\$ 26.92