

**HOWARD COUNTY GOVERNMENT  
PLAN YEAR: JANUARY 1, 2021 - DECEMBER 31, 2021**

PLAN OPTION & ENROLLMENT TIER	2021 FULL MONTHLY PREMIUM	2021 FULL TIME EMPLOYEE Bi weekly contribution (24 pays)	2021 PART TIME EMPLOYEE Bi weekly contribution (24 pays)
<b>Aetna Open Choice PPO</b>			
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
<b>Aetna Open Access Select</b>			
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
<b>Kaiser HMO</b>			
Employee	\$629.95	\$31.50	\$157.50
Employee & Child(ren)	\$1,196.90	\$60.00	\$299.50
Employee & Spouse	\$1,448.88	\$72.50	\$362.50
Family	\$1,889.85	\$94.50	\$472.50
<b>Delta Dental PPO Plus</b>			
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
<b>Dominion Dental ePPO</b>			
Employee	\$15.02	\$4.00	\$4.00
Employee & Child(ren)	\$28.12	\$7.50	\$7.50
Employee & Spouse	\$28.12	\$7.50	\$7.50
Family	\$36.29	\$9.50	\$9.50

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