

**HOWARD COUNTY GOVERNMENT  
January 1, 2021 - December 31, 2021**

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

Plan Option	Spouse Subsidy	Full Monthly Premium	50% County Paid	50% Retiree Paid	75% County Paid	25% Retiree Paid	90% County Paid	10% Retiree Paid
			15 - 19 years of service		20 - 24 years of service		25 - 29 years of service	
<b>Aetna Open Choice PPO</b>								
Individual	\$ -	\$774.06	\$ 327.81	\$ 446.26	\$ 491.71	\$ 282.35	\$ 590.05	\$ 184.01
Individual & Child(ren)	\$ -	\$1,354.59	\$ 327.81	\$ 1,026.78	\$ 491.71	\$ 862.88	\$ 590.05	\$ 764.54
Individual & Spouse	\$ 204.73	\$1,780.33	\$ 327.81	\$ 1,247.79	\$ 491.71	\$ 1,083.89	\$ 590.05	\$ 985.55
Family	\$ 204.73	\$2,206.06	\$ 327.81	\$ 1,673.52	\$ 491.71	\$ 1,509.62	\$ 590.05	\$ 1,411.28
<b>Aetna Open Access Select *</b>								
Individual	\$ -	\$655.61	\$ 327.81	\$ 327.80	\$ 491.71	\$ 163.90	\$ 590.05	\$ 65.56
Individual & Child(ren)	\$ -	\$1,226.00	\$ 327.81	\$ 898.19	\$ 491.71	\$ 734.29	\$ 590.05	\$ 635.95
Individual & Spouse	\$ 204.73	\$1,507.91	\$ 327.81	\$ 975.37	\$ 491.71	\$ 811.47	\$ 590.05	\$ 713.13
Family	\$ 204.73	\$1,940.63	\$ 327.81	\$ 1,408.09	\$ 491.71	\$ 1,244.19	\$ 590.05	\$ 1,145.85
<b>Kaiser HMO</b>								
Individual	\$ -	\$629.95	\$ 327.81	\$ 302.14	\$ 491.71	\$ 138.24	\$ 590.05	\$ 39.90
Individual & Child(ren)	\$ -	\$1,196.90	\$ 327.81	\$ 869.09	\$ 491.71	\$ 705.19	\$ 590.05	\$ 606.85
Individual & Spouse	\$ 204.73	\$1,448.88	\$ 327.81	\$ 916.34	\$ 491.71	\$ 752.44	\$ 590.05	\$ 654.10
Family	\$ 204.73	\$1,889.95	\$ 327.81	\$ 1,357.41	\$ 491.71	\$ 1,193.51	\$ 590.05	\$ 1,095.17

\* The Aetna Open Access is the basis for the County-paid subsidy for Individual coverage for all County-paid levels