


Appendix III


Anne Arundel County
General Rate Schedule
Effective 1/1/10 to 12/31/10
 Employee Pre-Tax Deduction & Addition To Pay)

Pay Period Rates

Health and Dental Options	Individual	Parent & Child	Husband & Wife	Family
CareFirst Triple Option with No Dental Coverage	52.61	95.36	114.14	148.35
CareFirst Triple Option with CIGNA Dental Care (DMO)	53.31	96.38	115.44	149.92
CareFirst Triple Option with CIGNA Dental PPO	54.46	97.21	115.99	150.20
Blue Choice HMO with No Dental Coverage	19.85	36.92	44.39	58.01
Blue Choice HMO with CIGNA Dental Care (DMO)	20.55	37.94	45.69	59.58
Blue Choice HMO with CIGNA Dental PPO	21.70	38.77	46.24	59.86
CIGNA Open Access Plus In-Network with No Dental Coverage	17.95	33.72	40.45	52.83
CIGNA Open Access Plus In-Network with CIGNA Dental Care (DMO)	18.65	34.74	41.75	54.40
CIGNA Open Access Plus In-Network with CIGNA Dental PPO	19.79	35.57	42.30	54.68
CIGNA Dental Care (DMO) with No Health	(19.61)	(18.97)	(18.42)	(17.86)
CIGNA Dental PPO with No Health	(17.31)	(17.31)	(17.31)	(17.31)
No Coverage (Opt Out)	(21.00)	(21.00)	(21.00)	(21.00)
No Coverage (Opt Out) AFSCME Local 2563	(28.85)	(28.85)	(28.85)	(28.85)

This schedule is intended to provide a convenient cost comparison of various health plan options (**there is no charge for vision care**). Amounts in () indicate an addition to pay. Pay period rates mean 26 times/year.