

# 2021 Employee Contributions

## ANNE ARUNDEL COUNTY GENERAL EMPLOYEE RATE SCHEDULE EFFECTIVE – 1/1/21 to 12/31/21

At Employee Cost Share of 25% for Triple Option Open Access; 15% for BlueChoice HMO Open Access; 15% for CareFirst EPO

Employee Biweekly Pre-tax Deduction (or Taxable additional To Pay)	Bi-Weekly Rates			
	Individual	Parent and Child	Employee and Spouse	Family
<b>BLUE CHOICE OPEN TRIPLE OPTION OPEN ACCESS</b>				
Blue Choice Triple Option Open Access with No Dental Coverage	\$99.16	\$176.56	\$212.13	\$276.03
Blue Choice Triple Option Open Access with CIGNA Dental Care (DHMO)	\$100.01	\$177.41	\$212.98	\$276.88
Blue Choice Triple Option Open Access with CIGNA Dental PPO (Core)	\$101.01	\$178.41	\$213.98	\$277.88
Blue Choice Triple Option Open Access with CIGNA Dental PPO (Buy-Up)	\$109.67	\$193.78	\$233.91	\$300.03
<b>BLUE CHOICE HMO OPEN ACCESS</b>				
Blue Choice HMO Open Access with No Dental Coverage	\$41.39	\$75.68	\$90.46	\$117.53
Blue Choice HMO Open Access with CIGNA Dental Care (DHMO)	\$42.24	\$76.53	\$91.31	\$118.38
Blue Choice HMO Open Access with CIGNA Dental PPO (Core)	\$43.24	\$77.53	\$92.31	\$119.38
Blue Choice HMO Open Access with CIGNA Dental PPO (Buy-Up)	\$51.90	\$92.90	\$112.24	\$141.53
<b>CAREFIRST EPO</b>				
CareFirst EPO with No Dental Coverage	\$45.55	\$83.70	\$99.68	\$129.23
CareFirst EPO with CIGNA Dental Care (DHMO)	\$46.40	\$84.55	\$100.53	\$130.08
CareFirst EPO with CIGNA Dental PPO (Core)	\$47.40	\$85.55	\$101.53	\$131.08
CareFirst EPO with CIGNA Dental PPO (Buy-Up)	\$56.06	\$100.92	\$121.46	\$153.23
<b>CIGNA DENTAL</b>				
CIGNA Dental Care DHMO*	\$0.00	\$0.00	\$0.00	\$0.00
CIGNA Dental Care PPO* (Core)	\$0.00	\$0.00	\$0.00	\$0.00
CIGNA Dental Care PPO (Buy-Up)	\$8.66	\$15.37	\$19.93	\$22.15
<b>VISION</b>				
EyeMed Vision	\$0.00	\$0.00	\$0.00	\$0.00
<b>OPT OUT</b>				
CIGNA Dental Care (DHMO) with No Health	(\$20.15)	(\$20.15)	(\$20.15)	(\$20.15)
CIGNA Dental Care (PPO) (Core) with No Health	(\$19.15)	(\$19.15)	(\$19.15)	(\$19.15)
CIGNA Dental Care (PPO) (Buy-Up) with No Health**	(\$19.15)	(\$19.15)	(\$19.15)	(\$19.15)
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)

### Notes:

*This Schedule is intended to provide a convenient cost comparison of various health plan options.*

*Bi-weekly means 26 times/year.*

*Amounts in ( ) indicate an addition to pay.*

*There is no charge for vision care*

*\* Cigna DHMO and DPPO (Core) are 100% Employer paid*

# EMPLOYEE *Contribution Comparison Chart*

Effective – 1/1/21 to 12/31/21

This chart details the County medical insurance cost (plans bundled with CIGNA PPO Dental, and the cost to employees).

Medical Plans		Total Rate	Monthly County Contribution	Monthly Employee Contribution	Biweekly Employee Contribution (26 Pay Periods)
<b>BLUE CHOICE TRIPLE OPTION OPEN ACCESS</b>	Individual	\$875.39	\$656.54	\$218.85	\$101.01
	Parent & Child	\$1,546.22	\$1,159.67	\$386.56	\$178.41
	Employee & Spouse	\$1,854.49	\$1,390.87	\$463.62	\$213.98
	Family	\$2,408.29	\$1,806.22	\$602.07	\$277.88
<b>BLUE CHOICE HMO OPEN ACCESS</b>	Individual	\$624.58	\$530.89	\$93.69	\$43.24
	Parent & Child	\$1,119.92	\$951.93	\$167.99	\$77.53
	Employee & Spouse	\$1,333.39	\$1,133.38	\$200.01	\$92.31
	Family	\$1,724.41	\$1,465.75	\$258.66	\$119.38
<b>CAREFIRST EPO</b>	Individual	\$684.68	\$581.98	\$102.70	\$47.40
	Parent & Child	\$1,235.71	\$1,050.35	\$185.36	\$85.55
	Employee & Spouse	\$1,466.57	\$1,246.58	\$219.99	\$101.53
	Family	\$1,893.31	\$1,609.31	\$284.00	\$131.08



# PART-TIME Rate Schedule

Effective - 1/1/21 to 12/31/21 (for part-time employees eligible for medical insurance benefits)

This chart details the County medical insurance cost (plans bundled with CIGNA PPO dental) and the cost to employees.

BI-WEEKLY DEDUCTION				
BLUE CHOICE TRIPLE OPTION OPEN ACCESS	50% FTE	60% FTE	70% FTE	80% FTE
Individual	\$252.52	\$222.21	\$191.91	\$161.61
Parent & Child	\$446.03	\$392.50	\$338.98	\$285.46
Employee & Spouse	\$534.95	\$470.76	\$406.56	\$342.37
Family	\$694.70	\$611.34	\$527.97	\$444.61
BLUE CHOICE HMO OPEN ACCESS	50% FTE	60% FTE	70% FTE	80% FTE
Individual	\$165.75	\$141.25	\$116.75	\$92.25
Parent & Child	\$297.21	\$253.27	\$209.34	\$165.40
Employee & Spouse	\$353.86	\$301.55	\$249.24	\$196.93
Family	\$457.63	\$389.98	\$322.33	\$254.68
CAREFIRST EPO	50% FTE	60% FTE	70% FTE	80% FTE
Individual	\$181.70	\$154.84	\$127.98	\$101.12
Parent & Child	\$327.94	\$279.46	\$230.98	\$182.50
Employee & Spouse	\$389.21	\$331.67	\$274.14	\$216.60
Family	\$502.46	\$428.18	\$353.90	\$279.63

Dental and Vision coverage are included in the above rates. Bi-weekly means 26 times/year. All deductions are pre-tax.

CIGNA DENTAL (BUY-UP)	50% FTE	60% FTE	70% FTE	80% FTE
Individual	\$8.66	\$8.66	\$8.66	\$8.66
Parent & Child	\$15.37	\$15.37	\$15.37	\$15.37
Employee & Spouse	\$19.93	\$19.93	\$19.93	\$19.93
Family	\$22.15	\$22.15	\$22.15	\$22.15

Buy-Up Premium is the same is the cost for all employees regardless of FTE status

COBRA MONTHLY RATE SCHEDULE January 1, 2021 - December 31, 2021 • (2% Surcharge)			
BLUE CHOICE TRIPLE OPTION OPEN ACCESS	Monthly Total	CAREFIRST EPO	Monthly Total
Individual	\$892.90	Individual	\$698.37
Parent & Child	\$1,577.14	Parent & Child	\$1,260.42
Employee & Spouse	\$1,891.58	Employee & Spouse	\$1,495.90
Family	\$2,456.46	Family	\$1,931.18
BLUE CHOICE HMO OPEN ACCESS	Monthly Total	VISION PLAN (EyeMed)	Monthly Total
Individual	\$637.07	Individual	\$3.92
Parent & Child	\$1,142.32	Parent & Child	\$7.82
Employee & Spouse	\$1,360.06	Employee & Spouse	\$10.00
Family	\$1,758.90	Family	\$11.36
AETNA MEDICARE ADVANTAGE PPO ESA	\$686.72		

# COBRA (continued)

COBRA MONTHLY RATE SCHEDULE			
January 1, 2021 - December 31, 2021 • (2% Surcharge)			
CIGNA DENTAL	Dental DHMO	Dental PPO	PPO (Buy-Up)
Individual	\$18.60	\$35.06	\$54.19
Parent & Child	\$37.20	\$62.18	\$96.15
Employee & Spouse	\$47.26	\$80.64	\$124.67
Family	\$53.73	\$89.62	\$138.57

## SCHOOL Health

### RN, LPN, PDS Aides and Health Assistants

Effective - 1/1/21 to 12/31/21

Rates are based on 20 paychecks per year and include Cigna Dental PPO & Vision Coverage.

85% County Subsidy Rate based on 20 deductions		
BLUE CHOICE TRIPLE OPTION OPEN ACCESS	Monthly Total	Employee Deduction Bi-Weekly
Individual	\$875.39	\$131.31
Parent & Child	\$1,546.22	\$231.93
Employee & Spouse	\$1,854.49	\$278.17
Family	\$2,408.29	\$361.24
BLUE CHOICE HMO OPEN ACCESS	Monthly Total	Employee Deduction Bi-Weekly
Individual	\$624.58	\$56.21
Parent & Child	\$1,119.92	\$100.79
Employee & Spouse	\$1,333.39	\$120.01
Family	\$1,724.41	\$155.20
CAREFIRST EPO	Monthly Total	Employee Deduction Bi-Weekly
Individual	\$684.68	\$61.62
Parent & Child	\$1,235.71	\$111.21
Employee & Spouse	\$1,466.57	\$131.99
Family	\$1,893.31	\$170.40
CIGNA DENTAL (BUY-UP)	Monthly Total	Employee Deduction Bi-Weekly
Individual	\$53.13	\$11.26
Parent & Child	\$94.26	\$19.97
Employee & Spouse	\$122.23	\$25.91
Family	\$135.85	\$28.79

# RECREATION *and Parks*

## Child Care Directors and Assistant Child Care Directors

Effective - 1/1/21 to 12/31/21

Rates are based on 20 paychecks per year and include Cigna Dental PPO & Vision Coverage.

		85% County Subsidy Rate based on 20 deductions	
BLUE CHOICE HMO OPEN ACCESS	Total Monthly Rate	Employee Deduction Bi-Weekly	
Individual	\$624.58	\$56.21	
Parent & Child	\$1,119.92	\$100.79	
Employee & Spouse	\$1,333.39	\$120.01	
Family	\$1,724.41	\$155.20	
CAREFIRST EPO	Total Monthly Rate	Employee Deduction Bi-Weekly	
Individual	\$684.68	\$61.62	
Parent & Child	\$1,235.71	\$111.21	
Employee & Spouse	\$1,466.57	\$131.99	
Family	\$1,893.31	\$170.40	
CIGNA DENTAL (BUY-UP)	Total Monthly Rate	Employee Deduction Bi-Weekly	
Individual	\$53.13	\$11.26	
Parent & Child	\$94.26	\$19.97	
Employee & Spouse	\$122.23	\$25.91	
Family	\$135.85	\$28.79	



# RETIREE Rate Schedule

Effective – 1/1/21 to 12/31/21

At retiree cost share of 20% for medical; 100% for dental; 100% for vision.

This rate sheet reflects an employer retiree subsidy of 80%. For retirees who were not eligible for an early or normal retirement as of January 1, 2017, in accordance with Section 6-1-308(i) of the County Code, the employer subsidy rates vary and are based on years of service at the time of retirement. Please contact the Benefits Unit for specific subsidy rate information

**Retirees and spouses must enroll in Medicare at age 65 (or when you first become eligible) to avoid Medicare’s late-enrollment penalties and to receive the maximum coverage available.**

Plan & Coverage Level	Monthly Total Cost	Monthly County Cost	Monthly Retiree Cost	
<b>Blue Choice Triple Option Open Access</b>				
Individual	\$875.39	\$700.31	\$175.08	
Retiree and Child	\$1,546.22	\$1,236.98	\$309.24	
Retiree and Spouse	\$1,854.49	\$1,483.59	\$370.90	
Family	\$2,408.29	\$1,926.63	\$481.66	
<b>Blue Choice HMO Open Access</b>				
Individual	\$624.58	\$499.66	\$124.92	
Retiree and Child	\$1,119.92	\$895.94	\$223.98	
Retiree and Spouse	\$1,333.39	\$1,066.71	\$266.68	
Family	\$1,724.41	\$1,379.53	\$344.88	
<b>CareFirst EPO</b>				
Individual	\$684.68	\$547.74	\$136.94	
Retiree and Child	\$1,235.71	\$988.57	\$247.14	
Retiree and Spouse	\$1,466.57	\$1,173.26	\$293.31	
Family	\$1,893.31	\$1,514.65	\$378.66	
<b>MEDICARE ADVANTAGE</b>				
(For retiree or spouse eligible for medicare due to age or disability)				
<b>Aetna Medicare Advantage PPO ESA</b>	<b>Total Cost</b>	<b>County Cost</b>	<b>Retiree Cost</b>	
Individual	\$673.25	\$538.60	\$134.65	
Retiree and Spouse	\$1,346.50	\$1,077.20	\$269.30	
	<b>CIGNA Dental DHMO (DHMO-network dentist required)</b>	<b>CIGNA Dental PPO (Core)</b>	<b>CIGNA Dental PPO (Buy-up)</b>	<b>Vision EyeMed</b>
Individual	\$18.24	\$34.37	\$53.13	\$3.84
Retiree and Child	\$36.47	\$60.96	\$94.26	\$7.67
Retiree and Spouse	\$46.33	\$79.06	\$122.23	\$9.80
Family	\$52.68	\$87.86	\$135.85	\$11.14