

2027 Employee Contributions

2027 Anne Arundel County General Employee Rate Schedule - Effective - 1/1/27 to 12/31/27

At Employee Cost Share of 25% for CareFirst BlueChoice Advantage PPO; 15% for CareFirst BlueChoice Advantage EPO

Employee Biweekly Pre-tax Deduction (or Taxable additional To Pay)

Bi-Weekly Rates

Medical and Dental Options	Individual	Parent and Child	Employee and Spouse	Family
BLUECHOICE ADVANTAGE PPO				
CareFirst BlueChoice Advantage PPO with No Dental Coverage	\$134.48	\$238.96	\$286.97	\$373.22
CareFirst BlueChoice Advantage PPO with CIGNA Dental Care (DHMO)	\$135.33	\$239.81	\$287.82	\$374.07
CareFirst BlueChoice Advantage PPO with CIGNA Dental PPO	\$136.33	\$240.81	\$288.82	\$375.07
CareFirst BlueChoice Advantage PPO with CIGNA Dental PPO Buy-Up	\$145.20	\$256.56	\$309.23	\$397.76
BLUECHOICE ADVANTAGE EPO				
CareFirst BlueChoice Advantage EPO with No Dental Coverage	\$62.13	\$113.62	\$135.19	\$175.07
CareFirst BlueChoice Advantage EPO with CIGNA Dental Care (DHMO)	\$62.98	\$114.47	\$136.04	\$175.92
CareFirst BlueChoice Advantage EPO with CIGNA Dental PPO	\$63.98	\$115.47	\$137.04	\$176.92
CareFirst BlueChoice Advantage EPO with CIGNA Dental PPO Buy-Up	\$72.85	\$131.22	\$157.45	\$199.61
CIGNA DENTAL				
CIGNA Dental Care DHMO*	\$0.00	\$0.00	\$0.00	\$0.00
CIGNA Dental Care PPO*	\$0.00	\$0.00	\$0.00	\$0.00
CIGNA Dental Care PPO Buy-Up	\$8.87	\$15.75	\$20.41	\$22.69
VISION				
EyeMed Vision	\$0.00	\$0.00	\$0.00	\$0.00
OPT OUT				
CIGNA Dental Care (DHMO) with No Health	(\$20.15)	(\$20.15)	(\$20.15)	(\$20.15)
CIGNA Dental Care (PPO) 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 100% are Employer paid.*

EMPLOYEE *Contribution Comparison Chart*

Effective – 1/1/27 to 12/31/27

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

Medical Plans		Total Rate	Monthly County Contribution	Monthly Employee Contribution	Biweekly Employee Contribution (26 Pay Periods)
BLUECHOICE ADVANTAGE PPO	Individual	\$1,181.55	\$886.16	\$295.39	\$136.33
	Parent & Child	\$2,087.03	\$1,565.27	\$521.76	\$240.81
	Employee & Spouse	\$2,503.12	\$1,877.34	\$625.78	\$288.82
	Family	\$3,250.59	\$2,437.94	\$812.65	\$375.07
BLUECHOICE ADVANTAGE EPO	Individual	\$924.14	\$785.52	\$138.62	\$63.98
	Parent & Child	\$1,667.93	\$1,417.74	\$250.19	\$115.47
	Employee & Spouse	\$1,979.53	\$1,682.60	\$296.93	\$137.04
	Family	\$2,555.51	\$2,172.18	\$383.33	\$176.92



PART-TIME Rate Schedule

Effective - 1/1/27 to 12/31/27 (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				
BLUECHOICE ADVANTAGE PPO	50% FTE	60% FTE	70% FTE	80% FTE
Individual	\$340.83	\$299.93	\$259.03	\$218.13
Parent & Child	\$602.03	\$529.78	\$457.54	\$385.30
Employee & Spouse	\$722.05	\$635.41	\$548.76	\$462.11
Family	\$937.67	\$825.15	\$712.63	\$600.11
BLUECHOICE ADVANTAGE EPO	50% FTE	60% FTE	70% FTE	80% FTE
Individual	\$245.25	\$209.00	\$172.74	\$136.49
Parent & Child	\$442.64	\$377.21	\$311.77	\$246.34
Employee & Spouse	\$525.34	\$447.68	\$370.02	\$292.36
Family	\$678.19	\$577.94	\$477.68	\$377.43

Dental Core 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	\$8.87	\$8.87	\$8.87	\$8.87
Parent & Child	\$15.75	\$15.75	\$15.75	\$15.75
Employee & Spouse	\$20.41	\$20.41	\$20.41	\$20.41
Family	\$22.69	\$22.69	\$22.69	\$22.69

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

COBRA MONTHLY RATE SCHEDULE January 1, 2027 - December 31, 2027 • (2% Surcharge)			
BLUECHOICE ADVANTAGE PPO	Monthly Total	BLUECHOICE ADVANTAGE EPO	Monthly Total
Individual	\$1,205.18	Individual	\$942.62
Parent & Child	\$2,128.77	Parent & Child	\$1,701.29
Employee & Spouse	\$2,553.18	Employee & Spouse	\$2,019.12
Family	\$3,315.60	Family	\$2,606.62
VISION PLAN (EyeMed)	Monthly Total		
Individual	\$4.13		
Parent & Child	\$8.23		
Employee & Spouse	\$10.53		
Family	\$11.95		
AETNA MEDICARE ADVANTAGE PPO ESA	\$909.35		

COBRA *(continued)*
COBRA MONTHLY RATE SCHEDULE
 January 1, 2027 - December 31, 2027 • (2% Surcharge)

CIGNA DENTAL	Dental DHMO	Dental PPO	PPO (Buy-Up)
Individual	\$18.93	\$35.91	\$55.52
Parent & Child	\$37.85	\$63.69	\$98.50
Employee & Spouse	\$48.09	\$82.62	\$127.73
Family	\$54.68	\$91.80	\$141.94

SCHOOL *Health***RN, LPN, PDS Aides and Health Assistants***Effective - 1/1/27 to 12/31/27*

At Employee Cost Share of 25% for CareFirst BlueChoice Advantage PPO; 15% for CareFirst BlueChoice Advantage EPO.
 Rates are based on 20 paychecks per year and include Cigna Core Dental PPO & EyeMed Vision Coverage.

BLUECHOICE ADVANTAGE PPO	Monthly Total	Employee Deduction Bi-Weekly
Individual	\$1,181.55	\$177.23
Parent & Child	\$2,087.03	\$313.06
Employee & Spouse	\$2,503.12	\$375.47
Family	\$3,250.59	\$487.59
BLUECHOICE ADVANTAGE EPO	Monthly Total	Employee Deduction Bi-Weekly
Individual	\$924.14	\$83.17
Parent & Child	\$1,667.93	\$150.11
Employee & Spouse	\$1,979.53	\$178.16
Family	\$2,555.51	\$230.00
CIGNA DENTAL (BUY-UP)	Monthly Total	Employee Deduction Bi-Weekly
Individual	\$54.43	\$11.53
Parent & Child	\$96.57	\$20.48
Employee & Spouse	\$125.23	\$26.54
Family	\$139.16	\$29.50

RECREATION *and Parks*

Child Care Directors and Assistant Child Care Directors

Effective - 1/1/27 to 12/31/27

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

85% County Subsidy Rate based on 20 deductions		
BLUECHOICE ADVANTAGE EPO	Total Monthly Rate	Employee Deduction Bi-Weekly
Individual	\$924.14	\$83.17
Parent & Child	\$1,667.93	\$150.11
Employee & Spouse	\$1,979.53	\$178.16
Family	\$2,555.51	\$230.00
CIGNA DENTAL (BUY-UP)	Total Monthly Rate	Employee Deduction Bi-Weekly
Individual	\$54.43	\$11.53
Parent & Child	\$96.57	\$20.48
Employee & Spouse	\$125.23	\$26.54
Family	\$139.16	\$29.50



RETIREE Rate Schedule

Effective – 1/1/27 to 12/31/27

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
BLUECHOICE ADVANTAGE EPO				
Individual	\$924.14	\$739.31		\$184.83
Retiree and Child	\$1,667.93	\$1,334.34		\$333.59
Retiree and Spouse	\$1,979.53	\$1,583.62		\$395.91
Family	\$2,555.51	\$2,044.41		\$511.10
BLUECHOICE ADVANTAGE PPO				
Individual	\$1,181.55	\$945.24		\$236.31
Retiree and Child	\$2,087.03	\$1,669.62		\$417.41
Retiree and Spouse	\$2,503.12	\$2,002.50		\$500.62
Family	\$3,250.59	\$2,600.47		\$650.12
MEDICARE ADVANTAGE				
(For retiree or spouse eligible for medicare due to age or disability)				
AETNA MEDICARE ADVANTAGE PPO ESA	Total Cost	County Cost		Retiree Cost
Individual	\$891.52	\$713.22		\$178.30
Retiree and Spouse	\$1,783.04	\$1,426.44		\$356.60
	CIGNA Dental DHMO (DHMO-network dentist required)	CIGNA Dental PPO (Core)	CIGNA Dental PPO (Buy-up)	Vision EyeMed
Individual	\$18.56	\$35.21	\$54.43	\$4.05
Retiree and Child	\$37.11	\$62.44	\$96.57	\$8.07
Retiree and Spouse	\$47.15	\$81.00	\$125.23	\$10.32
Family	\$53.61	\$90.00	\$139.16	\$11.72