# Anne Arundel County Government 2016 Annual Cost of Health Benefits Effective 1/1/2016

|                          |                                | Calendar Year 2016 |
|--------------------------|--------------------------------|--------------------|
| Plan                     | Coverage                       | Total Annual Cost  |
| Active Employees         |                                |                    |
| Local HMO                | Individual                     | \$6,494.16         |
|                          | Parent and Child               | \$11,659.44        |
|                          | Employee and Spouse            | \$13,873.32        |
| - XXII                   | Family                         | \$17,935.20        |
| National PPO             | Individual                     | \$7,388.16         |
|                          | Parent and Child               | \$13,205.88        |
|                          | Employee and Spouse            | \$15,746.88        |
|                          | Family                         | \$20,382.72        |
| Retirees                 | ,                              |                    |
| Local HMO                | Individual                     | \$7,143.60         |
|                          | Parent and Child               | \$12,825.48        |
|                          | Employee or Retiree and Spouse | \$15,260.64        |
|                          | Family                         | \$19,728.72        |
| National PPO             | Individual                     | \$8,126.88         |
|                          | Parent and Child               | \$14,526.48        |
|                          | Employee and Spouse            | \$17,321.52        |
|                          | Family                         | \$22,421.04        |
| AETNA Medicare Advantage | Retiree                        | \$6,687.12         |
|                          | Retiree and Spouse             | \$13,374.36        |
| Dental HMO               | Individual                     | \$221.16           |
|                          | Parent and Child               | \$442.08           |
|                          | Employee or Retiree and Spouse | \$561.72           |
|                          | Family                         | \$638.76           |
| Dental PPO               | Individual                     | \$413.64           |
|                          | Parent and Child               | \$733.80           |
|                          | Employee or Retiree and Spouse | \$951.60           |
|                          | Family                         | \$1,057.68         |
| VSP Vision               | Individual                     | \$28.68            |
|                          | Parent and Child               | \$57.24            |
|                          | Employee or Retiree and Spouse | \$73.20            |
|                          | Family                         | \$83.16            |

| Employer Subsidy for Ful | Time Non-represented Employees |
|--------------------------|--------------------------------|
| Local HMO                | 85%                            |
| National PPO             | 75%                            |
| Dental HMO               | 100%                           |
| Dental PPO               | 100%                           |
| VSP Vision               | 100%                           |

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## Rates for Part Time Employees

The medical rates fro a part-time non-represented employee shall be the product of the annual cost multiplied by the employer subsidy for a full-time non-represented employee multiplied by the percentage of a full-time position worked by the employee.

The dental and vision rates will be subsidized 100% by the County.

#### Employer Subsidy for Survivors of Employees

The employer subsidy for survivors of employees shall be 80%, excluding dental and vision coverage.

There shall be no employer subsidy for dental and vision coverage for survivors of employees.

### Employer Subsidy for Survivors of Retirees

The employer subsidy for survivors of retirees shall be 80%, excluding dental and vision coverage.

There shall be no employer subsidy for dental and vision coverage for survivors of retirees.

## Monetary Credit for Non-Represented Employees Who Choose to Opt Out of Health Insurance Benefits

A full-time non-represented employee who opts out of medical coverage shall be entitled to a monetary credit of \$497.90 annually.

A full-time non-represented employee who opts out of dental & vision coverage shall be entitled to a monetary credit of \$48.10 annually.

A full-time non-represented employee who selects dental HMO coverage and opts out of dental PPO coverage shall be entitled to a monetary credit of \$26.00 annually.

A part-time non-represented employee who opts out of medical and/or dental and vision coverage shall be entitled to a monetary credit equal to the product of the monetary credit for a full-time non-represented employee multiplied by the percentage of a full-time position worked by the employee.