

RATES FOR 2023-2024

ANTHEM BLUE CROSS/BLEU SHIELD HEALTH INSURANCE

Key Care 15 Plus PPO including Basic Vision				
Tier	Monthly Cost	County Pays	Employee Pays	Employee Cost per Pay Period
Employee Only	\$ 701.94	\$ 561.55	\$ 140.39	\$ 70.19
Employee + Child	\$ 1,193.30	\$ 831.80	\$ 361.50	\$ 180.75
Employee + Children	\$ 1,193.30	\$ 831.80	\$ 361.50	\$ 180.75
Employee + Spouse	\$ 1,474.07	\$ 986.22	\$ 487.85	\$ 243.92
Employee + Family	\$ 1,895.23	\$ 1,217.86	\$ 677.37	\$ 338.68
Medicare Carve-Out*	\$ 701.94	\$ 350.97	\$ 350.97	N/A

(\$15/50/85/20% Prescription Drug Benefit)

*Continuing Medicare Carve-Out enrollees, please refer to the Finance Department

Key Care 15 Plus PPO with Major Vision				
Tier	Monthly Cost	County Pays	Employee Pays	Employee Cost per Pay Period
Employee Only	\$ 707.45	\$ 561.55	\$ 145.90	\$ 72.95
Employee + Child	\$ 1,203.24	\$ 831.80	\$ 371.44	\$ 185.72
Employee + Children	\$ 1,203.24	\$ 831.80	\$ 371.44	\$ 185.72
Employee + Spouse	\$ 1,484.01	\$ 986.22	\$ 497.79	\$ 248.90
Employee + Family	\$ 1,911.19	\$ 1,217.86	\$ 693.33	\$ 346.67

(\$15/50/85/20% Prescription Drug Benefit)

Key Care 20 Plus PPO including Basic Vision				
Tier	Monthly Cost	County Pays	Employee Pays	Employee Cost per Pay Period
Employee Only	\$ 695.86	\$ 561.55	\$ 134.30	\$ 67.15
Employee + Child	\$ 1,182.96	\$ 831.80	\$ 351.16	\$ 175.58
Employee + Children	\$ 1,182.96	\$ 831.80	\$ 351.16	\$ 175.58
Employee + Spouse	\$ 1,461.30	\$ 986.22	\$ 475.08	\$ 237.54
Employee + Family	\$ 1,878.82	\$ 1,217.86	\$ 660.95	\$ 330.48

(\$15/50/85/20% Prescription Drug Benefit)

Key Care 20 Plus PPO with Major Vision				
Tier	Monthly Cost	County Pays	Employee Pays	Employee Cost per Pay Period
Employee Only	\$ 701.37	\$ 561.55	\$ 139.82	\$ 69.91
Employee + Child	\$ 1,192.90	\$ 831.80	\$ 361.10	\$ 180.55
Employee + Children	\$ 1,192.90	\$ 831.80	\$ 361.10	\$ 180.55
Employee + Spouse	\$ 1,471.24	\$ 986.22	\$ 485.02	\$ 242.51
Employee + Family	\$ 1,894.78	\$ 1,217.86	\$ 676.92	\$ 338.46

(\$15/50/85/20% Prescription Drug Benefit)

DENTAL INSURANCE

Dental - Basic				
Tier	Monthly Cost	County Pays	Employee Pays	Employee Cost per Pay Period
Employee Only	\$ 13.96	\$ 11.18	\$ 2.78	\$ 1.39
Employee + Child	\$ 27.92	\$ 18.86	\$ 9.06	\$ 4.53
Employee + Children	\$ 27.92	\$ 18.86	\$ 9.06	\$ 4.53
Employee + Spouse	\$ 26.52	\$ 18.09	\$ 8.43	\$ 4.22
Employee + Family	\$ 41.88	\$ 26.53	\$ 15.35	\$ 7.67
Medicare Carve-Out	\$ 13.96	\$ 6.98	\$ 6.98	n/a

Dental - Major				
Tier	Monthly Cost	County Pays	Employee Pays	Employee Cost per Pay Period
Employee Only	\$ 23.66	\$ 11.18	\$ 12.48	\$ 6.24
Employee + Child	\$ 47.34	\$ 18.86	\$ 28.48	\$ 14.24
Employee + Children	\$ 47.34	\$ 18.86	\$ 28.48	\$ 14.24
Employee + Spouse	\$ 44.96	\$ 18.09	\$ 26.87	\$ 13.44
Employee + Family	\$ 70.98	\$ 26.53	\$ 44.45	\$ 22.22
Medicare Carve-Out	\$ 23.66	\$ 6.98	\$ 16.68	N/A