

Rates for Medical, Dental and Vision Plans for Active Employees

Effective July 1, 2023

FY 2023-2024 Cost of employee medical coverage amounts shown below do not include Wellbeing Participation Discounts, Employer's HSA Contribution, and/or any applicable surcharges.

CareFirst and CVS Caremark for Medical with Rx Rates	Bronze- Qualified High Deductible w/ HSA		Silver		Gold	
	Employee Cost Per Pay	Board Cost Per Pay	Employee Cost Per Pay	Board Cost Per Pay	Employee Cost Per Pay	Board Cost Per Pay
Employee Only	\$43.35	\$362.40	\$66.88	\$380.46	\$124.13	\$396.54
Employee/Spouse	\$98.71	\$736.60	\$176.07	\$746.72	\$680.26	\$396.54
Employee/Child	\$61.73	\$534.04	\$110.70	\$547.52	\$371.66	\$396.54
Employee/Children	\$87.33	\$771.51	\$167.46	\$783.06	\$715.32	\$396.54
Family	\$120.97	\$867.30	\$213.35	\$879.08	\$879.23	\$396.54
Two Married Covered Employees without Dependents*	\$76.29	\$759.02	\$125.14	\$797.65	\$245.36	\$831.44
Two Married Covered Employees with Dependents*	\$97.60	\$890.67	\$147.55	\$944.88	\$452.00	\$823.77

*Both spouses must be employees eligible for insurance and work for the Garrett County Board of Education to qualify for this rate.

Delta Dental				
Dental Rates (50% Employee Cost Share)				
Employee Only Cost Per Pay	Employee/Spouse Cost Per Pay	Employee/Child Cost Per Pay	Employee/Children Cost Per Pay	Family Cost Per Pay
\$7.59	\$15.94	\$11.38	\$11.38	\$18.97

National Vision Administrators				
Vision Rates (50% Employee Cost Share)				
Employee Only Cost Per Pay	Employee/Spouse Cost Per Pay	Employee/Child Cost Per Pay	Employee/Children Cost Per Pay	Family Cost Per Pay
\$1.14	\$1.77	\$1.77	\$1.77	\$2.80

Wellbeing Incentive Discount Applied to Employee Cost Share of Insurance Premium	Employee With Wellbeing Participation Discount	-\$25.00 per pay	-\$600.00 Annually
	Spouse With Wellbeing Participation Discount	-\$12.50 per pay	-\$300.00 Annually
	Both With Wellbeing Participation Discount	-\$37.50 per pay	-\$900.00 Annually

Distribution Surcharge	\$2.00 per pay/ \$48.00 annually	Applied to all employees covered under the Garrett County Board of Education Health Care Plan.
Effective 07/01/2020 Nicotine Surcharge	Employee- \$25.00 per pay/\$600.00 annually	Applied to any <u>employee</u> and <u>spouse</u> covered under the Garrett County Board of Education Health Care Plan that is an active nicotine user OR a nicotine user who failed to complete a cessation program OR an <u>employee</u> or <u>spouse</u> who failed to return their Nicotine Attestation Form by the deadline.
Effective 7/01/2021 Nicotine Surcharge	Spouse- \$25.00 per pay/ \$600.00 annually	