

Prince George's County Government Schedule of Health Benefits Costs for 2019

ALL ACTIVE EMPLOYEES – (Excluding Crossing Guards)

EMPLOYEE BI-WEEKLY	EMPLOYEE MONTHLY	COUNTY MONTHLY	TOTAL MONTHLY
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		EMPLOYEE BI-WEEKLY	EMPLOYEE MONTHLY	COUNTY MONTHLY	TOTAL MONTHLY
M E D I C A L	KAISER PERMANENTE *				
	Individual	52.93	114.69	344.08	458.77
	Two-Person	105.63	228.86	686.57	915.43
	Family	153.05	331.60	994.82	1,326.42
	CIGNA HMO*				
	Individual	55.33	119.88	359.66	479.54
	Two-Person	110.66	239.76	719.28	959.04
	Family	154.73	335.24	1,005.72	1,340.96
	CIGNA PPO*				
	Individual	86.68	187.81	438.23	626.04
Two-Person	174.79	378.71	883.67	1,262.38	
Family	245.46	531.84	1,240.95	1,772.79	
P R E S C R I P T I O N D R U G P L A N	PRESCRIPTION DRUG PLAN*				
	Individual	12.23	26.50	150.20	176.70
	Two-Person	24.64	53.39	302.52	355.91
	Family	31.48	68.20	386.46	454.66
V I S I O N	BASIC PLAN*				
	Individual	0.52	1.12	6.37	7.49
	Family	1.12	2.43	13.77	16.20
	BUY-UP PLAN*				
	Individual	0.82	1.77	10.04	11.81
	Family	2.15	4.65	26.33	30.98
D E N T A L	AETNA DENTAL PLAN (DMO)				
	Individual	11.85	25.67	N/A	25.67
	Two-Person	18.65	40.40	N/A	40.40
	Family	23.86	51.69	N/A	51.69
	AETNA DENTAL PLAN (PPO)				
	Individual	18.02	39.04	N/A	39.04
	Two-Person	33.00	71.51	N/A	71.51
	Family	48.87	105.89	N/A	105.89

***Medical HMO - County pay 75% and Employee pays 25%**

Medical PPO – County pay 70% and Employee pays 30%

Prescription/Vision – County pays 85% and Employee pays 15%

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CROSSING GUARDS (Paid Over 20 Pay Periods)

EMPLOYEE EMPLOYEE COUNTY TOTAL
BI-WEEKLY MONTHLY MONTHLY MONTHLY

M E D I C A L	KAISER PERMANENTE*				
	Individual	68.81	114.69	344.08	458.77
	Two-Person	137.32	228.86	686.57	915.43
	Family	198.96	331.60	994.82	1,326.42
	CIGNA HMO*				
	Individual	71.93	119.88	359.66	479.54
	Two-Person	143.86	239.76	719.28	959.04
	Family	201.14	335.24	1,005.72	1,340.96
	CIGNA PPO*				
	Individual	112.69	187.81	438.23	626.04
	Two-Person	227.23	378.71	883.67	1,262.38
	Family	319.10	531.84	1,240.95	1,772.79
P R E S C R I P T I O N D R U G P L A N	PRESCRIPTION DRUG PLAN*				
	Individual	15.90	26.50	150.20	176.70
	Two-Person	32.03	53.39	302.52	355.91
	Family	40.92	68.20	386.46	454.66
V I S I O N	BASIC PLAN*				
	Individual	0.67	1.12	6.37	7.49
	Family	1.46	2.43	13.77	16.20
	BUY-UP PLAN*				
	Individual	1.06	1.77	10.04	11.81
	Family	2.79	4.65	26.33	30.98
D E N T A L	AETNA DENTAL PLAN (DMO)				
	Individual	15.40	25.67	N/A	25.67
	Two-Person	24.24	40.40	N/A	40.40
	Family	31.01	51.69	N/A	51.69
	AETNA DENTAL PLAN (PPO)				
	Individual	23.42	39.04	N/A	39.04
	Two-Person	42.91	71.51	N/A	71.51
	Family	63.53	105.89	N/A	105.89

***Medical HMO - County pay 75% and Employee pays 25%**

Medical PPO – County pay 70% and Employee pays 30%

Prescription/Vision – County pays 85% and Employee pays 15%