

**When Public Act Number 0054 of 2011 is applicable  
MONTHLY HEALTH COVERAGE RATES**

<b>Kent County Wellness PPO (BCBSM)</b>			
	Employee Cost (Full-Time)	County Cost	Total Cost
<b>Single</b>	\$128.08	\$463.68	\$591.76
<b>Two-Party</b>	\$268.98	\$973.72	\$1,242.70
<b>Family</b>	\$320.22	\$1,159.19	\$1,479.41

<b>Blue Care Network HMO</b>			
	Employee Cost (Full-Time)	County Cost	Total Cost
<b>Single</b>	\$158.30	\$358.10	\$516.40
<b>Two-Party</b>	\$379.95	\$859.42	\$1,239.37
<b>Family</b>	\$474.93	\$1,074.28	\$1,549.21

<b>Kent County Prescription Plan</b>			
	Employee Cost (Full-Time)	County Cost	Total Cost
<b>Single</b>	\$29.02	\$115.64	\$144.66
<b>Two-Party</b>	\$60.93	\$242.85	\$303.78
<b>Family</b>	\$72.53	\$289.11	\$361.64

<b>Kent County Dental Plan (Full-Time Only)</b>			
	Employee Cost	County Cost	Total Cost
<b>Single</b>	\$0.00	\$92.64	\$92.64
<b>Two-Party</b>	\$0.00	\$92.64	\$92.64
<b>Family</b>	\$0.00	\$92.64	\$92.64

<b>Kent County Vision Plan (Full-Time Only)</b>			
	Employee Cost	County Cost	Total Cost
<b>Single</b>	\$0.00	\$8.31	\$8.31
<b>Two-Party</b>	\$0.00	\$12.04	\$12.04
<b>Family</b>	\$0.00	\$21.83	\$21.83

NOTE: **Full-time** employees pay 20% premium cost for medical and prescription benefits plus the 2024 premium increase in accordance with P.A 54.

**Part-time** employees pay the total premium cost (far right column) for medical and prescription benefits, less a \$35.00 per pay period credit. Part-time employees are not eligible for dental and vision coverage.

Deductions are taken from the first and second pay period of each month. If you want to calculate your deduction amount per pay period, take your monthly contribution and divide it by two.