

V. Plan Cost

Wellness PPO and Wellness HMO Plan Monthly Coverage Rates



NOTE: Full-time employees pay 20% premium cost for medical and prescription benefits associated with the Wellness PPO and Wellness HMO Plans.

Wellness PPO (BCBSM)			
	Employee Cost (Full-Time)	County Cost	Total Cost
Single	\$118.35	\$473.41	\$591.76
Two-Party	\$248.54	\$994.16	\$1,242.70
Family	\$295.88	\$1,183.53	\$1,479.41

Wellness HMO (BCN)			
	Employee Cost (Full-Time)	County Cost	Total Cost
Single	\$103.28	\$413.12	\$516.40
Two-Party	\$247.87	\$991.50	\$1,239.37
Family	\$309.84	\$1,239.37	\$1,549.21

Prescription Plan with PPO and HMO Medical Plans (Capital Rx)			
	Employee Cost (Full-Time)	County Cost	Total Cost
Single	\$28.93	\$115.73	\$144.66
Two-Party	\$60.71	\$242.85	\$303.56
Family	\$72.32	\$289.32	\$361.64

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

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