

2023 Premiums

Monthly-Paid Employee (deductions over 10 pay periods)¹

Coverage	Medical Premiums				Dental Premiums			
	Cigna OAP		Kaiser Permanente		Aetna DNO		Aetna PPO	
	YOU PAY	FCPS PAYS	YOU PAY	FCPS PAYS	YOU PAY	FCPS PAYS	YOU PAY	FCPS PAYS
Individual	\$122.96	\$755.30	\$127.17	\$731.14	\$7.65	\$17.85	\$19.73	\$46.03
Employee+1	\$409.98	\$1,342.07	\$423.90	\$1,292.73	\$13.01	\$30.36	\$33.53	\$78.24
Family	\$512.48	\$1,677.59	\$529.88	\$1,615.92	\$18.41	\$42.96	\$47.55	\$110.95
2 Employee: Employee+1 ²					\$8.68	\$34.70	\$22.36	\$89.42
2 Employee: Family ²	\$409.98	\$1,780.09	\$423.90	\$1,721.90	\$12.27	\$49.10	\$31.70	\$126.79

Biweekly-Paid Employee (deductions over 20 pay periods)¹

Coverage	Medical Premiums				Dental Premiums			
	Cigna OAP		Kaiser Permanente		Aetna DNO		Aetna PPO	
	YOU PAY	FCPS PAYS	YOU PAY	FCPS PAYS	YOU PAY	FCPS PAYS	YOU PAY	FCPS PAYS
Individual	\$61.48	\$377.65	\$63.59	\$365.57	\$3.83	\$8.93	\$9.86	\$23.01
Employee+1	\$204.99	\$671.04	\$211.95	\$646.37	\$6.51	\$15.18	\$16.77	\$39.12
Family	\$256.24	\$838.80	\$264.94	\$807.96	\$9.21	\$21.48	\$23.77	\$55.47
2 Employee: Employee+1 ²					\$4.34	\$17.35	\$11.18	\$44.71
2 Employee: Family ²	\$204.99	\$890.05	\$211.95	\$860.95	\$6.14	\$24.55	\$15.85	\$63.40

COBRA³

Coverage	Medical		Dental	
	Cigna OAP	Kaiser Permanente	Aetna DNO	Aetna PPO
Individual	\$746.51	\$729.56	\$21.68	\$55.89
Employee+1	\$1,489.24	\$1,459.14	\$36.87	\$95.01
Family	\$1,861.56	\$1,823.93	\$52.16	\$134.72

¹ All benefits-eligible employees in active status pay the same rates, regardless if part-time or full-time. Employees have deductions taken January through June, then again September through December.

² **Employees and their spouses who both work for FCPS in benefits-eligible positions can receive a premium discount:**

- 2-Employee Dental rates reflect an employee contribution of 20% of the total premium.
- 2-Employee Medical Family rates reflect the same employee contribution as Employee + 1 coverage.
- 2-Employee Medical Employee + 1 rates are not provided; it is less expensive for two employees to enroll in Individual medical coverage rather than Employee + 1 medical coverage.

If you are eligible but not receiving the 2-Employee discount, complete the [FCPS Two Employee Spouse Discount form \(HR-134\)](#), and submit during Open Enrollment. As a reminder, employees are required to notify the Office of Benefit Services **within 30 calendar days** of any event that would cause an employee to qualify for (or cease to be eligible for) the discounted rate; including marriage, divorce, termination of employment, or commencement/termination of a leave of absence.

³ COBRA premiums apply to employees/dependents who are eligible and have elected COBRA continuation coverage. Premiums are paid monthly (over 12 months) on a direct bill basis.