2024 Premiums

Monthly-Paid Employee

(deductions over 10 pay periods)¹

	Medical Premiums				Dental Premiums			
	Cigna OAP		Kaiser Permanente		Aetna DNO		Aetna PPO	
Coverage	YOU PAY	FCPS PAYS	YOU PAY	FCPS PAYS	YOU PAY	FCPS PAYS	YOU PAY	FCPS PAYS
Individual	\$132.78	\$875.45	\$132.94	\$822.06	\$7.37	\$17.20	\$19.73	\$46.03
Employee+1	\$442.50	\$1,568.56	\$443.31	\$1,466.68	\$12.54	\$29.26	\$33.53	\$78.24
Family	\$553.12	\$1,961.08	\$553.90	\$1,833.60	\$17.74	\$41.40	\$47.55	\$110.95
2 Employee: Employee+1 ²					\$8.36	\$33.45	\$22.36	\$89.42
2 Employee: Family ²	\$442.50	\$2,071.70	\$443.31	\$1,944.19	\$11.83	\$47.31	\$31.70	\$126.79

Biweekly-Paid Employee

(deductions over 20 pay periods)1

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	Medical Premiums				Dental Premiums			
	Cigna OAP		Kaiser Permanente		Aetna DNO		Aetna PPO	
Coverage	YOU PAY	FCPS PAYS	YOU PAY	FCPS PAYS	YOU PAY	FCPS PAYS	YOU PAY	FCPS PAYS
Individual	\$66.39	\$437.72	\$66.47	\$411.03	\$3.69	\$8.60	\$9.86	\$23.01
Employee+1	\$221.25	\$784.43	\$221.65	\$733.34	\$6.27	\$14.63	\$16.77	\$39.12
Family	\$276.56	\$980.54	\$276.95	\$916.80	\$8.87	\$20.70	\$23.77	\$55.47
2 Employee: Employee+1 ²					\$4.18	\$16.72	\$11.18	\$44.71
2 Employee: Family ²	\$221.25	\$1,035.85	\$221.65	\$972.09	\$5.91	\$23.66	\$15.85	\$63.40

COBRA³

Coverage	Med	Dental		
	Cigna OAP	Kaiser Permanente	Aetna DNO	Aetna PPO
Individual	\$856.99	\$811.75	\$20.89	\$55.89
Employee+1	\$1,709.65	\$1,623.49	\$35.53	\$95.01
Family	\$2,137.07	\$2,029.37	\$50.27	\$134.72

¹ All benefits-eligible employees in active status pay the same rates, regardless of if part-time or full-time. Employees have deductions taken January-June, then again September-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 are the same 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 <u>FCPS Two Employee Spouse Discount form</u> (<u>HR-134</u>), 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.