

**Active Employee Cost
Healthcare Costs**

Completed Neither Health Risk Assessment nor Biometric Health Screening Base Employee Cost Share*

Plan Name	Coverage Level	Employee Percentage	Calendar Year 2021		Calendar Year 2020		Increase	
			Biweekly 10-Month Employee	Biweekly 12-Month Employee	Biweekly 10-Month Employee	Biweekly 12-Month Employee	Biweekly 10-Month Employee	Biweekly 12-Month Employee
Kaiser Permanente HMO + Rx	Individual	12%	49.51	38.08	46.05	35.42	3.46	2.66
	Individual + 1	12%	98.67	75.90	91.78	70.60	6.89	5.30
	Family (Individual + Spouse + Child(ren))	12%	142.92	109.94	132.93	102.25	9.99	7.69
CareFirst BlueChoice HMO + CareMark Prescription	Individual	12%	48.59	37.37	45.21	34.78	3.38	2.59
	Individual + 1	12%	93.20	71.69	86.96	66.89	6.24	4.80
	Family (Individual + Spouse + Child(ren))	12%	139.86	107.58	128.92	99.17	10.94	8.41
CareFirst BlueChoice Adv POS	Individual	17%	74.27	57.13	68.14	52.42	6.13	4.71
	Individual + 1	17%	148.51	114.24	136.25	104.81	12.26	9.43
	Family (Individual + Spouse + Child(ren))	17%	198.05	152.34	181.14	139.34	16.91	13.00
CareFirst Dental PPO	Individual	17%	3.43	2.64	3.34	2.57	0.09	0.07
	Individual + 1	17%	6.86	5.28	6.67	5.13	0.19	0.15
	Family (Individual + Spouse + Child(ren))	17%	10.09	7.76	9.80	7.54	0.29	0.22
Aetna Dental DMO	Individual	17%	2.20	1.69	2.20	1.69	0.00	0.00
	Individual + 1	17%	4.40	3.38	4.40	3.38	0.00	0.00
	Family (Individual + Spouse + Child(ren))	17%	6.46	4.97	6.46	4.97	0.00	0.00
Davis Vision	Individual	17%	0.17	0.13	0.16	0.12	0.01	0.01
	Individual + 1	17%	0.32	0.25	0.29	0.22	0.03	0.03
	Family (Individual + Spouse + Child(ren))	17%	0.41	0.31	0.37	0.28	0.04	0.03