

MONTHLY HEALTH COVERAGE RATES

Kent County Wellness PPO (BCBSM)			
	Employee Cost (Full-Time)	County Cost	Total Cost
Single	\$104.16	\$416.65	\$520.81
Two-Party	\$218.74	\$874.97	\$1,093.71
Family	\$260.40	\$1,041.63	\$1,302.03

Blue Care Network Wellness HMO (BCN)			
	Employee Cost (Full-Time)	County Cost	Total Cost
Single	\$92.45	\$369.82	\$462.27
Two-Party	\$221.89	\$887.57	\$1,109.46
Family	\$277.36	\$1,109.46	\$1,386.82

Kent County Prescription Plan			
	Employee Cost (Full-Time)	County Cost	Total Cost
Single	\$28.36	\$113.45	\$141.81
Two-Party	\$59.56	\$238.25	\$297.81
Family	\$70.90	\$283.63	\$354.53

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

Notes: **Full-time** employees pay 20% premium cost for medical and prescription benefits.

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.