

**HOWARD COUNTY GOVERNMENT  
January 1, 2020 - December 31, 2020**

Applicable to non-Medicare eligible retirees who retired after July 1, 2009

Plan Option	Spouse Subsidy	Full Monthly Premium	50% County Paid	50% Retiree Paid	75% County Paid	25% Retiree Paid	90% County Paid	10% Retiree Paid
			< 20 years of service		20 - 24 years of service		25+ years of service	
			COST PER MONTH		COST PER MONTH		COST PER MONTH	
<b>Aetna Open Choice PPO</b>								
Individual	\$ -	\$748.60	\$ 317.03	\$ 431.57	\$ 475.54	\$ 273.06	\$ 570.65	\$ 177.95
Individual & Child(ren)	\$ -	\$1,310.05	\$ 317.03	\$ 993.02	\$ 475.54	\$ 834.51	\$ 570.65	\$ 739.40
Individual & Spouse	\$ 194.98	\$1,721.79	\$ 317.03	\$ 1,209.78	\$ 475.54	\$ 1,051.27	\$ 570.65	\$ 956.16
Family	\$ 194.98	\$2,133.52	\$ 317.03	\$ 1,621.51	\$ 475.54	\$ 1,463.00	\$ 570.65	\$ 1,367.89
<b>Aetna Open Access Select *</b>								
Individual	\$ -	\$634.05	\$ 317.03	\$ 317.02	\$ 475.54	\$ 158.51	\$ 570.65	\$ 63.40
Individual & Child(ren)	\$ -	\$1,185.69	\$ 317.03	\$ 868.66	\$ 475.54	\$ 710.15	\$ 570.65	\$ 615.04
Individual & Spouse	\$ 194.98	\$1,458.33	\$ 317.03	\$ 946.32	\$ 475.54	\$ 787.81	\$ 570.65	\$ 692.70
Family	\$ 194.98	\$1,876.82	\$ 317.03	\$ 1,364.81	\$ 475.54	\$ 1,206.30	\$ 570.65	\$ 1,111.19
<b>Kaiser HMO</b>								
Individual	\$ -	\$599.94	\$ 317.03	\$ 282.91	\$ 475.54	\$ 124.40	\$ 570.65	\$ 29.29
Individual & Child(ren)	\$ -	\$1,139.88	\$ 317.03	\$ 822.85	\$ 475.54	\$ 664.34	\$ 570.65	\$ 569.23
Individual & Spouse	\$ 194.98	\$1,379.86	\$ 317.03	\$ 867.85	\$ 475.54	\$ 709.34	\$ 570.65	\$ 614.23
Family	\$ 194.98	\$1,799.81	\$ 317.03	\$ 1,287.80	\$ 475.54	\$ 1,129.29	\$ 570.65	\$ 1,034.18

\* The Aetna Open Access is the basis for the County-paid subsidy for Individual coverage for all County-paid levels