



2024 MONTHLY RATE SHEET
ACTIVE EMPLOYEE , SUBSIDIZED EXTENDED COVERAGE, and
APPROVED LEAVE without PAY (Military, FMLA and Disability) RATES
JANUARY 1 - DECEMBER 31, 2024

DEDUCTIONS WILL BE DIVIDED OVER EACH PAYCHECK

HEALTH PLANS	YOU		YOU + CHILD(REN)		YOU + SPOUSE		YOU + FAMILY
ANTHEM Gold	\$188.56		\$343.04		\$464.72		\$619.20
ANTHEM W/ Tobacco	\$268.56		\$423.04		\$544.72		\$699.20
ANTHEM Silver	\$125.19		\$235.32		\$331.65		\$441.78
ANTHEM Silver W/Tobacco	\$205.19		\$315.32		\$411.65		\$521.78
ANTHEM Bronze	\$77.69		\$154.57		\$231.90		\$308.78
ANTHEM W/ Tobacco	\$157.69		\$234.57		\$311.90		\$388.78
ANTHEM HMO	\$148.53		\$274.99		\$380.66		\$507.12
ANTHEM W/ Tobacco	\$228.53		\$354.99		\$460.66		\$587.12
UHC HMO	\$177.91		\$324.94		\$442.36		\$589.39
UHC HMO W/ Tobacco	\$257.91		\$404.94		\$522.36		\$669.39
UHC HDHP	\$63.36		\$130.20		\$201.80		\$268.64
UHC HDHP W/ Tobacco	\$143.36		\$210.20		\$281.80		\$348.64
Kaiser HMO	\$169.54		\$311.96		\$430.64		\$573.06
Kaiser HMO W/ Tobacco	\$249.54		\$391.96		\$510.64		\$653.06
Tricare Supplement	\$60.50		\$119.50		\$119.50		\$160.50
DENTAL PLANS	YOU						FAMILY
Dental Low Plan	\$25.76						\$74.35
Dental Middle Plan	\$29.72						\$79.90
Dental High Plan	\$39.71						\$107.07
VISION PLANS	YOU						FAMILY
Avesis	\$4.32						\$11.25
ACCIDENT PLAN	\$11.24		\$20.18		\$17.95		\$26.89
CRITICAL ILLNESS	Premiums automatically calculated online @ www.douglascounty.bswift.com						
DISABILITY & LIFE	Premiums automatically calculated online @ www.douglascounty.bswift.com						
DEDUCTIONS WILL BE DIVIDED OVER EACH PAYCHECK							