2025 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	\$153.37	\$1,011.14	\$140.10	\$866.32	\$7.37	\$17.20	\$19.73	\$46.03
Employee+1	\$511.09	\$1,812.03	\$467.18	\$1,545.66	\$12.54	\$29.26	\$33.53	\$78.24
Family	\$638.86	\$2,265.04	\$583.72	\$1,932.33	\$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	\$511.09	\$2,392.81	\$467.18	\$2,048.87	\$11.83	\$47.31	\$31.70	\$126.79

Biweekly-Paid Employee

(deductions over 20 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	\$76.68	\$505.57	\$70.05	\$433.16	\$3.69	\$8.60	\$9.86	\$23.01
Employee+1	\$255.54	\$906.01	\$233.59	\$772.83	\$6.27	\$14.63	\$16.77	\$39.12
Family	\$319.43	\$1,132.52	\$291.86	\$966.16	\$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	\$255.54	\$1,196.41	\$233.59	\$1,024.44	\$5.91	\$23.66	\$15.85	\$63.40

COBRA³

	Med	lical	Dental		
Coverage	Cigna OAP	Kaiser Permanente	Aetna DNO	Aetna PPO	
Individual	\$989.83	\$855.45	\$20.89	\$55.89	
Employee+1	\$1,974.65	\$1,710.92	\$35.53	\$95.01	
Family	\$2,468.32	\$2,138.64	\$50.27	\$134.72	

¹All 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.