

FRATERNAL ORDER OF POLICE (FOP) PREMIUM RATES EFFECTIVE 1/1/2023							
Plan	Cost Share %	Full 2023 Monthly Rate	Full Bi-Weekly	M-NCPPC Bi-Weekly	2023 Employee Bi-weekly	\$ Change from 2022	Monthly COBRA Rate
<b>SINGLE COVERAGE</b>							
Caremark Prescription	77%/23%	\$ 270.11	\$ 124.67	\$ 96.00	\$ 28.67	\$ 4.47	\$ 275.51
Kaiser Permanente HMO with Prescription	77%/23%	\$ 557.08	\$ 257.11	\$ 197.97	\$ 59.14	\$ 3.87	\$ 568.22
Kaiser Permanente Medicare Complement	77%/23%	\$ 288.65	\$ 133.22	\$ 102.58	\$ 30.64	\$ (0.04)	\$ 294.42
UnitedHealthcare Choice Plus POS	77%/23%	\$ 771.71	\$ 356.17	\$ 274.25	\$ 81.92	\$ 5.97	\$ 787.14
UHC Medicare Complement Plan	77%/23%	\$ 288.64	\$ 133.22	\$ 102.58	\$ 30.64	\$ 1.30	\$ 294.41
UnitedHealthcare Select EPO	77%/23%	\$ 672.59	\$ 310.43	\$ 239.03	\$ 71.40	\$ 8.98	\$ 686.04
UHC Select EPO Medicare Eligible	77%/23%	\$ 433.05	\$ 199.87	\$ 153.90	\$ 45.97	\$ 2.42	\$ 441.71
Delta Dental PPO	77%/23%	\$ 35.00	\$ 16.15	\$ 12.44	\$ 3.72	\$ -	\$ 35.70
Delta Dental HMO	77%/23%	\$ 18.59	\$ 8.58	\$ 6.61	\$ 1.97	\$ -	\$ 18.96
EyeMed Vision Plan - Low	80%/20%	\$ 3.75	\$ 1.73	\$ 1.38	\$ 0.35	\$ 0.05	\$ 3.83
EyeMed Vision Plan - Moderate	See Note*	\$ 6.50	\$ 3.00	\$ 1.38	\$ 1.62	\$ 0.25	\$ 6.63
EyeMed Vision Plan - High	See Note*	\$ 11.31	\$ 5.22	\$ 1.38	\$ 3.84	\$ 0.60	\$ 11.54
<b>TWO MEMBER COVERAGE</b>							
Caremark Prescription	77%/23%	\$ 540.22	\$ 249.33	\$ 191.98	\$ 57.35	\$ 8.94	\$ 551.02
Kaiser Permanente HMO with Prescription	77%/23%	\$ 1,114.16	\$ 514.23	\$ 395.96	\$ 118.27	\$ 7.74	\$ 1,136.44
Kaiser Permanente Medicare Complement	77%/23%	\$ 577.30	\$ 266.45	\$ 205.17	\$ 61.28	\$ (0.08)	\$ 588.85
UnitedHealthcare Choice Plus POS	77%/23%	\$ 1,543.42	\$ 712.35	\$ 548.51	\$ 163.84	\$ 11.95	\$ 1,574.29
UHC Medicare Complement Plan	77%/23%	\$ 577.28	\$ 266.44	\$ 205.16	\$ 61.28	\$ 2.60	\$ 588.83
UnitedHealthcare Select EPO	77%/23%	\$ 1,345.18	\$ 620.85	\$ 478.05	\$ 142.80	\$ 17.96	\$ 1,372.08
UHC Select EPO Medicare Eligible	77%/23%	\$ 866.10	\$ 399.74	\$ 307.80	\$ 91.94	\$ 4.83	\$ 883.42
Delta Dental PPO	77%/23%	\$ 70.17	\$ 32.39	\$ 24.94	\$ 7.45	\$ -	\$ 71.57
Delta Dental HMO	77%/23%	\$ 36.15	\$ 16.68	\$ 12.85	\$ 3.84	\$ -	\$ 36.87
EyeMed Vision Plan - Low	80%/20%	\$ 7.55	\$ 3.48	\$ 2.79	\$ 0.70	\$ 0.11	\$ 7.70
EyeMed Vision Plan - Moderate	See Note*	\$ 13.03	\$ 6.01	\$ 2.79	\$ 3.23	\$ 0.51	\$ 13.29
EyeMed Vision Plan - High	See Note*	\$ 22.64	\$ 10.45	\$ 2.79	\$ 7.66	\$ 1.21	\$ 23.09
<b>FAMILY COVERAGE</b>							
Caremark Prescription	77%/23%	\$ 810.33	\$ 374.00	\$ 287.98	\$ 86.02	\$ 13.41	\$ 826.54
Kaiser Permanente HMO with Prescription	77%/23%	\$ 1,671.24	\$ 771.34	\$ 593.93	\$ 177.41	\$ 11.60	\$ 1,704.66
Kaiser Permanente Medicare Complement	77%/23%	\$ 865.95	\$ 399.67	\$ 307.75	\$ 91.92	\$ (0.12)	\$ 883.27
UnitedHealthcare Choice Plus POS	77%/23%	\$ 2,315.13	\$ 1,068.52	\$ 822.76	\$ 245.76	\$ 17.92	\$ 2,361.43
UHC Medicare Complement Plan	77%/23%	\$ 865.92	\$ 399.66	\$ 307.74	\$ 91.92	\$ 3.90	\$ 883.24
UnitedHealthcare Select EPO	77%/23%	\$ 2,017.77	\$ 931.28	\$ 717.09	\$ 214.19	\$ 26.94	\$ 2,058.13
UHC Select EPO Medicare Eligible	77%/23%	\$ 1,299.15	\$ 599.61	\$ 461.70	\$ 137.91	\$ 7.25	\$ 1,325.13
Delta Dental PPO	77%/23%	\$ 129.76	\$ 59.89	\$ 46.11	\$ 13.77	\$ -	\$ 132.36
Delta Dental HMO	77%/23%	\$ 52.38	\$ 24.18	\$ 18.62	\$ 5.56	\$ -	\$ 53.43
EyeMed Vision Plan - Low	80%/20%	\$ 11.30	\$ 5.22	\$ 4.17	\$ 1.04	\$ 0.16	\$ 11.53
EyeMed Vision Plan - Moderate	See Note*	\$ 19.55	\$ 9.02	\$ 4.17	\$ 4.85	\$ .76	\$ 19.94
EyeMed Vision Plan - High	See Note*	\$ 34.20	\$ 15.78	\$ 4.17	\$ 11.61	\$ 1.92	\$ 34.88
<b>OTHER PLANS</b>							
Long-Term Disability (Per \$100 Monthly Benefit)	0%/100%	\$ 1.75				\$ -	
Legal Resources (24 pay periods)	0%/100%	\$ 17.00			\$ 8.50	\$ -	
Basic Life Ins. (Per \$1,000 Monthly Benefit)	80%/20%	\$ 0.12				\$ -	
AD&D (Per \$1,000 Monthly Benefit)	80%/20%	\$ 0.03				\$ -	

\* Vision - Employer pays 80% of Low Option Plan toward any level of coverage. Member responsible for any balance.

CONTRACT EMPLOYEES PREMIUM RATES EFFECTIVE 1/1/2023							
Plan	Cost Share%	Full 2023 Monthly Rate	Full Bi-Weekly Rate	M-NCPPC Bi-Weekly	2023 Employee Bi-Weekly	\$ Change from 2022	Monthly COBRA Rates
<b>SINGLE COVERAGE</b>							
Caremark Prescription	65%/35%	270.11	124.67	81.03	43.63	6.80	275.51
Kaiser Permanente HMO with Prescription	65%/35%	557.08	257.11	167.12	89.99	5.88	568.22
UnitedHealthcare Select EPO	65%/35%	672.59	310.43	201.78	108.65	13.67	686.04
<b>TWO MEMBER COVERAGE</b>							
Caremark Prescription	65%/35%	540.22	249.33	162.07	87.27	13.61	551.02
Kaiser Permanente HMO with Prescription	65%/35%	1114.16	514.23	334.25	179.98	11.77	1136.44
UnitedHealthcare Select EPO	65%/35%	1345.18	620.85	403.55	217.30	27.33	1372.08
<b>FAMILY COVERAGE</b>							
Caremark Prescription	65%/35%	810.33	374.00	243.10	130.90	20.41	826.54
Kaiser Permanente HMO with Prescription	65%/35%	1671.24	771.34	501.37	269.97	17.66	1704.66
UnitedHealthcare Select EPO	65%/35%	2017.77	931.28	605.33	325.95	41.00	2058.13

MCGEO, NON-UNION REPRESENTED PREMIUM RATES EFFECTIVE 1/1/2							
Plan	Cost Share %	Full 2023 Monthly Rate	Full Bi-Weekly Rate	M-NCPPC Bi-Weekly	2023 Employee Bi-weekly	\$ Change from 2022	Monthly COBRA Rate
<b>SINGLE COVERAGE</b>							
Caremark Prescription	85%/15%	270.11	124.67	105.97	18.70	2.92	275.51
Kaiser Permanente HMO with Prescription	85%/15%	557.08	257.11	218.54	38.57	2.52	568.22
Kaiser Permanente Medicare Complement	85%/15%	288.65	133.22	113.24	19.98	-0.03	294.42
UnitedHealthcare Choice Plus POS	80%/20%	771.71	356.17	284.94	71.23	5.19	787.14
UHC Medicare Complement Plan	80%/20%	288.64	133.22	106.58	26.64	1.13	294.41
UnitedHealthcare Select EPO	80%/20%	672.59	310.43	248.34	62.09	7.81	686.04
UHC Select EPO Medicare Eligible	80%/20%	433.05	199.87	159.90	39.97	2.10	441.71
Delta Dental PPO	80%/20%	35.00	16.15	12.92	3.23	0.00	35.70
Delta Dental HMO	80%/20%	18.59	8.58	6.86	1.72	0.00	18.96
EyeMed Vision Plan - Low	80%/20%	3.75	1.73	1.38	0.35	0.05	3.83
EyeMed Vision Plan - Moderate	See Note*	6.50	3.00	1.38	1.62	0.25	6.63
EyeMed Vision Plan - High	See Note*	11.31	5.22	1.38	3.84	0.60	11.54
<b>TWO MEMBER COVERAGE</b>							
Caremark Prescription	85%/15%	540.22	249.33	211.93	37.40	5.83	551.02
Kaiser Permanente HMO with Prescription	85%/15%	1114.16	514.23	437.10	77.13	5.05	1136.44
Kaiser Permanente Medicare Complement	85%/15%	577.30	266.45	226.48	39.97	-0.05	588.85
UnitedHealthcare Choice Plus POS	80%/20%	1543.42	712.35	569.88	142.47	10.39	1574.29
UHC Medicare Complement Plan	80%/20%	577.28	266.44	213.15	53.29	2.26	588.83
UnitedHealthcare Select EPO	80%/20%	1345.18	620.85	496.68	124.17	15.62	1372.08
UHC Select EPO Medicare Eligible	80%/20%	866.10	399.74	319.79	79.95	4.20	883.42
Delta Dental PPO	80%/20%	70.17	32.39	25.91	6.48	0.00	71.57
Delta Dental HMO	80%/20%	36.15	16.68	13.35	3.34	0.00	36.87
EyeMed Vision Plan - Low	80%/20%	7.55	3.48	2.79	0.70	0.11	7.70
EyeMed Vision Plan - Moderate	See Note*	13.03	6.01	2.79	3.23	0.51	13.29
EyeMed Vision Plan - High	See Note*	22.64	10.45	2.79	7.66	1.21	23.09
<b>FAMILY COVERAGE</b>							
Caremark Prescription	85%/15%	810.33	374.00	317.90	56.10	8.75	826.54
Kaiser Permanente HMO with Prescription	85%/15%	1671.24	771.34	655.64	115.70	7.57	1704.66
Kaiser Permanente Medicare Complement	85%/15%	865.95	399.67	339.72	59.95	-0.08	883.27
UnitedHealthcare Choice Plus POS	85%/20%	2315.13	1068.52	854.82	213.70	15.58	2361.43
UHC Medicare Complement Plan	80%/20%	865.92	399.66	319.73	79.93	3.39	883.24
UnitedHealthcare Select EPO	80%/20%	2017.77	931.28	745.02	186.26	23.43	2058.13
UHC Select EPO Medicare Eligible	80%/20%	1299.15	599.61	479.69	119.92	6.31	1325.13
Delta Dental PPO	80%/20%	129.76	59.89	47.91	11.98	0.00	132.36
Delta Dental HMO	80%/20%	52.38	24.18	19.34	4.84	0.00	53.43
EyeMed Vision Plan - Low	80%/20%	11.30	5.22	4.17	1.04	0.16	11.53
EyeMed Vision Plan - Moderate	See Note*	19.55	9.02	4.17	4.85	.76	19.94
EyeMed Vision Plan - High	See Note*	34.20	15.78	4.17	11.61	1.92	34.88
<b>OTHER PLANS</b>							
Long-Term Disability (Per \$100 Monthly Benefit)	80%/20%	0.84				0.00	
Legal Resources	0%/100%	17.00			8.50	0.00	
Basic Life Ins. (Per \$1,000 Monthly Benefit)	80%/20%	0.12					
AD&D (Per \$1,000 Monthly Benefit)	80%/20%	0.03				0.00	

\* Vision - Employer pays 80% of Low Option Plan toward any level of coverage. Member responsible for any balance

RETIREE/SURVIVORS PREMIUM RATES - EFFECTIVE 1/1/2023					
Plan	Cost Share %	Full 2023 Monthly Rate	M-NCPPC Monthly	2023 Retiree Monthly	\$ Change from 2022
<b>SINGLE COVERAGE</b>					
Caremark Prescription	80%/20%	270.11	216.09	54.02	8.42
Kaiser Permanente HMO with Prescription	80%/20%	557.08	445.66	111.42	7.29
UnitedHealthcare Choice Plus POS	80%/20%	771.71	617.37	154.34	11.25
UnitedHealthcare Select EPO	80%/20%	672.59	538.07	134.52	16.92
Delta Dental PPO	80%/20%	35.00	28.00	7.00	0.00
Delta Dental HMO	80%/20%	18.59	14.87	3.72	0.00
EyeMed Vision Plan - Low	80%/20%	3.75	3.00	0.75	0.12
EyeMed Vision Plan - Moderate	See Note*	6.50	2.53	3.50	.55
EyeMed Vision Plan - High	See Note*	11.31	2.53	8.31	1.31
<b>TWO MEMBER COVERAGE</b>					
Caremark Prescription	80%/20%	540.22	432.18	108.04	16.84
Kaiser Permanente HMO with Prescription	80%/20%	1114.16	891.33	222.83	14.57
UnitedHealthcare Choice Plus POS	80%/20%	1543.42	1234.74	308.68	22.51
UnitedHealthcare Select EPO	80%/20%	1345.18	1076.14	269.04	33.84
Delta Dental PPO	80%/20%	70.17	56.14	14.03	0.00
Delta Dental HMO	80%/20%	36.15	28.92	7.23	0.00
EyeMed Vision Plan - Low	80%/20%	7.55	6.04	1.51	0.24
EyeMed Vision Plan - Moderate	See Note*	13.03	5.09	6.99	1.10
EyeMed Vision Plan - High	See Note*	22.64	5.09	16.60	2.62
<b>FAMILY COVERAGE</b>					
Caremark Prescription	80%/20%	810.33	648.26	162.07	25.27
Kaiser Permanente HMO with Prescription	80%/20%	1671.24	1336.99	334.25	21.86
UnitedHealthcare Choice Plus POS	80%/20%	2315.13	1852.10	463.03	33.76
UnitedHealthcare Select EPO	80%/20%	2017.77	1614.22	403.55	50.75
Delta Dental PPO	80%/20%	129.76	103.81	25.95	0.00
Delta Dental HMO	80%/20%	52.38	41.90	10.48	0.00
EyeMed Vision Plan - Low	80%/20%	11.30	9.04	2.26	0.36
EyeMed Vision Plan - Moderate	See Note*	19.55	7.62	10.51	1.66
EyeMed Vision Plan - High	See Note*	34.20	7.62	25.16	4.17
<b>UNITEDHEALTHCARE MEDICARE COMPLEMENT PLAN</b>					
1 Medicare Complement	80%/20%	288.64	230.91	57.73	2.45
2 Medicare Complement	80%/20%	577.28	461.82	115.46	4.89
Family - 3 or More All Medicare Complement	80%/20%	865.92	692.74	173.19	7.34
1 Medicare Complement + 1 POS	80%/20%	1060.35	848.28	212.07	13.70
1 Medicare Complement + 2 or More POS	80%/20%	1832.06	1465.65	366.41	24.95
2 Medicare Complement + 1 or More POS	80%/20%	1348.99	1079.19	269.80	16.15
<b>UNITED HEALTHCARE EPO MEDICARE PLAN</b>					
1 Medicare Complement	80%/20%	433.05	346.44	86.61	4.55
2 Medicare Complement	80%/20%	866.10	692.88	173.22	9.11
Family - 3 or More All Medicare Complement	80%/20%	1299.15	1039.32	259.83	13.66
1 Medicare Complement + 1 EPO<65	80%/20%	1105.64	884.51	221.13	21.47
1 Medicare Complement + 2 or More EPO<6	80%/20%	1778.23	1422.58	355.65	38.39
2 Medicare Complement + 1 or More EPO<6	80%/20%	1538.69	1230.95	307.74	26.03
<b>KAISER PERMANENTE MEDICARE COMPLEMENT PLAN WITH PRESCRIPTION DRUG</b>					
1 Medicare Complement	80%/20%	288.65	230.92	57.73	(0.08)
2 Medicare Complement	80%/20%	577.30	461.84	115.46	(0.15)
Family - 3 or More All Medicare Complement	80%/20%	865.95	692.76	173.19	(0.23)
1 Medicare Complement + 1 HMO	80%/20%	845.73	676.58	169.15	7.21
1 Medicare Complement + 2 or More HMO	80%/20%	1402.81	1122.25	280.66	14.50
2 Medicare Complement + 1 or More HMO	80%/20%	1134.38	907.50	226.88	7.13
<b>LEGAL PLAN</b>					
Legal Resources	0%/100%	17.00	0.00	17.00	0.00

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