

FRATERNAL ORDER OF POLICE (FOP) PREMIUM RATES EFFECTIVE 1/1/2024

Plan	Cost Share %	Full 2024 Monthly Rate	Full Bi-Weekly	M-NCPPC Bi-Weekly	2024 Employee Bi-weekly	\$ Change from 2023	Monthly COBRA Rate
SINGLE COVERAGE							
Caremark Prescription	77%/23%	\$270.11	\$ 124.67	\$ 96.00	\$ 28.67	\$ -	\$275.51
Kaiser Permanente HMO with Prescription	77%/23%	\$589.95	\$ 272.28	\$ 209.66	\$ 62.63	\$ 3.49	\$601.75
Kaiser Permanente Medicare Complement	77%/23%	\$295.04	\$ 136.17	\$ 104.85	\$ 31.32	\$ 0.68	\$300.94
UnitedHealthcare Choice Plus POS	77%/23%	\$822.79	\$ 379.75	\$ 292.41	\$ 87.34	\$ 5.42	\$839.25
UHC Medicare Complement Plan	77%/23%	\$299.04	\$ 138.02	\$ 106.28	\$ 31.74	\$ 1.10	\$305.02
UnitedHealthcare Select EPO	77%/23%	\$697.70	\$ 322.02	\$ 247.96	\$ 74.06	\$ 2.67	\$711.65
UHC Select EPO Medicare Eligible	77%/23%	\$441.35	\$ 203.70	\$ 156.85	\$ 46.85	\$ 0.88	\$450.18
Delta Dental PPO	77%/23%	\$34.53	\$ 15.94	\$ 12.27	\$ 3.67	\$ (0.05)	\$35.22
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	\$ -	\$3.83
EyeMed Vision Plan - Moderate	See Note*	\$6.50	\$ 3.00	\$ 1.38	\$ 1.62	\$ -	\$6.63
EyeMed Vision Plan - High	See Note*	\$11.31	\$ 5.22	\$ 1.38	\$ 3.84	\$ -	\$11.54
TWO MEMBER COVERAGE							
Caremark Prescription	77%/23%	\$540.22	\$ 249.33	\$ 191.98	\$ 57.35	\$ -	\$551.02
Kaiser Permanente HMO with Prescription	77%/23%	\$1,179.89	\$ 544.56	\$ 419.31	\$ 125.25	\$ 6.98	\$1,203.49
Kaiser Permanente Medicare Complement	77%/23%	\$590.09	\$ 272.35	\$ 209.71	\$ 62.64	\$ 1.36	\$601.89
UnitedHealthcare Choice Plus POS	77%/23%	\$1,645.58	\$ 759.50	\$ 584.82	\$ 174.68	\$ 10.84	\$1,678.49
UHC Medicare Complement Plan	77%/23%	\$598.08	\$ 276.04	\$ 212.55	\$ 63.49	\$ 2.21	\$610.04
UnitedHealthcare Select EPO	77%/23%	\$1,395.40	\$ 644.03	\$ 495.90	\$ 148.13	\$ 5.33	\$1,423.31
UHC Select EPO Medicare Eligible	77%/23%	\$882.70	\$ 407.40	\$ 313.70	\$ 93.70	\$ 1.76	\$900.35
Delta Dental PPO	77%/23%	\$69.22	\$ 31.95	\$ 24.60	\$ 7.35	\$ (0.10)	\$70.60
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	\$ -	\$7.70
EyeMed Vision Plan - Moderate	See Note*	\$13.03	\$ 6.01	\$ 2.79	\$ 3.23	\$ -	\$13.29
EyeMed Vision Plan - High	See Note*	\$22.64	\$ 10.45	\$ 2.79	\$ 7.66	\$ -	\$23.09
FAMILY COVERAGE							
Caremark Prescription	77%/23%	\$810.33	\$ 374.00	\$ 287.98	\$ 86.02	\$ -	\$826.54
Kaiser Permanente HMO with Prescription	77%/23%	\$1,769.84	\$ 816.85	\$ 628.97	\$ 187.88	\$ 10.47	\$1,805.24
Kaiser Permanente Medicare Complement	77%/23%	\$885.13	\$ 408.52	\$ 314.56	\$ 93.96	\$ 2.04	\$902.83
UnitedHealthcare Choice Plus POS	77%/23%	\$2,468.37	\$ 1,139.25	\$ 877.22	\$ 262.03	\$ 16.27	\$2,517.74
UHC Medicare Complement Plan	77%/23%	\$897.12	\$ 414.06	\$ 318.83	\$ 95.23	\$ 3.31	\$915.06
UnitedHealthcare Select EPO	77%/23%	\$2,093.10	\$ 966.05	\$ 743.86	\$ 222.19	\$ 8.00	\$2,134.96
UHC Select EPO Medicare Eligible	77%/23%	\$1,324.05	\$ 611.10	\$ 470.55	\$ 140.55	\$ 2.64	\$1,350.53
Delta Dental PPO	77%/23%	\$128.01	\$ 59.08	\$ 45.49	\$ 13.59	\$ (0.19)	\$130.57
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	\$ -	\$11.53
EyeMed Vision Plan - Moderate	See Note*	\$19.55	\$ 9.02	\$ 4.17	\$ 4.85	\$ -	\$19.94
EyeMed Vision Plan - High	See Note*	\$34.20	\$ 15.78	\$ 4.17	\$ 11.61	\$ -	\$34.88
OTHER PLANS							
Long-Term Disability (Per \$100 Monthly Benefit)	0%/100%	\$1.92			\$ 1.92	\$ 0.17	
Legal Resources (24 pay periods)	0%/100%	\$17.00			\$ 8.50	\$ -	
Basic Life Ins. (Per \$1,000 Monthly Benefit)	80%/20%	\$0.145				\$ 0.029	
AD&D (Per \$1,000 Monthly Benefit)	80%/20%	\$0.025				\$ -	

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

CONTRACT EMPLOYEES PREMIUM RATES EFFECTIVE 1/1/2024

Plan	Cost Share%	Full 2024 Monthly Rate	Full Bi- Weekly Rate	M-NCPPC Bi-Weekly	Employee Bi-Weekly	\$ Change from 2023	Monthly COBRA Rates
SINGLE COVERAGE							
Caremark Prescription	65%/35%	\$270.11	\$124.67	\$81.03	\$43.63	\$ -	\$ 275.51
Kaiser Permanente HMO with Prescription	65%/35%	\$589.95	\$272.28	\$176.99	\$95.30	\$ 5.31	\$ 601.75
UnitedHealthcare Select EPO	65%/35%	\$697.70	\$322.02	\$209.31	\$112.71	\$ 4.06	\$ 711.65
TWO MEMBER COVERAGE							
Caremark Prescription	65%/35%	\$540.22	\$249.33	\$162.07	\$87.27	\$ -	\$ 551.02
Kaiser Permanente HMO with Prescription	65%/35%	\$1,179.89	\$544.56	\$353.97	\$190.60	\$ 10.62	\$ 1,203.49
UnitedHealthcare Select EPO	65%/35%	\$1,395.40	\$644.03	\$418.62	\$225.41	\$ 8.11	\$ 1,423.31
FAMILY COVERAGE							
Caremark Prescription	65%/35%	\$810.33	\$374.00	\$243.10	\$130.90	\$ -	\$ 826.54
Kaiser Permanente HMO with Prescription	65%/35%	\$1,769.84	\$816.85	\$530.95	\$285.90	\$ 15.93	\$ 1,805.24
UnitedHealthcare Select EPO	65%/35%	\$2,093.10	\$966.05	\$627.93	\$338.12	\$ 12.17	\$ 2,134.96

MCGEO, NON-UNION REPRESENTED PREMIUM RATES EFFECTIVE 1/1/2024							
Plan	Cost Share %	Full 2024 Monthly Rate	Full Bi-Weekly Rate	M-NCPPC Bi-Weekly	Employee Bi-Weekly	\$ Change from 2023	Monthly COBRA Rate
SINGLE COVERAGE							
Caremark Prescription	85%/15%	\$270.11	\$124.67	\$105.97	\$18.70	\$ -	\$275.51
Kaiser Permanente HMO with Prescription	85%/15%	\$589.95	\$272.28	\$231.44	\$40.84	\$ 2.28	\$601.75
Kaiser Permanente Medicare Complement	85%/15%	\$295.04	\$136.17	\$115.74	\$20.43	\$ 0.44	\$300.94
UnitedHealthcare Choice Plus POS	80%/20%	\$822.79	\$379.75	\$303.80	\$75.95	\$ 4.72	\$839.25
UHC Medicare Complement Plan	80%/20%	\$299.04	\$138.02	\$110.42	\$27.60	\$ 0.96	\$305.02
UnitedHealthcare Select EPO	80%/20%	\$697.70	\$322.02	\$257.62	\$64.40	\$ 2.32	\$711.65
UHC Select EPO Medicare Eligible	80%/20%	\$441.35	\$203.70	\$162.96	\$40.74	\$ 0.77	\$450.18
Delta Dental PPO	80%/20%	\$34.53	\$15.94	\$12.75	\$3.19	\$ (0.04)	\$35.22
Delta Dental HMO	80%/20%	\$18.59	\$8.58	\$6.86	\$1.72	\$ -	\$18.96
EyeMed Vision Plan - Low	80%/20%	\$3.75	\$1.73	\$1.38	\$0.35	\$ -	\$3.83
EyeMed Vision Plan - Moderate	See Note*	\$6.50	\$3.00	\$1.38	\$1.62	\$ -	\$6.63
EyeMed Vision Plan - High	See Note*	\$11.31	\$5.22	\$1.38	\$3.84	\$ -	\$11.54
TWO MEMBER COVERAGE							
Caremark Prescription	85%/15%	\$540.22	\$249.33	\$211.93	\$37.40	\$ -	\$551.02
Kaiser Permanente HMO with Prescription	85%/15%	\$1,179.89	\$544.56	\$462.88	\$81.68	\$ 4.55	\$1,203.49
Kaiser Permanente Medicare Complement	85%/15%	\$590.09	\$272.35	\$231.50	\$40.85	\$ 0.89	\$601.89
UnitedHealthcare Choice Plus POS	80%/20%	\$1,645.58	\$759.50	\$607.60	\$151.90	\$ 9.43	\$1,678.49
UHC Medicare Complement Plan	80%/20%	\$598.08	\$276.04	\$220.83	\$55.21	\$ 1.92	\$610.04
UnitedHealthcare Select EPO	80%/20%	\$1,395.40	\$644.03	\$515.22	\$128.81	\$ 4.64	\$1,423.31
UHC Select EPO Medicare Eligible	80%/20%	\$882.70	\$407.40	\$325.92	\$81.48	\$ 1.53	\$900.35
Delta Dental PPO	80%/20%	\$69.22	\$31.95	\$25.56	\$6.39	\$ (0.09)	\$70.60
Delta Dental HMO	80%/20%	\$36.15	\$16.68	\$13.35	\$3.34	\$ -	\$36.87
EyeMed Vision Plan - Low	80%/20%	\$7.55	\$3.48	\$2.79	\$0.70	\$ -	\$7.70
EyeMed Vision Plan - Moderate	See Note*	\$13.03	\$6.01	\$2.79	\$3.23	\$ -	\$13.29
EyeMed Vision Plan - High	See Note*	\$22.64	\$10.45	\$2.79	\$7.66	\$ -	\$23.09
FAMILY COVERAGE							
Caremark Prescription	85%/15%	\$810.33	\$374.00	\$317.90	\$56.10	\$ -	\$826.54
Kaiser Permanente HMO with Prescription	85%/15%	\$1,769.84	\$816.85	\$694.32	\$122.53	\$ 6.83	\$1,805.24
Kaiser Permanente Medicare Complement	85%/15%	\$885.13	\$408.52	\$347.24	\$61.28	\$ 1.33	\$902.83
UnitedHealthcare Choice Plus POS	85%/20%	\$2,468.37	\$1,139.25	\$911.40	\$227.85	\$ 14.15	\$2,517.74
UHC Medicare Complement Plan	80%/20%	\$897.12	\$414.06	\$331.25	\$82.81	\$ 2.88	\$915.06
UnitedHealthcare Select EPO	80%/20%	\$2,093.10	\$966.05	\$772.84	\$193.21	\$ 6.95	\$2,134.96
UHC Select EPO Medicare Eligible	80%/20%	\$1,324.05	\$611.10	\$488.88	\$122.22	\$ 2.30	\$1,350.53
Delta Dental PPO	80%/20%	\$128.01	\$59.08	\$47.27	\$11.82	\$ (0.16)	\$130.57
Delta Dental HMO	80%/20%	\$52.38	\$24.18	\$19.34	\$4.84	\$ -	\$53.43
EyeMed Vision Plan - Low	80%/20%	\$11.30	\$5.22	\$4.17	\$1.04	\$ -	\$11.53
EyeMed Vision Plan - Moderate	See Note*	\$19.55	\$9.02	\$4.17	\$4.85	\$ -	\$19.94
EyeMed Vision Plan - High	See Note*	\$34.20	\$15.78	\$4.17	\$11.61	\$ -	\$34.88
OTHER PLANS							
Long-Term Disability (Per \$100 Monthly Benefit)	80%/20%	\$0.84				\$ 0.09	
Legal Resources	0%/100%	\$17.00				\$ -	
Basic Life Ins. (Per \$1,000 Monthly Benefit)	80%/20%	\$0.145				\$ 0.029	
AD&D (Per \$1,000 Monthly Benefit)	80%/20%	\$0.025				\$ -	

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

RETIREE/SURVIVORS PREMIUM RATES EFFECTIVE 1/1/2024

If you were hired on or after January 1, 2013 (FOP- January 1, 2014), contact the Health & Benefits Office to determine your premium rates effective January 1, 2024. Your rates will be based on your Years of Service.

Plan	Cost Share %	Full 2024 Monthly Rate	M-NCPPC Monthly	2024 Retiree Monthly	\$ Change from 2023
SINGLE COVERAGE					
Caremark Prescription	80%/20%	\$270.11	\$216.09	\$ 54.02	\$ -
Kaiser Permanente HMO with Prescription	80%/20%	\$589.95	\$471.96	\$ 117.99	\$ 6.57
UnitedHealthcare Choice Plus POS	80%/20%	\$822.79	\$658.23	\$ 164.56	\$ 10.22
UnitedHealthcare Select EPO	80%/20%	\$697.70	\$558.16	\$ 139.54	\$ 5.02
Delta Dental PPO	80%/20%	\$34.53	\$27.62	\$ 6.91	\$ (0.09)
Delta Dental HMO	80%/20%	\$18.59	\$14.87	\$ 3.72	\$ -
EyeMed Vision Plan - Low	80%/20%	\$3.75	\$3.00	\$ 0.75	\$ -
EyeMed Vision Plan - Moderate	See Note*	\$6.50	\$3.00	\$ 3.50	\$ -
EyeMed Vision Plan - High	See Note*	\$11.31	\$3.00	\$ 8.31	\$ -
TWO MEMBER COVERAGE					
Caremark Prescription	80%/20%	\$540.22	\$432.18	\$ 108.04	\$ -
Kaiser Permanente HMO with Prescription	80%/20%	\$1,179.89	\$943.91	\$ 235.98	\$ 13.15
UnitedHealthcare Choice Plus POS	80%/20%	\$1,645.58	\$1,316.46	\$ 329.12	\$ 20.43
UnitedHealthcare Select EPO	80%/20%	\$1,395.40	\$1,116.32	\$ 279.08	\$ 10.04
Delta Dental PPO	80%/20%	\$69.22	\$55.38	\$ 13.84	\$ (0.19)
Delta Dental HMO	80%/20%	\$36.15	\$28.92	\$ 7.23	\$ -
EyeMed Vision Plan - Low	80%/20%	\$7.55	\$6.04	\$ 1.51	\$ -
EyeMed Vision Plan - Moderate	See Note*	\$13.03	\$6.04	\$ 6.99	\$ -
EyeMed Vision Plan - High	See Note*	\$22.64	\$6.04	\$ 16.60	\$ -
FAMILY COVERAGE					
Caremark Prescription	80%/20%	\$810.33	\$648.26	\$ 162.07	\$ -
Kaiser Permanente HMO with Prescription	80%/20%	\$1,769.84	\$1,415.87	\$ 353.97	\$ 19.72
UnitedHealthcare Choice Plus POS	80%/20%	\$2,468.37	\$1,974.70	\$ 493.67	\$ 30.65
UnitedHealthcare Select EPO	80%/20%	\$2,093.10	\$1,674.48	\$ 418.62	\$ 15.07
Delta Dental PPO	80%/20%	\$128.01	\$102.41	\$ 25.60	\$ (0.35)
Delta Dental HMO	80%/20%	\$52.38	\$41.90	\$ 10.48	\$ -
EyeMed Vision Plan - Low	80%/20%	\$11.30	\$9.04	\$ 2.26	\$ -
EyeMed Vision Plan - Moderate	See Note*	\$19.55	\$9.04	\$ 10.51	\$ -
EyeMed Vision Plan - High	See Note*	\$34.20	\$9.04	\$ 25.16	\$ -
UNITEDHEALTHCARE MEDICARE COMPLEMENT PLAN					
1 Medicare Complement	80%/20%	\$299.04	\$239.23	\$ 59.81	\$ 2.08
2 Medicare Complement	80%/20%	\$598.08	\$478.46	\$ 119.62	\$ 4.16
Family - 3 or More All Medicare Complement	80%/20%	\$897.12	\$717.70	\$ 179.42	\$ 6.24
1 Medicare Complement + 1 POS	80%/20%	\$1,121.83	\$897.46	\$ 224.37	\$ 12.30
1 Medicare Complement + 2 or More POS	80%/20%	\$1,944.62	\$1,555.70	\$ 388.92	\$ 22.51
2 Medicare Complement + 1 or More POS	80%/20%	\$1,420.87	\$1,136.70	\$ 284.17	\$ 14.38
UNITED HEALTHCARE EPO MEDICARE PLAN					
1 Medicare Complement	80%/20%	\$441.35	\$353.08	\$ 88.27	\$ 1.66
2 Medicare Complement	80%/20%	\$882.70	\$706.16	\$ 176.54	\$ 3.32
Family - 3 or More All Medicare Complement	80%/20%	\$1,324.05	\$1,059.24	\$ 264.81	\$ 4.98
1 Medicare Complement + 1 EPO<65	80%/20%	\$1,139.05	\$911.24	\$ 227.81	\$ 6.68
1 Medicare Complement + 2 or More EPO<	80%/20%	\$1,836.75	\$1,469.40	\$ 367.35	\$ 11.70
2 Medicare Complement + 1 or More EPO<	80%/20%	\$1,580.40	\$1,264.32	\$ 316.08	\$ 8.34
KAISER PERMANENTE MEDICARE COMPLEMENT PLAN WITH PRESCRIPTION DRUG					
1 Medicare Complement	80%/20%	\$295.04	\$236.03	\$ 59.01	\$ 1.28
2 Medicare Complement	80%/20%	\$590.09	\$472.07	\$ 118.02	\$ 2.56
Family - 3 or More All Medicare Complement	80%/20%	\$885.13	\$708.10	\$ 177.03	\$ 3.84
1 Medicare Complement + 1 HMO	80%/20%	\$884.99	\$707.99	\$ 177.00	\$ 7.85
1 Medicare Complement + 2 or More HMO	80%/20%	\$1,474.93	\$1,179.94	\$ 294.99	\$ 14.42
2 Medicare Complement + 1 or More HMO	80%/20%	\$1,180.04	\$944.03	\$ 236.01	\$ 9.13
LEGAL PLAN					
Legal Resources	0%/100%	\$17.00	\$0.00	\$17.00	\$ -

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