

FRATERNAL ORDER OF POLICE (FOP)

Bi-Weekly Premiums Effective 1/1/2022

Plan	Cost Share %	Full 2022 Monthly Rate	Full Bi-Weekly	M-NCPPC Bi-Weekly	Employee Bi-Weekly	\$ Change from 2021	Monthly COBRA Rate
SINGLE COVERAGE							
Caremark Prescription	77%/23%	\$228.00	\$105.23	\$81.03	\$24.20	\$-	\$232.56
Kaiser Permanente HMO with Prescription	77%/23%	\$520.65	\$240.30	\$185.03	\$55.27	\$(0.43)	\$531.06
Kaiser Permanente Medicare Complement	77%/23%	\$289.03	\$133.40	\$102.72	\$30.68	\$(1.76)	\$294.81
UnitedHealthcare Choice Plus POS	77%/23%	\$715.44	\$330.20	\$254.25	\$75.95	\$-	\$729.75
UHC Medicare Complement Plan	77%/23%	\$276.41	\$127.57	\$98.23	\$29.34	\$-	\$281.94
UnitedHealthcare Select EPO	77%/23%	\$588.00	\$271.38	\$208.96	\$62.42	\$-	\$599.76
UHC Select EPO Medicare Eligible	77%/23%	\$410.28	\$189.36	\$145.81	\$43.55	\$-	\$418.49
Delta Dental PPO	77%/23%	\$35.00	\$16.15	\$12.44	\$3.72	\$0.29	\$35.70
Delta Dental HMO	77%/23%	\$18.59	\$8.58	\$6.61	\$1.97	\$0.06	\$18.96
EyeMed Vision Plan - Low	80%/20%	\$3.16	\$1.46	\$1.17	\$0.29	\$-	\$3.22
EyeMed Vision Plan - Moderate	See Note*	\$5.48	\$2.53	\$1.17	\$1.36	\$-	\$5.59
EyeMed Vision Plan - High	See Note*	\$9.53	\$4.40	\$1.17	\$3.23	\$-	\$9.72
TWO MEMBER COVERAGE							
Caremark Prescription	77%/23%	\$456.00	\$210.46	\$162.05	\$48.41	\$-	\$465.12
Kaiser Permanente HMO with Prescription	77%/23%	\$1,041.29	\$480.60	\$370.06	\$110.54	\$(0.87)	\$1,062.12
Kaiser Permanente Medicare Complement	77%/23%	\$578.06	\$266.80	\$205.44	\$61.36	\$(3.53)	\$589.62
UnitedHealthcare Choice Plus POS	77%/23%	\$1,430.88	\$660.41	\$508.52	\$151.89	\$-	\$1,459.50
UHC Medicare Complement Plan	77%/23%	\$552.82	\$255.15	\$196.47	\$58.68	\$-	\$563.88
UnitedHealthcare Select EPO	77%/23%	\$1,176.00	\$542.77	\$417.93	\$124.84	\$-	\$1,199.52
UHC Select EPO Medicare Eligible	77%/23%	\$820.56	\$378.72	\$291.61	\$87.11	\$-	\$836.97
Delta Dental PPO	77%/23%	\$70.17	\$32.39	\$24.94	\$7.45	\$0.58	\$71.57
Delta Dental HMO	77%/23%	\$36.15	\$16.68	\$12.85	\$3.84	\$0.11	\$36.87
EyeMed Vision Plan - Low	80%/20%	\$6.36	\$2.94	\$2.35	\$0.59	\$-	\$6.49
EyeMed Vision Plan - Moderate	See Note*	\$10.98	\$5.07	\$2.35	\$2.72	\$-	\$11.20
EyeMed Vision Plan - High	See Note*	\$19.07	\$8.80	\$2.35	\$6.45	\$-	\$19.45
FAMILY COVERAGE							
Caremark Prescription	77%/23%	\$684.00	\$315.69	\$243.08	\$72.61	\$-	\$697.68
Kaiser Permanente HMO with Prescription	77%/23%	\$1,561.94	\$720.90	\$555.09	\$165.81	\$(1.30)	\$1,593.18
Kaiser Permanente Medicare Complement	77%/23%	\$867.09	\$400.20	\$308.15	\$92.05	\$(5.29)	\$884.43
UnitedHealthcare Choice Plus POS	77%/23%	\$2,146.32	\$990.61	\$762.77	\$227.84	\$-	\$2,189.25
UHC Medicare Complement Plan	77%/23%	\$829.23	\$382.72	\$294.69	\$88.03	\$-	\$845.81
UnitedHealthcare Select EPO	77%/23%	\$1,764.00	\$814.15	\$626.90	\$187.25	\$-	\$1,799.28
UHC Select EPO Medicare Eligible	77%/23%	\$1,230.84	\$568.08	\$437.42	\$130.66	\$-	\$1,255.46
Delta Dental PPO	77%/23%	\$129.76	\$59.89	\$46.11	\$13.77	\$1.08	\$132.36
Delta Dental HMO	77%/23%	\$52.38	\$24.18	\$18.62	\$5.56	\$0.16	\$53.43
EyeMed Vision Plan - Low	80%/20%	\$9.52	\$4.39	\$3.52	\$0.88	\$-	\$9.71
EyeMed Vision Plan - Moderate	See Note*	\$16.47	\$7.60	\$3.52	\$4.09	\$-	\$16.80
EyeMed Vision Plan - High	See Note*	\$28.61	\$13.20	\$3.52	\$9.69	\$-	\$29.18
OTHER PLANS							
Long-Term Disability (Per \$100 Monthly Benefit)	0%/100%	1.75				\$0.16	
Legal Resources (24 pay periods)	0%/100%	\$17.00			\$8.50	\$-	
Basic Life Ins. (Per \$1,000 Monthly Benefit)	80%/20%	\$0.116				\$-	
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.

MC GEO, NON-UNION REPRESENTED EMPLOYEES

Bi-Weekly Premiums Effective 1/1/2022

Plan	Cost Share %	Full 2022 Monthly Rate	Full Bi-Weekly Rate	M-NCPPC Bi-Weekly	Employee Bi-weekly	\$ Change from 2021	Monthly COBRA Rate
SINGLE COVERAGE							
Caremark Prescription	85%/15%	\$228.00	\$105.23	\$89.45	\$15.78	\$-	\$232.56
Kaiser Permanente HMO with Prescription	85%/15%	\$520.65	\$240.30	\$204.26	\$36.05	\$(0.28)	\$531.06
Kaiser Permanente Medicare Complement	85%/15%	\$289.03	\$133.40	\$113.39	\$20.01	\$(1.15)	\$294.81
UnitedHealthcare Choice Plus POS	80%/20%	\$715.44	\$330.20	\$264.16	\$66.04	\$-	\$729.75
UHC Medicare Complement Plan	80%/20%	\$276.41	\$127.57	\$102.06	\$25.51	\$-	\$281.94
UnitedHealthcare Select EPO	80%/20%	\$588.00	\$271.38	\$217.10	\$54.28	\$-	\$599.76
UHC Select EPO Medicare Eligible	80%/20%	\$410.28	\$189.36	\$151.49	\$37.87	\$-	\$418.49
Delta Dental PPO	80%/20%	\$35.00	\$16.15	\$12.92	\$3.23	\$0.25	\$35.70
Delta Dental HMO	80%/20%	\$18.59	\$8.58	\$6.86	\$1.72	\$0.05	\$18.96
EyeMed Vision Plan - Low	80%/20%	\$3.16	\$1.46	\$1.17	\$0.29	\$-	\$3.22
EyeMed Vision Plan - Moderate	See Note*	\$5.48	\$2.53	\$1.17	\$1.36	\$-	\$5.59
EyeMed Vision Plan - High	See Note*	\$9.53	\$4.40	\$1.17	\$3.23	\$-	\$9.72
TWO MEMBER COVERAGE							
Caremark Prescription	85%/15%	\$456.00	\$210.46	\$178.89	\$31.57	\$-	\$465.12
Kaiser Permanente HMO with Prescription	85%/15%	\$1,041.29	\$480.60	\$408.51	\$72.09	\$(0.57)	\$1,062.12
Kaiser Permanente Medicare Complement	85%/15%	\$578.06	\$266.80	\$226.78	\$40.02	\$(2.30)	\$589.62
UnitedHealthcare Choice Plus POS	80%/20%	\$1,430.88	\$660.41	\$528.33	\$132.08	\$-	\$1,459.50
UHC Medicare Complement Plan	80%/20%	\$552.82	\$255.15	\$204.12	\$51.03	\$-	\$563.88
UnitedHealthcare Select EPO	80%/20%	\$1,176.00	\$542.77	\$434.22	\$108.55	\$-	\$1,199.52
UHC Select EPO Medicare Eligible	80%/20%	\$820.56	\$378.72	\$302.98	\$75.74	\$-	\$836.97
Delta Dental PPO	80%/20%	\$70.17	\$32.39	\$25.91	\$6.48	\$0.51	\$71.57
Delta Dental HMO	80%/20%	\$36.15	\$16.68	\$13.35	\$3.34	\$0.10	\$36.87
EyeMed Vision Plan - Low	80%/20%	\$6.36	\$2.94	\$2.35	\$0.59	\$-	\$6.49
EyeMed Vision Plan - Moderate	See Note*	\$10.98	\$5.07	\$2.35	\$2.72	\$-	\$11.20
EyeMed Vision Plan - High	See Note*	\$19.07	\$8.80	\$2.35	\$6.45	\$-	\$19.45
FAMILY COVERAGE							
Caremark Prescription	85%/15%	\$684.00	\$315.69	\$268.34	\$47.35	\$-	\$697.68
Kaiser Permanente HMO with Prescription	85%/15%	\$1,561.94	\$720.90	\$612.77	\$108.13	\$(0.85)	\$1,593.18
Kaiser Permanente Medicare Complement	85%/15%	\$867.09	\$400.20	\$340.17	\$60.03	\$(3.45)	\$884.43
UnitedHealthcare Choice Plus POS	80%/20%	\$2,146.32	\$990.61	\$792.49	\$198.12	\$-	\$2,189.25
UHC Medicare Complement Plan	80%/20%	\$829.23	\$382.72	\$306.18	\$76.54	\$-	\$845.81
UnitedHealthcare Select EPO	80%/20%	\$1,764.00	\$814.15	\$651.32	\$162.83	\$-	\$1,799.28
UHC Select EPO Medicare Eligible	80%/20%	\$1,230.84	\$568.08	\$454.46	\$113.62	\$-	\$1,255.46
Delta Dental PPO	80%/20%	\$129.76	\$59.89	\$47.91	\$11.98	\$0.94	\$132.36
Delta Dental HMO	80%/20%	\$52.38	\$24.18	\$19.34	\$4.84	\$0.14	\$53.43
EyeMed Vision Plan - Low	80%/20%	\$9.52	\$4.39	\$3.52	\$0.88	\$-	\$9.71
EyeMed Vision Plan - Moderate	See Note*	\$16.47	\$7.60	\$3.52	\$4.09	\$-	\$16.80
EyeMed Vision Plan - High	See Note*	\$28.61	\$13.20	\$3.52	\$9.69	\$-	\$29.18
OTHER PLANS							
Long-Term Disability (Per \$100 Monthly Benefit)	80%/20%	\$0.84				\$0.07	
Legal Resources (24 pay periods)	0%/100%	\$17.00			\$8.50	\$-	
Basic Life Ins. (Per \$1,000 Monthly Benefit)	80%/20%	\$0.116				\$-	
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

Bi-Weekly Premiums Effective 1/1/2022

Plan	Cost Share%	Full 2022 Monthly Rate	Full Bi-Weekly Rate	M-NCPPC Bi-Weekly	Employee Bi-Weekly	\$ Change from 2021	Monthly COBRA Rates
SINGLE COVERAGE							
Caremark Prescription	65%/35%	\$228.00	\$105.23	\$68.40	\$36.83	\$-	\$232.56
Kaiser Permanente HMO with Prescription	65%/35%	\$520.65	\$240.30	\$156.20	\$84.11	\$(0.65)	\$531.06
UnitedHealthcare Select EPO	65%/35%	\$588.00	\$271.38	\$176.40	\$94.98	\$-	\$599.76
TWO MEMBER COVERAGE							
Caremark Prescription	65%/35%	\$456.00	\$210.46	\$136.80	\$73.66	\$-	\$465.12
Kaiser Permanente HMO with Prescription	65%/35%	\$1,041.29	\$480.60	\$312.39	\$168.21	\$(1.32)	\$1,062.12
UnitedHealthcare Select EPO	65%/35%	\$1,176.00	\$542.77	\$352.80	\$189.97	\$-	\$1,199.52
FAMILY COVERAGE							
Caremark Prescription	65%/35%	\$684.00	\$315.69	\$205.20	\$110.49	\$-	\$697.68
Kaiser Permanente HMO with Prescription	65%/35%	\$1,561.94	\$720.90	\$468.58	\$252.31	\$(1.98)	\$1,593.18
UnitedHealthcare Select EPO	65%/35%	\$1,764.00	\$814.15	\$529.20	\$284.95	\$-	\$1,799.28

RETIREE AND SURVIVORS MONTHLY

Monthly Premiums Effective 1/1/2022

Plan	Cost Share %	Full 2022 Monthly Rate	M-NCPPC Monthly	Retiree Monthly	\$ Change from 2021
SINGLE COVERAGE					
Caremark Prescription	80%/20%	\$228.00	\$182.40	\$45.60	\$-
Kaiser Permanente HMO with Prescription	80%/20%	\$520.65	\$416.52	\$104.13	\$(0.82)
UnitedHealthcare Choice Plus POS	80%/20%	\$715.44	\$572.35	\$143.09	\$-
UnitedHealthcare Select EPO	80%/20%	\$588.00	\$470.40	\$117.60	\$-
Delta Dental PPO	80%/20%	\$35.00	\$28.00	\$7.00	\$0.55
Delta Dental HMO	80%/20%	\$18.59	\$14.87	\$3.72	\$0.11
EyeMed Vision Plan - Low	80%/20%	\$3.16	\$2.53	\$0.63	\$-
EyeMed Vision Plan - Moderate	See Note*	\$5.48	\$2.53	\$2.95	\$-
EyeMed Vision Plan - High	See Note*	\$9.53	\$2.53	\$7.00	\$-
TWO MEMBER COVERAGE					
Caremark Prescription	80%/20%	\$456.00	\$364.80	\$91.20	\$-
Kaiser Permanente HMO with Prescription	80%/20%	\$1,041.29	\$833.03	\$208.26	\$(1.63)
UnitedHealthcare Choice Plus POS	80%/20%	\$1,430.88	\$1,144.70	\$286.18	\$-
UnitedHealthcare Select EPO	80%/20%	\$1,176.00	\$940.80	\$235.20	\$-
Delta Dental PPO	80%/20%	\$70.17	\$56.14	\$14.03	\$1.10
Delta Dental HMO	80%/20%	\$36.15	\$28.92	\$7.23	\$0.21
EyeMed Vision Plan - Low	80%/20%	\$6.36	\$5.09	\$1.27	\$-
EyeMed Vision Plan - Moderate	See Note*	\$10.98	\$5.09	\$5.89	\$-
EyeMed Vision Plan - High	See Note*	\$19.07	\$5.09	\$13.98	\$-
FAMILY COVERAGE					
Caremark Prescription	80%/20%	\$684.00	\$547.20	\$136.80	\$-
Kaiser Permanente HMO with Prescription	80%/20%	\$1,561.94	\$1,249.55	\$312.39	\$(2.45)
UnitedHealthcare Choice Plus POS	80%/20%	\$2,146.32	\$1,717.06	\$429.26	\$-
UnitedHealthcare Select EPO	80%/20%	\$1,764.00	\$1,411.20	\$352.80	\$-
Delta Dental PPO	80%/20%	\$129.76	\$103.81	\$25.95	\$2.03
Delta Dental HMO	80%/20%	\$52.38	\$41.90	\$10.48	\$0.31
EyeMed Vision Plan - Low	80%/20%	\$9.52	\$7.62	\$1.90	\$-
EyeMed Vision Plan - Moderate	See Note*	\$16.47	\$7.62	\$8.85	\$-
EyeMed Vision Plan - High	See Note*	\$28.61	\$7.62	\$20.99	\$-
UNITEDHEALTHCARE MEDICARE COMPLEMENT PLAN					
1 Medicare Complement	80%/20%	\$276.41	\$221.13	\$55.28	\$-
2 Medicare Complement	80%/20%	\$552.82	\$442.26	\$110.56	\$-
Family - 3 or More All Medicare Complement	80%/20%	\$829.23	\$663.38	\$165.85	\$-
1 Medicare Complement + 1 POS	80%/20%	\$991.85	\$793.48	\$198.37	\$-
1 Medicare Complement + 2 or More POS	80%/20%	\$1,707.29	\$1,365.83	\$341.46	\$-
2 Medicare Complement + 1 or More POS	80%/20%	\$1,268.26	\$1,014.61	\$253.65	\$-
UNITED HEALTHCARE EPO MEDICARE PLAN					
1 Medicare Complement	80%/20%	\$410.28	\$328.22	\$82.06	\$-
2 Medicare Complement	80%/20%	\$820.56	\$656.45	\$164.11	\$-
Family - 3 or More All Medicare Complement	80%/20%	\$1,230.84	\$984.67	\$246.17	\$-
1 Medicare Complement + 1 EPO<65	80%/20%	\$998.28	\$798.62	\$199.66	\$-
1 Medicare Complement + 2 or More EPO<65	80%/20%	\$1,586.28	\$1,269.02	\$317.26	\$-
2 Medicare Complement + 1 or More EPO<65	80%/20%	\$1,408.56	\$1,126.85	\$281.71	\$-
KAISER PERMANENTE MEDICARE COMPLEMENT PLAN WITH PRESCRIPTION DRUG					
1 Medicare Complement	80%/20%	\$289.03	\$231.22	\$57.81	\$(3.32)
2 Medicare Complement	80%/20%	\$578.06	\$462.45	\$115.61	\$(6.64)
Family - 3 or More All Medicare Complement	80%/20%	\$867.09	\$693.67	\$173.42	\$(9.97)
1 Medicare Complement + 1 HMO	80%/20%	\$809.68	\$647.74	\$161.94	\$(4.14)
1 Medicare Complement + 2 or More HMO	80%/20%	\$1,330.32	\$1,064.26	\$266.06	\$(4.96)
2 Medicare Complement + 1 or More HMO	80%/20%	\$1,098.71	\$878.97	\$219.74	\$(7.46)
LEGAL PLANS					
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.