

2023 CONTRIBUTIONS FOR BENEFITS

Medical, Dental and Vision

	Non Exempt Professional Staff		Exempt Professional Staff		Associate/ Counsel/ Chief/ Senior Director	Partner
	Less Than \$80,000	\$80,000 and Higher	Less Than \$80,000	\$80,000 and Higher		
CAREFIRST BLUECROSS BLUESHIELD HDHP 1 - 2,000/4,000						
Employee Only	\$41.28	\$61.93	\$44.73	\$67.09	\$111.82	\$894.53
Employee Plus Spouse or Domestic Partner	\$173.40	\$216.75	\$187.85	\$234.82	\$328.74	\$1,878.52
Employee Plus Child(ren)	\$156.89	\$196.11	\$169.96	\$212.45	\$297.44	\$1,699.62
Family	\$247.72	\$309.65	\$268.36	\$335.45	\$469.63	\$2,683.60
CAREFIRST BLUECROSS BLUESHIELD HDHP 2 - 4,000/8,000						
Employee Only	\$34.74	\$52.12	\$37.64	\$56.46	\$94.10	\$752.75
Employee Plus Spouse or Domestic Partner	\$145.92	\$182.40	\$158.08	\$197.60	\$276.64	\$1,580.77
Employee Plus Child(ren)	\$132.02	\$165.03	\$143.03	\$178.78	\$250.29	\$1,430.23
Family	\$208.45	\$260.57	\$225.83	\$282.28	\$395.20	\$2,258.25
METLIFE BASIC DENTAL PLAN						
Employee Only	\$5.47	\$5.47	\$5.93	\$5.93	\$5.93	\$23.70
Two-Party	\$10.49	\$10.49	\$11.36	\$11.36	\$11.36	\$45.43
Family	\$16.53	\$16.53	\$17.91	\$17.91	\$17.91	\$71.62
METLIFE PPO DENTAL PLAN						
Employee Only	\$12.72	\$12.72	\$13.78	\$13.78	\$13.78	\$55.11
Two-Party	\$27.11	\$27.11	\$29.37	\$29.37	\$29.37	\$117.47
Family	\$40.44	\$40.44	\$43.81	\$43.81	\$43.81	\$175.23
VSP VISION PLAN (MONTHLY DEDUCTION)						
Employee Only	\$6.93	\$6.93	\$6.93	\$6.93	\$6.93	\$6.93
Two-Party	\$15.68	\$15.68	\$15.68	\$15.68	\$15.68	\$15.68
Family	\$15.68	\$15.68	\$15.68	\$15.68	\$15.68	\$15.68
NUMBER OF PAY PERIODS IN 2023	26	26	24	24	24	12
Cost shown is per pay period unless otherwise noted						