

2022
Geauga County and Employee
Healthcare & Dental Contribution Rates

CEBCO/ANTHEM Medical & Rx Wellness Rates

Type	Coverage	Monthly Premium	County Portion Monthly	County Portion Bi-Monthly	Employee Monthly	Employee Bi-monthly
1C-F (ANTE-F)	Family	\$ 1,620.94	\$ 1,464.94	\$ 732.47	\$ 156.00	\$ 78.00
1C-S (ABTE-S)	Single	\$ 614.94	\$ 552.94	\$ 276.47	\$ 62.00	\$ 31.00
4D -F (ANTB-F)	Family	\$ 1,402.66	\$ 1,351.66	\$ 675.83	\$ 51.00	\$ 25.50
4D-S (ANTB-S)	Single	\$ 532.12	\$ 512.12	\$ 256.06	\$ 20.00	\$ 10.00

CEBCO/ANTHEM Medical & Rx Standard Rates

Type	Coverage	Monthly Premium	County Portion Monthly	County Portion Bi-Monthly	Employee Monthly	Employee Bi-Monthly
1CS-F (AES-F)	Family	\$ 1,620.94	\$ 1,393.94	\$ 696.97	\$ 227.00	\$ 113.50
1CS-S (AES-S)	Single	\$ 614.94	\$ 523.94	\$ 261.97	\$ 91.00	\$ 45.50
4DS-F (ABS-F)	Family	\$ 1,402.66	\$ 1,327.66	\$ 663.83	\$ 75.00	\$ 37.50
4DS-S (ABS-S)	Single	\$ 532.12	\$ 503.12	\$ 251.56	\$ 29.00	\$ 14.50

CEBCO/Delta Dental Rates

Type	Coverage	Monthly Premium	County Portion Monthly	County Portion Bi-Monthly	Employee Monthly	Employee Bi-Monthly
DDP	Family	\$ 80.78	\$ 80.78	\$ 40.39	\$ -	\$ -
DDP	Single	\$ 28.34	\$ 28.34	\$ 14.17	\$ -	\$ -

Geauga County Waivers

Type of Waiver	Family	Single
All: Medical, Prescription & Dental	\$ 2,088.00	\$ 792.00
Partial: Medical & Prescription Only	\$ 1,884.00	\$ 720.00

According to Ohio Revised Code 305.171, a cash payment to an officer or County employee in lieu of providing health insurance must not exceed twenty-five percent of the cost of premiums or payments that otherwise would be paid by the County.

When both husband and wife are Geauga County employees and eligible for coverage under the County group plans, both shall either carry single coverage or if there are more than two dependents, both shall be covered by one family plan. The waiver option will not apply.

(Gauga County Personnel Policy and Procedure manual, Section 5.Benefits, Revised 1/1/2007)

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