

Contractual RATE SHEETS 2024

MEDICAL - EMPLOYEE MONTHLY PREMIUM RATES W/ DOMESTIC RELATIONSHIP						
PLAN NAME		Employee & Domestic Partner	Employee & Child + Domestic Partner	Employee & Child + Domestic Partner & Child	Employee + Domestic Partner & Child	Employee & Children + Domestic Partner & Child(ren)
CAREFIRST BLUECROSS	PRE-TAX RATE	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
	POST-TAX RATE	\$277.60	\$385.58	\$385.58	\$385.58	\$385.58
BLUESHIELD PPO	STATE SUBSIDY	\$462.70	\$786.62	\$462.70	\$462.70	\$ 0.00
	IMPUTED INCOME	\$370.14	\$370.14	\$694.06	\$694.06	\$1156.76
	PRE-TAX RATE	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
CAREFIRST BLUECROSS	POST-TAX RATE	\$288.04	\$356.84	\$356.84	\$356.84	\$356.84
BLUESHIELD EPO	STATE SUBSIDY	\$411.76	\$618.16	\$411.76	\$411.76	\$ 0.00
	IMPUTED INCOME	\$452.36	\$452.36	\$658.76	\$658.76	\$1070.52
	PRE-TAX RATE	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
VAICED	POST-TAX RATE	\$287.84	\$356.60	\$356.60	\$356.60	\$356.60
KAISER	STATE SUBSIDY	\$411.48	\$617.76	\$411.48	\$411.48	\$ 0.00
	IMPUTED INCOME	\$452.06	\$452.06	\$658.34	\$658.34	\$1069.82
	PRE-TAX RATE	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
UNITED HEALTHCARE PPO	POST-TAX RATE	\$273.10	\$379.30	\$379.30	\$379.30	\$379.30
	STATE SUBSIDY	\$455.14	\$773.78	\$455.14	\$455.14	\$ 0.00
	IMPUTED INCOME	\$364.14	\$364.14	\$682.78	\$682.78	\$1137.92
UNITED HEALTHCARE EPO	PRE-TAX RATE	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
	POST-TAX RATE	\$287.16	\$342.40	\$342.40	\$342.40	\$342.40
	STATE SUBSIDY	\$414.24	\$579.96	\$414.24	\$414.24	\$ 0.00
	IMPUTED INCOME	\$447.24	\$447.24	\$612.96	\$612.96	\$1027.20

PRESCRIPTION DRUG - EMPLOYEE MONTHLY PREMIUM RATES W/ DOMESTIC RELATIONSHIP							
PLAN NAME		Employee & Domestic Partner	Employee & Child + Domestic Partner	Employee & Child + Domestic Partner & Child	Employee + Domestic Partner & Child	Employee & Children + Domestic Partner & Child(ren)	
CVS CAREMARK	PRE-TAX RATE	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	
	POST-TAX RATE	\$124.46	\$149.98	\$149.98	\$149.98	\$149.98	
	STATE SUBSIDY	\$224.96	\$301.54	\$227.52	\$227.52	\$ 0.00	
	IMPUTED INCOME	\$148.40	\$148.40	\$222.42	\$222.42	\$449.94	

MEDICAL - EMPLOYEE BI-WEEKLY PREMIUM RATES W/ DOMESTIC RELATIONSHIP							
PLAN NAME		Employee & Domestic Partner	Employee & Child + Domestic Partner	Employee & Child + Domestic Partner & Child	Employee + Domestic Partner & Child	Employee & Children + Domestic Partner & Child(ren)	
	PRE-TAX RATE	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	
CAREFIRST BLUECROSS	POST-TAX RATE	\$138.80	\$192.79	\$192.79	\$192.79	\$192.79	
BLUESHIELD PPO	STATE SUBSIDY	\$231.35	\$393.31	\$231.35	\$231.35	\$ 0.00	
	IMPUTED INCOME	\$185.07	\$185.07	\$347.03	\$347.03	\$578.38	
	PRE-TAX RATE	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	
CAREFIRST BLUECROSS	POST-TAX RATE	\$144.02	\$178.42	\$178.42	\$178.42	\$178.42	
BLUESHIELD EPO	STATE SUBSIDY	\$205.88	\$309.08	\$205.88	\$205.88	\$ 0.00	
	IMPUTED INCOME	\$226.18	\$226.18	\$329.38	\$329.38	\$535.26	
	PRE-TAX RATE	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	
KAISER	POST-TAX RATE	\$143.92	\$178.30	\$178.30	\$178.30	\$178.30	
KAIJEK	STATE SUBSIDY	\$205.74	\$308.88	\$205.74	\$205.74	\$ 0.00	
	IMPUTED INCOME	\$226.03	\$226.03	\$329.17	\$329.17	\$534.91	
UNITED HEALTHCARE PPO	PRE-TAX RATE	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	
	POST-TAX RATE	\$136.55	\$189.65	\$189.65	\$189.65	\$189.65	
	STATE SUBSIDY	\$227.57	\$386.89	\$227.57	\$227.57	\$ 0.00	
	IMPUTED INCOME	\$182.07	\$182.07	\$341.39	\$341.39	\$568.96	
UNITED HEALTHCARE EPO	PRE-TAX RATE	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	
	POST-TAX RATE	\$143.58	\$171.20	\$171.20	\$171.20	\$171.20	
	STATE SUBSIDY	\$207.12	\$289.98	\$207.12	\$207.12	\$ 0.00	
	IMPUTED INCOME	\$223.62	\$223.62	\$306.48	\$306.48	\$513.60	

PRESCRIPTION DRUG - EMPLOYEE BI-WEEKLY PREMIUM RATES W/ DOMESTIC RELATIONSHIP								
PLAN NAME		Employee & Domestic Partner	Employee & Child + Domestic Partner	Employee & Child + Domestic Partner & Child	Employee + Domestic Partner & Child	Employee & Children + Domestic Partner & Child(ren)		
	PRE-TAX RATE	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00		
CVS CAREMARK	POST-TAX RATE	\$ 62.23	\$ 74.99	\$ 74.99	\$ 74.99	\$ 74.99		
	STATE SUBSIDY	\$112.48	\$150.77	\$113.76	\$113.76	\$ 0.00		
	IMPUTED INCOME	\$ 74.20	\$ 74.20	\$111.21	\$111.21	\$224.97		