



Together, we are working toward a **healthier community**.

RETIREE (w/ Medicare) w/ Domestic Relationship Effective 1/1/2024 thru 12/31/2024

MEDICAL - RETIREE MONTHLY PREMIUM RATES W/ DOMESTIC RELATIONSHIP																				
PLAN NAME		Retiree & Domestic Partner Both w/ Medicare	Retiree w/ Medicare & Domestic Partner Child w/o Medicare	Medicare Retiree + DP With Medicare and 1 Child	Medicare Retiree + DP With Medicare and 2 Children	Medicare Retiree + DP Without Medicare	Medicare Retiree + DP Without Medicare and 1 Child	Medicare Retiree + DP Without Medicare and 2 Children	Medicare Retiree and 1 Child + DP With Medicare	Medicare Retiree and 1 Child + DP With Medicare and 1 Child	Medicare Retiree and 1 Child + DP With Medicare and 2 Children	Medicare Retiree and 1 Child + DP Without Medicare	Medicare Retiree and 1 Child + DP Without Medicare and 1 Child	Medicare Retiree and 1 Child + DP Without Medicare and 2 Children	Medicare Retiree and 2 Children + DP With Medicare	Medicare Retiree and 2 Children + DP With Medicare and 1 Child	Medicare Retiree and 2 Children + DP With Medicare and 2 Children	Medicare Retiree and 2 Children + DP Without Medicare	Medicare Retiree and 2 Children + DP Without Medicare and 1 Child	Medicare Retiree and 2 Children + DP Without Medicare and 2 Children
CAREFIRST	POST-TAX DEDUCTION	\$370.12	\$678.48	\$987.02	\$1295.52	\$678.42	\$1171.98	\$1295.52	\$493.60	\$802.10	\$802.10	\$678.56	\$802.10	\$802.10	\$407.30	\$407.30	\$407.30	\$407.30	\$407.30	\$407.30
BLUECROSS BLUESHIELD PPO	STATE SUBSIDY	\$246.82	\$246.82	\$246.82	\$246.82	\$246.82	\$246.82	\$246.82	\$740.24	\$740.24	\$740.24	\$740.24	\$740.24	\$740.24	\$1135.04	\$1135.04	\$1135.04	\$1135.04	\$1135.04	\$1135.04
	IMPUTED INCOME	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
CAREFIRST BLUECROSS	POST-TAX DEDUCTION	\$364.60	\$585.14	\$637.27	\$1197.30	\$585.14	\$1129.74	\$1197.30	\$174.38	\$734.44	\$734.44	\$666.88	\$734.44	\$734.44	\$271.52	\$271.52	\$271.52	\$271.52	\$271.52	\$271.52
	STATE SUBSIDY	\$230.06	\$230.06	\$230.06	\$230.06	\$230.06	\$230.06	\$230.06	\$692.92	\$692.92	\$692.92	\$692.92	\$692.92	\$692.92	\$1155.84	\$1155.84	\$1155.84	\$1155.84	\$1155.84	\$1155.84
BLUESHIELD EPO	IMPUTED INCOME	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
UNITED	POST-TAX DEDUCTION	\$364.10	\$667.52	\$970.96	\$1274.50	\$667.52	\$1153.02	\$1274.50	\$485.50	\$789.04	\$789.04	\$667.56	\$789.04	\$789.04	\$400.64	\$400.64	\$400.64	\$400.64	\$400.64	\$400.64
HEALTHCARE	STATE SUBSIDY	\$242.76	\$242.76	\$242.76	\$242.76	\$242.76	\$242.76	\$242.76	\$728.22	\$728.22	\$728.22	\$728.22	\$728.22	\$728.22	\$1116.62	\$1116.62	\$1116.62	\$1116.62	\$1116.62	\$1116.62
PP0	IMPUTED INCOME	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
	POST-TAX DEDUCTION	\$419.40	\$606.96	\$942.22	\$1059.58	\$606.96	\$1059.58	\$1059.58	\$472.80	\$590.16	\$590.16	\$590.16	\$590.16	\$590.16	\$205.44	\$205.44	\$205.44	\$205.44	\$205.44	\$205.44
UNITED HEALTHCARE EPO	STATE SUBSIDY	\$310.04	\$310.04	\$310.04	\$310.04	\$310.04	\$310.04	\$310.04	\$779.46	\$779.46	\$779.46	\$779.46	\$779.46	\$779.46	\$1164.18	\$1164.18	\$1164.18	\$1164.18	\$1164.18	\$1164.18
IILALIIICANE EPO	IMPUTED INCOME	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

PRESCRIPTION DRUG - RETIREE MONTHLY PREMIUM RATES W/ DOMESTIC RELATIONSHIP																				
PLAN	PLAN NAME		Retiree w Medicare & Domestic Partner Child w/o Medicare	Medicare Retiree + DP With Medicare and 1 Child	Medicare Retiree + DP With Medicare and 2 Children	Medicare Retiree + DP Without Medicare	Medicare Retiree + DP Without Medicare and 1 Child	Medicare Retiree + DP Without Medicare and 2 Children	Medicare Retiree and 1 Child + DP With Medicare	Medicare Retiree and 1 Child + DP With Medicare and 1 Child	Medicare Retiree and 1 Child + DP With Medicare and 2 Children	Medicare Retiree and 1 Child + DP Without Medicare	Medicare Retiree and 1 Child + DP Without Medicare and 1 Child	Medicare Retiree and 1 Child + DP Without Medicare and 2 Children	Medicare Retiree and 2 Children + DP With Medicare	Medicare Retiree and 2 Children + DP With Medicare and 1 Child	Medicare Retiree and 2 Children + DP With Medicare and 2 Children	Medicare Retiree and 2 Children + DP Without Medicare	Medicare Retiree and 2 Children + DP Without Medicare and 1 Child	Medicare Retiree and 2 Children + DP Without Medicare and 2 Children
	POST-TAX DEDUCTION	\$193.46	\$ 93.68	\$274.76	\$349.56	\$230.18	\$349.56	\$349.56	\$153.62	\$228.42	\$228.42	\$228.42	\$228.42	\$228.42	\$127.36	\$127.36	\$127.36	\$127.36	\$127.36	\$127.36
CVS CAREMARK	STATE SUBSIDY	\$159.90	\$281.04	\$159.90	\$159.90	\$159.90	\$159.90	\$159.90	\$281.04	\$281.04	\$281.04	\$281.04	\$281.04	\$281.04	\$382.10	\$382.10	\$382.10	\$382.10	\$382.10	\$382.10
	IMPUTED INCOME	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

DENTAL - RETIREE MONTHLY PREMIUM RATES W/ DOMESTIC RELATIONSHIP												
PLAN NAME		Retiree & Domestic Partner	Retiree & Domestic Partner Child	Retiree & Child + Domestic Partner	Retiree & Child + Domestic Partner & Child	Retiree + Domestic Partner & Child	Retiree & Children + Domestic Partner & Child(ren)					
	POST-TAX DEDUCTION	\$ 22.72	\$ 27.44	\$ 32.46	\$ 41.62	\$ 41.62	\$ 51.32					
DELTA DENTAL	STATE SUBSIDY	\$ 9.12	\$ 9.12	\$ 18.86	\$ 9.70	\$ 9.70	\$ 0.00					
	IMPUTED INCOME	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00					
	POST-TAX DEDUCTION	\$ 42.78	\$ 40.26	\$ 67.70	\$ 80.70	\$ 80.70	\$106.88					
UNITED CONCORDIA	STATE SUBSIDY	\$ 14.26	\$ 14.26	\$ 39.18	\$ 26.18	\$ 26.18	\$ 0.00					
	IMPUTED INCOME	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00					