



Health Benefits

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

SLEOLA 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 BLUESHIELD PPO	PRE-TAX RATE	\$167.64	\$281.98	\$167.64	\$167.64	\$ 0.00
	POST-TAX RATE	\$130.66	\$130.66	\$245.00	\$245.00	\$412.64
	STATE SUBSIDY	\$502.94	\$845.98	\$502.94	\$502.94	\$ 0.00
	IMPUTED INCOME	\$392.00	\$392.00	\$735.04	\$735.04	\$1237.98
CAREFIRST BLUECROSS BLUESHIELD POS	PRE-TAX RATE	\$118.12	\$198.54	\$118.12	\$118.12	\$ 0.00
	POST-TAX RATE	\$ 91.90	\$ 91.90	\$172.32	\$172.32	\$290.44
	STATE SUBSIDY	\$418.84	\$703.90	\$418.84	\$418.84	\$ 0.00
	IMPUTED INCOME	\$325.84	\$325.84	\$610.90	\$610.90	\$1029.74
CAREFIRST BLUECROSS BLUESHIELD EPO	PRE-TAX RATE	\$114.08	\$169.38	\$114.08	\$114.08	\$ 0.00
	POST-TAX RATE	\$121.18	\$121.18	\$176.48	\$176.48	\$290.56
	STATE SUBSIDY	\$456.30	\$677.46	\$456.30	\$456.30	\$ 0.00
	IMPUTED INCOME	\$484.76	\$484.76	\$705.92	\$705.92	\$1162.22

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	\$ 65.52	\$ 87.82	\$ 66.28	\$ 66.28	\$ 0.00
	POST-TAX RATE	\$ 43.20	\$ 43.20	\$ 64.74	\$ 64.74	\$131.02
	STATE SUBSIDY	\$262.08	\$351.28	\$265.06	\$265.06	\$ 0.00
	IMPUTED INCOME	\$172.86	\$172.86	\$259.08	\$259.08	\$524.14

DENTAL - 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)
Delta Dental	PRE-TAX RATE	\$ 9.12	\$ 18.86	\$ 9.70	\$ 9.70	\$ 0.00
	POST-TAX RATE	\$ 6.80	\$ 6.80	\$ 15.96	\$ 15.96	\$ 25.66
	STATE SUBSIDY	\$ 9.12	\$ 18.86	\$ 9.70	\$ 9.70	\$ 0.00
	IMPUTED INCOME	\$ 6.80	\$ 6.80	\$ 15.96	\$ 15.96	\$ 25.66
United Concordia	PRE-TAX RATE	\$ 14.26	\$ 39.18	\$ 26.18	\$ 26.18	\$ 0.00
	POST-TAX RATE	\$ 14.26	\$ 14.26	\$ 27.26	\$ 27.26	\$ 53.44
	STATE SUBSIDY	\$ 14.26	\$ 39.18	\$ 26.18	\$ 26.18	\$ 0.00
	IMPUTED INCOME	\$ 14.26	\$ 14.26	\$ 27.26	\$ 27.26	\$ 53.44

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)
CAREFIRST BLUECROSS BLUESHIELD PPO	PRE-TAX RATE	\$ 83.82	\$140.99	\$ 83.82	\$ 83.82	\$ 0.00
	POST-TAX RATE	\$ 65.33	\$ 65.33	\$122.50	\$122.50	\$206.32
	STATE SUBSIDY	\$251.47	\$422.99	\$251.47	\$251.47	\$ 0.00
	IMPUTED INCOME	\$196.00	\$196.00	\$367.52	\$367.52	\$618.99
CAREFIRST BLUECROSS BLUESHIELD POS	PRE-TAX RATE	\$ 59.06	\$ 99.27	\$ 59.06	\$ 59.06	\$ 0.00
	POST-TAX RATE	\$ 45.95	\$ 45.95	\$ 86.16	\$ 86.16	\$145.22
	STATE SUBSIDY	\$209.42	\$351.95	\$209.42	\$209.42	\$ 0.00
	IMPUTED INCOME	\$162.92	\$162.92	\$305.45	\$305.45	\$514.87
CAREFIRST BLUECROSS BLUESHIELD EPO	PRE-TAX RATE	\$ 57.04	\$ 84.69	\$ 57.04	\$ 57.04	\$ 0.00
	POST-TAX RATE	\$ 60.59	\$ 60.59	\$ 88.24	\$ 88.24	\$145.28
	STATE SUBSIDY	\$228.15	\$338.73	\$228.15	\$228.15	\$ 0.00
	IMPUTED INCOME	\$242.38	\$242.38	\$352.96	\$352.96	\$581.11

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)
CVS CAREMARK	PRE-TAX RATE	\$ 32.76	\$ 43.91	\$ 33.14	\$ 33.14	\$ 0.00
	POST-TAX RATE	\$ 21.60	\$ 21.60	\$ 32.37	\$ 32.37	\$ 65.51
	STATE SUBSIDY	\$131.04	\$175.64	\$132.53	\$132.53	\$132.74
	IMPUTED INCOME	\$ 86.43	\$ 86.43	\$129.54	\$129.54	\$129.33

DENTAL - 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)
Delta Dental	PRE-TAX RATE	\$ 4.56	\$ 9.43	\$ 4.85	\$ 4.85	\$ 0.00
	POST-TAX RATE	\$ 3.40	\$ 3.40	\$ 7.98	\$ 7.98	\$ 12.83
	STATE SUBSIDY	\$ 4.56	\$ 9.43	\$ 4.85	\$ 4.85	\$ 0.00
	IMPUTED INCOME	\$ 3.40	\$ 3.40	\$ 7.98	\$ 7.98	\$ 12.83
United Concordia	PRE-TAX RATE	\$ 7.13	\$ 19.59	\$ 13.09	\$ 13.09	\$ 0.00
	POST-TAX RATE	\$ 7.13	\$ 7.13	\$ 13.63	\$ 13.63	\$ 26.72
	STATE SUBSIDY	\$ 7.13	\$ 19.59	\$ 13.09	\$ 13.09	\$ 0.00
	IMPUTED INCOME	\$ 7.13	\$ 7.13	\$ 13.63	\$ 13.63	\$ 26.72