



# Health Benefits

Together, we are working toward a healthier community.

## RETIREE (No Medicare) w/ Domestic Relationship

Effective 1/1/2026 thru 12/31/2026

MEDICAL - RETIREE MONTHLY PREMIUM RATES W/ DOMESTIC RELATIONSHIP											
PLAN NAME		Non-Medicare Retiree + DP With Medicare	Non-Medicare Retiree + DP Child	Non-Medicare Retiree + DP With Medicare and 1 Child	Non-Medicare Retiree + DP With Medicare and 2 Children	Non-Medicare Retiree and 1 Child + DP With Medicare	Non-Medicare Retiree and 1 Child + DP With Medicare and 1 Child	Non-Medicare Retiree and 1 Child + DP With Medicare and 2 Children	Non Medicare Retiree and 2 Children + DP With Medicare	Non Medicare Retiree and 2 Children + DP With Medicare and 1 Child	Non Medicare Retiree and 2 Children + DP With Medicare and 2 Children
CAREFIRST BLUECROSS BLUESHIELD PPO	POST-TAX DEDUCTION	\$476.00	\$680.10	\$1020.06	\$1156.28	\$584.80	\$721.02	\$721.02	\$340.08	\$340.08	\$340.08
	STATE SUBSIDY	\$544.16	\$544.16	\$544.16	\$544.16	\$979.42	\$979.42	\$979.42	\$1360.36	\$1360.36	\$1360.36
	IMPUTED INCOME	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
CAREFIRST BLUECROSS BLUESHIELD EPO	POST-TAX DEDUCTION	\$384.28	\$755.76	\$984.70	\$1059.18	\$419.48	\$493.96	\$493.96	\$236.04	\$236.04	\$236.04
	STATE SUBSIDY	\$514.48	\$514.48	\$514.48	\$514.48	\$1079.70	\$1079.70	\$1079.70	\$1337.62	\$1337.62	\$1337.62
	IMPUTED INCOME	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
UNITED HEALTHCARE PPO	POST-TAX DEDUCTION	\$468.30	\$669.08	\$1003.58	\$1137.52	\$575.36	\$709.30	\$709.30	\$334.56	\$334.56	\$334.56
	STATE SUBSIDY	\$535.26	\$535.26	\$535.26	\$535.26	\$963.48	\$963.48	\$963.48	\$1338.22	\$1338.22	\$1338.22
	IMPUTED INCOME	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
UNITED HEALTHCARE EPO	POST-TAX DEDUCTION	\$493.38	\$748.78	\$992.40	\$992.40	\$433.56	\$433.56	\$433.56	\$226.50	\$226.50	\$226.50
	STATE SUBSIDY	\$517.60	\$517.60	\$517.60	\$517.60	\$1076.44	\$1076.44	\$1076.44	\$1283.50	\$1283.50	\$1283.50
	IMPUTED INCOME	\$ 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 NAME		Non-Medicare Retiree & DP	Non-Medicare Retiree +DP Child	Non-Medicare Retiree & 1 Child + DP	Non-Medicare Retiree & Child + DP with one Child	Non-Medicare Retiree + Domestic Partner & DP one Child	Non-Medicare Retiree & Children + DP	Non-Medicare Retiree & Children + DP & DP Children
MEDIMPACT	POST-TAX DEDUCTION	\$311.30		\$198.12		\$340.40		\$427.74
	STATE SUBSIDY	\$256.68		\$256.68		\$344.02		\$256.68
	IMPUTED INCOME	\$ 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)
DELTA DENTAL	POST-TAX DEDUCTION	\$ 22.72	\$ 27.44	\$ 32.46	\$ 41.62	\$ 41.62	\$ 32.46
	STATE SUBSIDY	\$ 9.12	\$ 9.12	\$ 18.86	\$ 9.70	\$ 9.70	\$ 18.86
	IMPUTED INCOME	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
UNITED CONCORDIA	POST-TAX DEDUCTION	\$ 47.16	\$ 44.34	\$ 74.62	\$ 88.92	\$ 88.92	\$ 74.62
	STATE SUBSIDY	\$ 15.74	\$ 15.74	\$ 43.18	\$ 28.88	\$ 28.88	\$ 43.18
	IMPUTED INCOME	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00