



Health Benefits

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

EMPLOYEE 10-MONTH RATE SHEETS - 22 Pay Periods UM EFFECTIVE 01/01/2026 THRU 12/31/2026

MEDICAL - EMPLOYEE MONTHLY PREMIUM RATES 22 PAY PERIODS UM			
Plan Name	Employee Only	Employee & Child or Employee & Spouse	Employee & Family
CAREFIRST BLUECROSS BLUESHIELD PPO	\$163.25	\$293.81	\$408.10
CAREFIRST BLUECROSS BLUESHIELD EPO	\$108.94	\$228.65	\$283.25
KAISER PERMANENTE	\$108.86	\$228.48	\$283.06
UNITEDHEALTHCARE PPO	\$160.56	\$289.03	\$401.47
UNITEDHEALTHCARE EPO	\$109.61	\$227.93	\$271.80

MEDICAL - EMPLOYEE PER PAY PERIOD PREMIUM RATES 22 PAY PERIODS UM			
Plan Name	Employee Only	Employee & Child or Employee & Spouse	Employee & Family
CAREFIRST BLUECROSS BLUESHIELD PPO	\$ 74.20	\$133.55	\$185.50
CAREFIRST BLUECROSS BLUESHIELD EPO	\$ 49.52	\$103.93	\$128.75
KAISER PERMANENTE	\$ 49.48	\$103.85	\$128.66
UNITEDHEALTHCARE PPO	\$ 72.98	\$131.38	\$182.49
UNITEDHEALTHCARE EPO	\$ 49.82	\$103.60	\$123.55

PRESCRIPTION DRUG - EMPLOYEE MONTHLY PREMIUM RATES 22 PAY PERIODS UM				
MedImpact	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
	\$ 83.14	\$110.50	\$138.00	\$166.30

PRESCRIPTION DRUG - EMPLOYEE BI-WEEKLY PREMIUM RATES 22 PAY PERIODS UM				
MedImpact	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
	\$ 37.79	\$ 50.23	\$ 62.73	\$ 75.59

DENTAL - EMPLOYEE MONTHLY PREMIUM RATES 22 PAY PERIODS UM				
Plan Name	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
DELTA DENTAL DHMO	\$ 10.94	\$ 21.94	\$ 19.10	\$ 30.79
UNITED CONCORDIA DPPO	\$ 18.89	\$ 36.05	\$ 37.73	\$ 70.68

DENTAL - EMPLOYEE BI-WEEKLY PREMIUM RATES 22 PAY PERIODS UM				
Plan Name	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
DELTA DENTAL DHMO	\$ 4.97	\$ 9.97	\$ 8.68	\$ 14.00
UNITED CONCORDIA DPPO	\$ 8.59	\$ 16.39	\$ 17.15	\$ 32.13

Rates may vary from what appears on your paystub due to rounding.

TERM LIFE INSURANCE PREMIUM RATES

Age of Employee/Retiree	Monthly Employee/Retiree Rates (per \$1,000)	Age of Spouse	Monthly Spouse Rates (per \$1,000)
Under 30	\$0.036	Under 30	\$0.108
30 to 34	\$0.048	30 to 34	\$0.120
35 to 39	\$0.060	35 to 39	\$0.144
40 to 44	\$0.096	40 to 44	\$0.216
45 to 49	\$0.156	45 to 49	\$0.336
50 to 54	\$0.240	50 to 54	\$0.504
55 to 59	\$0.444	55 to 59	\$0.780
60 to 64	\$0.624	60 to 64	\$1.200
65 to 69	\$0.924	65 to 69	\$1.740
70 to 74	\$1.656	70 to 74	\$2.736
75 to 79	\$2.472	75 to 79	\$2.736
80 and older	\$2.472	80 and older	\$2.736
Dependent Child Coverage is \$0.156 per \$1,000 per month.			

ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE PREMIUM RATES

Plan Coverage Level	Employee Only Monthly Rates	Employee + Family Monthly Rates
\$100,000	\$1.44	\$2.76
\$200,000	\$2.88	\$4.60
\$300,000	\$4.32	\$8.28

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