



Health Benefits

Together, we are working toward a healthier community.

EMPLOYEE w/ Domestic Relationship Effective 1/1/2027 thru 12/31/2027

MEDICAL - EMPLOYEE MONTHLY PREMIUM RATES W/ DOMESTIC RELATIONSHIP

PLAN NAME		Employee & Domestic Partner	Employee & Domestic Partner Child	Employee & Child + Domestic Partner	Employee & Child + Domestic Partner & Child	Employee + Domestic Partner & Child	Employee & Children + Domestic Partner	Employee & Children + Domestic Partner & Child(ren)
CAREFIRST BLUECROSS BLUESHIELD PPO	PRE-TAX RATE	\$142.84	\$142.84	\$242.84	\$142.84	\$142.84	\$242.84	\$ 0.00
	POST-TAX RATE	\$114.24	\$114.24	\$114.24	\$214.24	\$214.24	\$114.24	\$357.08
	STATE SUBSIDY	\$571.38	\$571.38	\$971.38	\$571.38	\$571.38	\$971.38	\$ 0.00
	IMPUTED INCOME	\$457.00	\$457.00	\$457.00	\$857.00	\$857.00	\$457.00	\$1428.38
CAREFIRST BLUECROSS BLUESHIELD EPO	PRE-TAX RATE	\$ 95.32	\$ 95.32	\$143.10	\$ 95.32	\$ 95.32	\$143.10	\$ 0.00
	POST-TAX RATE	\$104.74	\$104.74	\$104.74	\$152.52	\$152.52	\$104.74	\$247.84
	STATE SUBSIDY	\$540.20	\$540.20	\$811.00	\$540.20	\$540.20	\$811.00	\$ 0.00
	IMPUTED INCOME	\$593.50	\$593.50	\$593.50	\$864.30	\$864.30	\$593.50	\$1404.50
KAISER	PRE-TAX RATE	\$ 98.66	\$ 98.66	\$148.14	\$ 98.66	\$ 98.66	\$148.14	\$ 0.00
	POST-TAX RATE	\$108.40	\$108.40	\$108.40	\$157.88	\$157.88	\$108.40	\$256.54
	STATE SUBSIDY	\$559.16	\$559.16	\$839.46	\$559.16	\$559.16	\$839.46	\$ 0.00
	IMPUTED INCOME	\$614.28	\$614.28	\$614.28	\$894.58	\$894.58	\$614.28	\$1453.74
UNITED HEALTHCARE PPO	PRE-TAX RATE	\$140.50	\$140.50	\$238.88	\$140.50	\$140.50	\$238.88	\$ 0.00
	POST-TAX RATE	\$112.40	\$112.40	\$112.40	\$210.78	\$210.78	\$112.40	\$351.28
	STATE SUBSIDY	\$562.02	\$562.02	\$955.50	\$562.02	\$562.02	\$955.50	\$ 0.00
	IMPUTED INCOME	\$449.64	\$449.64	\$449.64	\$843.12	\$843.12	\$449.64	\$1405.14
UNITED HEALTHCARE EPO	PRE-TAX RATE	\$ 95.90	\$ 95.90	\$134.26	\$ 95.90	\$ 95.90	\$134.26	\$ 0.00
	POST-TAX RATE	\$103.56	\$103.56	\$103.56	\$141.92	\$141.92	\$103.56	\$237.82
	STATE SUBSIDY	\$543.48	\$543.48	\$760.92	\$543.48	\$543.48	\$760.92	\$ 0.00
	IMPUTED INCOME	\$586.76	\$586.76	\$586.76	\$804.20	\$804.20	\$586.76	\$1347.68

PRESCRIPTION DRUG - EMPLOYEE MONTHLY PREMIUM RATES W/ DOMESTIC RELATIONSHIP

PLAN NAME		Employee & Domestic Partner	Employee & Domestic Partner Child	Employee & Child + Domestic Partner	Employee & Child + Domestic Partner & Child	Employee + Domestic Partner & Child	Employee & Children + Domestic Partner	Employee & Children + Domestic Partner & Child(ren)
MedImpact	PRE-TAX RATE	\$ 72.74	\$ 72.74	\$ 97.52	\$ 72.74	\$ 72.74	\$ 97.52	\$ 0.00
	POST-TAX RATE	\$ 48.00	\$ 23.94	\$ 48.00	\$ 72.78	\$ 72.78	\$ 48.00	\$145.52
	STATE SUBSIDY	\$291.04	\$291.04	\$390.12	\$291.04	\$291.04	\$390.12	\$ 0.00
	IMPUTED INCOME	\$191.94	\$ 95.72	\$191.94	\$291.02	\$291.02	\$191.94	\$582.06

DENTAL - EMPLOYEE MONTHLY PREMIUM RATES W/ DOMESTIC RELATIONSHIP

PLAN NAME		Employee & Domestic Partner	Employee & Domestic Partner Child	Employee & Child + Domestic Partner	Employee & Child + Domestic Partner & Child	Employee + Domestic Partner & Child	Employee & Children + Domestic Partner	Employee & Children + Domestic Partner & Child(ren)
Delta Dental	PRE-TAX RATE	\$ 9.12	\$ 9.12	\$ 18.86	\$ 9.70	\$ 9.70	\$ 18.86	\$ 0.00
	POST-TAX RATE	\$ 6.80	\$ 9.16	\$ 6.80	\$ 15.96	\$ 15.96	\$ 6.80	\$ 25.66
	STATE SUBSIDY	\$ 9.12	\$ 9.12	\$ 18.86	\$ 9.70	\$ 9.70	\$ 18.86	\$ 0.00
	IMPUTED INCOME	\$ 6.80	\$ 9.16	\$ 6.80	\$ 15.96	\$ 15.96	\$ 6.80	\$ 25.66
United Concordia	PRE-TAX RATE	\$ 16.52	\$ 16.52	\$ 45.34	\$ 30.32	\$ 30.32	\$ 45.34	\$ 0.00
	POST-TAX RATE	\$ 16.50	\$ 15.02	\$ 16.50	\$ 31.52	\$ 31.52	\$ 16.50	\$ 61.84
	STATE SUBSIDY	\$ 16.54	\$ 16.54	\$ 45.36	\$ 30.36	\$ 30.36	\$ 45.36	\$ 0.00
	IMPUTED INCOME	\$ 16.48	\$ 15.00	\$ 16.48	\$ 31.48	\$ 31.48	\$ 16.48	\$ 61.84

MEDICAL - EMPLOYEE PER PAY PERIOD PREMIUM RATES W/ DOMESTIC RELATIONSHIP (26)								
PLAN NAME		Employee & Domestic Partner	Employee & Domestic Partner Child	Employee & Child + Domestic Partner	Employee & Child + Domestic Partner & Child	Employee + Domestic Partner & Child	Employee & Children + Domestic Partner	Employee & Children + Domestic Partner & Child(ren)
CAREFIRST BLUECROSS BLUESHIELD PPO	PRE-TAX RATE	\$ 65.93	\$ 65.93	\$112.08	\$ 65.93	\$ 65.93	\$112.08	\$ 0.00
	POST-TAX RATE	\$ 52.73	\$ 52.73	\$ 52.73	\$ 98.88	\$ 98.88	\$ 52.73	\$164.81
	STATE SUBSIDY	\$263.71	\$263.71	\$448.33	\$263.71	\$263.71	\$448.33	\$ 0.00
	IMPUTED INCOME	\$210.92	\$210.92	\$210.92	\$395.54	\$395.54	\$210.92	\$659.25
CAREFIRST BLUECROSS BLUESHIELD EPO	PRE-TAX RATE	\$ 43.99	\$ 43.99	\$ 66.05	\$ 43.99	\$ 43.99	\$ 66.05	\$ 0.00
	POST-TAX RATE	\$ 48.34	\$ 48.34	\$ 48.34	\$ 70.39	\$ 70.39	\$ 48.34	\$114.39
	STATE SUBSIDY	\$249.32	\$249.32	\$374.31	\$249.32	\$249.32	\$374.31	\$ 0.00
	IMPUTED INCOME	\$273.92	\$273.92	\$273.92	\$398.91	\$398.91	\$273.92	\$648.23
KAISER	PRE-TAX RATE	\$ 45.54	\$ 45.54	\$ 68.37	\$ 45.54	\$ 45.54	\$ 68.37	\$ 0.00
	POST-TAX RATE	\$ 50.03	\$ 50.03	\$ 50.03	\$ 72.87	\$ 72.87	\$ 50.03	\$118.40
	STATE SUBSIDY	\$258.07	\$258.07	\$387.44	\$258.07	\$258.07	\$387.44	\$ 0.00
	IMPUTED INCOME	\$283.51	\$283.51	\$283.51	\$412.88	\$412.88	\$283.51	\$670.96
UNITED HEALTHCARE PPO	PRE-TAX RATE	\$ 64.85	\$ 64.85	\$110.25	\$ 64.85	\$ 64.85	\$110.25	\$ 0.00
	POST-TAX RATE	\$ 51.88	\$ 51.88	\$ 51.88	\$ 97.28	\$ 97.28	\$ 51.88	\$162.13
	STATE SUBSIDY	\$259.39	\$259.39	\$441.00	\$259.39	\$259.39	\$441.00	\$ 0.00
	IMPUTED INCOME	\$207.53	\$207.53	\$207.53	\$389.13	\$389.13	\$207.53	\$648.53
UNITED HEALTHCARE EPO	PRE-TAX RATE	\$ 44.26	\$ 44.26	\$ 61.97	\$ 44.26	\$ 44.26	\$ 61.97	\$ 0.00
	POST-TAX RATE	\$ 47.80	\$ 47.80	\$ 47.80	\$ 65.50	\$ 65.50	\$ 47.80	\$109.76
	STATE SUBSIDY	\$250.84	\$250.84	\$351.19	\$250.84	\$250.84	\$351.19	\$ 0.00
	IMPUTED INCOME	\$270.81	\$270.81	\$270.81	\$371.17	\$371.17	\$270.81	\$622.01

PRESCRIPTION DRUG - EMPLOYEE PER PAY PERIOD PREMIUM RATES W/ DOMESTIC RELATIONSHIP								
PLAN NAME		Employee & Domestic Partner	Employee & Domestic Partner Child	Employee & Child + Domestic Partner	Employee & Child + Domestic Partner & Child	Employee + Domestic Partner & Child	Employee & Children + Domestic Partner	Employee & Children + Domestic Partner & Child(ren)
MedImpact	PRE-TAX RATE	\$ 33.57	\$ 33.57	\$ 45.01	\$ 33.57	\$ 33.57	\$ 45.01	\$ 0.00
	POST-TAX RATE	\$ 22.15	\$ 11.05	\$ 22.15	\$ 33.59	\$ 33.59	\$ 22.15	\$ 67.16
	STATE SUBSIDY	\$134.33	\$134.33	\$180.06	\$134.33	\$134.33	\$180.06	\$ 0.00
	IMPUTED INCOME	\$ 88.59	\$ 44.18	\$ 88.59	\$134.32	\$134.32	\$ 88.59	\$268.64

DENTAL - EMPLOYEE PER PAY PERIOD PREMIUM RATES W/ DOMESTIC RELATIONSHIP								
PLAN NAME		Employee & Domestic Partner	Employee & Domestic Partner Child	Employee & Child + Domestic Partner	Employee & Child + Domestic Partner & Child	Employee + Domestic Partner & Child	Employee & Children + Domestic Partner	Employee & Children + Domestic Partner & Child(ren)
Delta Dental	PRE-TAX RATE	\$ 4.21	\$ 4.21	\$ 8.70	\$ 4.48	\$ 4.48	\$ 8.70	\$ 0.00
	POST-TAX RATE	\$ 3.14	\$ 4.23	\$ 3.14	\$ 7.37	\$ 7.37	\$ 3.14	\$ 11.84
	STATE SUBSIDY	\$ 4.21	\$ 4.21	\$ 8.70	\$ 4.48	\$ 4.48	\$ 8.70	\$ 0.00
	IMPUTED INCOME	\$ 3.14	\$ 4.23	\$ 3.14	\$ 7.37	\$ 7.37	\$ 3.14	\$ 11.84
United Concordia	PRE-TAX RATE	\$ 7.62	\$ 7.62	\$ 20.93	\$ 13.99	\$ 13.99	\$ 20.93	\$ 0.00
	POST-TAX RATE	\$ 7.62	\$ 6.93	\$ 7.62	\$ 14.55	\$ 14.55	\$ 7.62	\$ 28.54
	STATE SUBSIDY	\$ 7.63	\$ 7.63	\$ 20.94	\$ 14.01	\$ 14.01	\$ 20.94	\$ 0.00
	IMPUTED INCOME	\$ 7.61	\$ 6.92	\$ 7.61	\$ 14.53	\$ 14.53	\$ 7.61	\$ 28.54