



Health Benefits

Together, we are working toward a healthier community.

10-MONTH EMPLOYEE w/ Domestic Relationship (21) 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	\$171.41	\$171.41	\$291.41	\$171.41	\$171.41	\$291.41	\$ 0.00
	POST-TAX RATE	\$137.09	\$137.09	\$137.09	\$257.09	\$257.09	\$137.09	\$428.50
	STATE SUBSIDY	\$685.66	\$685.66	\$1165.66	\$685.66	\$685.66	\$1165.66	\$ 0.00
	IMPUTED INCOME	\$548.40	\$548.40	\$548.40	\$1028.40	\$1028.40	\$548.40	\$1714.06
CAREFIRST BLUECROSS BLUESHIELD EPO	PRE-TAX RATE	\$114.38	\$114.38	\$171.72	\$114.38	\$114.38	\$171.72	\$ 0.00
	POST-TAX RATE	\$125.69	\$125.69	\$125.69	\$183.02	\$183.02	\$125.69	\$297.41
	STATE SUBSIDY	\$648.24	\$648.24	\$973.20	\$648.24	\$648.24	\$973.20	\$ 0.00
	IMPUTED INCOME	\$712.20	\$712.20	\$712.20	\$1037.16	\$1037.16	\$712.20	\$1685.40
KAISER	PRE-TAX RATE	\$118.39	\$118.39	\$177.77	\$118.39	\$118.39	\$177.77	\$ 0.00
	POST-TAX RATE	\$130.08	\$130.08	\$130.08	\$189.46	\$189.46	\$130.08	\$307.85
	STATE SUBSIDY	\$670.99	\$670.99	\$1007.35	\$670.99	\$670.99	\$1007.35	\$ 0.00
	IMPUTED INCOME	\$737.14	\$737.14	\$737.14	\$1073.50	\$1073.50	\$737.14	\$1744.49
UNITED HEALTHCARE PPO	PRE-TAX RATE	\$168.60	\$168.60	\$286.66	\$168.60	\$168.60	\$286.66	\$ 0.00
	POST-TAX RATE	\$134.88	\$134.88	\$134.88	\$252.94	\$252.94	\$134.88	\$421.54
	STATE SUBSIDY	\$674.42	\$674.42	\$1146.60	\$674.42	\$674.42	\$1146.60	\$ 0.00
	IMPUTED INCOME	\$539.57	\$539.57	\$539.57	\$1011.74	\$1011.74	\$539.57	\$1686.17
UNITED HEALTHCARE EPO	PRE-TAX RATE	\$115.08	\$115.08	\$161.11	\$115.08	\$115.08	\$161.11	\$ 0.00
	POST-TAX RATE	\$124.27	\$124.27	\$124.27	\$170.30	\$170.30	\$124.27	\$285.38
	STATE SUBSIDY	\$652.18	\$652.18	\$913.10	\$652.18	\$652.18	\$913.10	\$ 0.00
	IMPUTED INCOME	\$704.11	\$704.11	\$704.11	\$965.04	\$965.04	\$704.11	\$1617.22

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	\$ 87.29	\$ 87.29	\$117.02	\$ 87.29	\$ 87.29	\$117.02	\$ 0.00
	POST-TAX RATE	\$ 57.60	\$ 28.73	\$ 57.60	\$ 87.34	\$ 87.34	\$ 57.60	\$174.62
	STATE SUBSIDY	\$349.25	\$349.25	\$468.14	\$349.25	\$349.25	\$468.14	\$ 0.00
	IMPUTED INCOME	\$230.33	\$114.86	\$230.33	\$349.22	\$349.22	\$230.33	\$698.47

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	\$ 10.94	\$ 10.94	\$ 22.63	\$ 11.64	\$ 11.64	\$ 22.63	\$ 0.00
	POST-TAX RATE	\$ 8.16	\$ 10.99	\$ 8.16	\$ 19.15	\$ 19.15	\$ 8.16	\$ 30.79
	STATE SUBSIDY	\$ 10.94	\$ 10.94	\$ 22.63	\$ 11.64	\$ 11.64	\$ 22.63	\$ 0.00
	IMPUTED INCOME	\$ 8.16	\$ 10.99	\$ 8.16	\$ 19.15	\$ 19.15	\$ 8.16	\$ 30.79
United Concordia	PRE-TAX RATE	\$ 19.82	\$ 19.82	\$ 54.41	\$ 36.38	\$ 36.38	\$ 54.41	\$ 0.00
	POST-TAX RATE	\$ 19.80	\$ 18.02	\$ 19.80	\$ 37.82	\$ 37.82	\$ 19.80	\$ 74.21
	STATE SUBSIDY	\$ 19.85	\$ 19.85	\$ 54.43	\$ 36.43	\$ 36.43	\$ 54.43	\$ 0.00
	IMPUTED INCOME	\$ 19.78	\$ 18.00	\$ 19.78	\$ 37.78	\$ 37.78	\$ 19.78	\$ 74.21

MEDICAL - 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)
CAREFIRST BLUECROSS BLUESHIELD PPO	PRE-TAX RATE	\$ 81.62	\$ 81.62	\$138.77	\$ 81.62	\$ 81.62	\$138.77	\$ 0.00
	POST-TAX RATE	\$ 65.28	\$ 65.28	\$ 65.28	\$122.42	\$122.42	\$ 65.28	\$204.05
	STATE SUBSIDY	\$326.50	\$326.50	\$555.07	\$326.50	\$326.50	\$555.07	\$ 0.00
	IMPUTED INCOME	\$261.14	\$261.14	\$261.14	\$489.71	\$489.71	\$261.14	\$816.22
CAREFIRST BLUECROSS BLUESHIELD EPO	PRE-TAX RATE	\$ 54.47	\$ 54.47	\$ 81.77	\$ 54.47	\$ 54.47	\$ 81.77	\$ 0.00
	POST-TAX RATE	\$ 59.85	\$ 59.85	\$ 59.85	\$ 87.15	\$ 87.15	\$ 59.85	\$141.62
	STATE SUBSIDY	\$308.69	\$308.69	\$463.43	\$308.69	\$308.69	\$463.43	\$ 0.00
	IMPUTED INCOME	\$339.14	\$339.14	\$339.14	\$493.89	\$493.89	\$339.14	\$802.57
KAISER	PRE-TAX RATE	\$ 56.38	\$ 56.38	\$ 84.65	\$ 56.38	\$ 56.38	\$ 84.65	\$ 0.00
	POST-TAX RATE	\$ 61.94	\$ 61.94	\$ 61.94	\$ 90.22	\$ 90.22	\$ 61.94	\$146.59
	STATE SUBSIDY	\$319.52	\$319.52	\$479.69	\$319.52	\$319.52	\$479.69	\$ 0.00
	IMPUTED INCOME	\$351.02	\$351.02	\$351.02	\$511.19	\$511.19	\$351.02	\$830.71
UNITED HEALTHCARE PPO	PRE-TAX RATE	\$ 80.29	\$ 80.29	\$136.50	\$ 80.29	\$ 80.29	\$136.50	\$ 0.00
	POST-TAX RATE	\$ 64.23	\$ 64.23	\$ 64.23	\$120.45	\$120.45	\$ 64.23	\$200.73
	STATE SUBSIDY	\$321.15	\$321.15	\$546.00	\$321.15	\$321.15	\$546.00	\$ 0.00
	IMPUTED INCOME	\$256.94	\$256.94	\$256.94	\$481.78	\$481.78	\$256.94	\$802.94
UNITED HEALTHCARE EPO	PRE-TAX RATE	\$ 54.80	\$ 54.80	\$ 76.72	\$ 54.80	\$ 54.80	\$ 76.72	\$ 0.00
	POST-TAX RATE	\$ 59.18	\$ 59.18	\$ 59.18	\$ 81.10	\$ 81.10	\$ 59.18	\$135.90
	STATE SUBSIDY	\$310.56	\$310.56	\$434.81	\$310.56	\$310.56	\$434.81	\$ 0.00
	IMPUTED INCOME	\$335.29	\$335.29	\$335.29	\$459.54	\$459.54	\$335.29	\$770.10

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	\$ 41.57	\$ 41.57	\$ 55.73	\$ 41.57	\$ 41.57	\$ 55.73	\$ 0.00
	POST-TAX RATE	\$ 27.43	\$ 13.68	\$ 27.43	\$ 41.59	\$ 41.59	\$ 27.43	\$ 83.15
	STATE SUBSIDY	\$166.31	\$166.31	\$222.93	\$166.31	\$166.31	\$222.93	\$ 0.00
	IMPUTED INCOME	\$109.68	\$ 54.70	\$109.68	\$166.30	\$166.30	\$109.68	\$332.61

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	\$ 5.21	\$ 5.21	\$ 10.78	\$ 5.54	\$ 5.54	\$ 10.78	\$ 0.00
	POST-TAX RATE	\$ 3.89	\$ 5.23	\$ 3.89	\$ 9.12	\$ 9.12	\$ 3.89	\$ 14.66
	STATE SUBSIDY	\$ 5.21	\$ 5.21	\$ 10.78	\$ 5.54	\$ 5.54	\$ 10.78	\$ 0.00
	IMPUTED INCOME	\$ 3.89	\$ 5.23	\$ 3.89	\$ 9.12	\$ 9.12	\$ 3.89	\$ 14.66
United Concordia	PRE-TAX RATE	\$ 9.44	\$ 9.44	\$ 25.91	\$ 17.33	\$ 17.33	\$ 25.91	\$ 0.00
	POST-TAX RATE	\$ 9.43	\$ 8.58	\$ 9.43	\$ 18.01	\$ 18.01	\$ 9.43	\$ 35.34
	STATE SUBSIDY	\$ 9.45	\$ 9.45	\$ 25.92	\$ 17.35	\$ 17.35	\$ 25.92	\$ 0.00
	IMPUTED INCOME	\$ 9.42	\$ 8.57	\$ 9.42	\$ 17.99	\$ 17.99	\$ 9.42	\$ 35.34