



Health Benefits

Together, we are working toward a healthier community.

10-MONTH EMPLOYEE w/ Domestic Relationship (22) 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	\$ 77.91	\$ 77.91	\$132.46	\$ 77.91	\$ 77.91	\$132.46	\$ 0.00
	POST-TAX RATE	\$ 62.31	\$ 62.31	\$ 62.31	\$116.86	\$116.86	\$ 62.31	\$194.77
	STATE SUBSIDY	\$311.66	\$311.66	\$529.84	\$311.66	\$311.66	\$529.84	\$ 0.00
	IMPUTED INCOME	\$249.27	\$249.27	\$249.27	\$467.45	\$467.45	\$249.27	\$779.12
CAREFIRST BLUECROSS BLUESHIELD EPO	PRE-TAX RATE	\$ 51.99	\$ 51.99	\$ 78.05	\$ 51.99	\$ 51.99	\$ 78.05	\$ 0.00
	POST-TAX RATE	\$ 57.13	\$ 57.13	\$ 57.13	\$ 83.19	\$ 83.19	\$ 57.13	\$135.19
	STATE SUBSIDY	\$294.65	\$294.65	\$442.36	\$294.65	\$294.65	\$442.36	\$ 0.00
	IMPUTED INCOME	\$323.73	\$323.73	\$323.73	\$471.44	\$471.44	\$323.73	\$766.09
KAISER	PRE-TAX RATE	\$ 53.81	\$ 53.81	\$ 80.80	\$ 53.81	\$ 53.81	\$ 80.80	\$ 0.00
	POST-TAX RATE	\$ 59.13	\$ 59.13	\$ 59.13	\$ 86.12	\$ 86.12	\$ 59.13	\$139.93
	STATE SUBSIDY	\$305.00	\$305.00	\$457.89	\$305.00	\$305.00	\$457.89	\$ 0.00
	IMPUTED INCOME	\$335.06	\$335.06	\$335.06	\$487.95	\$487.95	\$335.06	\$792.95
UNITED HEALTHCARE PPO	PRE-TAX RATE	\$ 76.64	\$ 76.64	\$130.30	\$ 76.64	\$ 76.64	\$130.30	\$ 0.00
	POST-TAX RATE	\$ 61.31	\$ 61.31	\$ 61.31	\$114.97	\$114.97	\$ 61.31	\$191.61
	STATE SUBSIDY	\$306.56	\$306.56	\$521.18	\$306.56	\$306.56	\$521.18	\$ 0.00
	IMPUTED INCOME	\$245.26	\$245.26	\$245.26	\$459.88	\$459.88	\$245.26	\$766.44
UNITED HEALTHCARE EPO	PRE-TAX RATE	\$ 52.31	\$ 52.31	\$ 73.23	\$ 52.31	\$ 52.31	\$ 73.23	\$ 0.00
	POST-TAX RATE	\$ 56.49	\$ 56.49	\$ 56.49	\$ 77.41	\$ 77.41	\$ 56.49	\$129.72
	STATE SUBSIDY	\$296.44	\$296.44	\$415.05	\$296.44	\$296.44	\$415.05	\$ 0.00
	IMPUTED INCOME	\$320.05	\$320.05	\$320.05	\$438.65	\$438.65	\$320.05	\$735.10

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	\$ 39.68	\$ 39.68	\$ 53.19	\$ 39.68	\$ 39.68	\$ 53.19	\$ 0.00
	POST-TAX RATE	\$ 26.18	\$ 13.06	\$ 26.18	\$ 39.70	\$ 39.70	\$ 26.18	\$ 79.37
	STATE SUBSIDY	\$158.75	\$158.75	\$212.79	\$158.75	\$158.75	\$212.79	\$ 0.00
	IMPUTED INCOME	\$104.69	\$ 52.21	\$104.69	\$158.74	\$158.74	\$104.69	\$317.49

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	\$ 4.97	\$ 4.97	\$ 10.29	\$ 5.29	\$ 5.29	\$ 10.29	\$ 0.00
	POST-TAX RATE	\$ 3.71	\$ 5.00	\$ 3.71	\$ 8.71	\$ 8.71	\$ 3.71	\$ 14.00
	STATE SUBSIDY	\$ 4.97	\$ 4.97	\$ 10.29	\$ 5.29	\$ 5.29	\$ 10.29	\$ 0.00
	IMPUTED INCOME	\$ 3.71	\$ 5.00	\$ 3.71	\$ 8.71	\$ 8.71	\$ 3.71	\$ 14.00
United Concordia	PRE-TAX RATE	\$ 9.01	\$ 9.01	\$ 24.73	\$ 16.54	\$ 16.54	\$ 24.73	\$ 0.00
	POST-TAX RATE	\$ 9.00	\$ 8.19	\$ 9.00	\$ 17.19	\$ 17.19	\$ 9.00	\$ 33.73
	STATE SUBSIDY	\$ 9.02	\$ 9.02	\$ 24.74	\$ 16.56	\$ 16.56	\$ 24.74	\$ 0.00
	IMPUTED INCOME	\$ 8.99	\$ 8.18	\$ 8.99	\$ 17.17	\$ 17.17	\$ 8.99	\$ 33.73