



Health Benefits

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

10-MONTH CONTRACTUAL/VARIABLE HOUR EMPLOYEES w/ DOMESTIC RELATIONSHIP
Monthly Subsidized Rates
Effective 1/1/2027 thru 12/31/2027
Employees who work 30 hours per week or an average of 130 hours per month

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	\$214.25	\$214.25	\$364.25	\$214.25	\$214.25	\$364.25	\$ 0.00
	POST-TAX RATE	\$171.38	\$171.38	\$171.38	\$321.38	\$321.38	\$171.38	\$535.63
	STATE SUBSIDY	\$642.77	\$642.77	\$1092.74	\$642.77	\$642.77	\$1092.74	\$ 0.00
	IMPUTED INCOME	\$514.15	\$514.15	\$514.15	\$964.13	\$964.13	\$514.15	\$1606.90
CAREFIRST BLUECROSS BLUESHIELD EPO	PRE-TAX RATE	\$190.66	\$190.66	\$286.22	\$190.66	\$190.66	\$286.22	\$ 0.00
	POST-TAX RATE	\$209.47	\$209.47	\$209.47	\$305.04	\$305.04	\$209.47	\$495.70
	STATE SUBSIDY	\$571.97	\$571.97	\$858.70	\$571.97	\$571.97	\$858.70	\$ 0.00
	IMPUTED INCOME	\$628.44	\$628.44	\$628.44	\$915.17	\$915.17	\$628.44	\$1487.14
KAISER	PRE-TAX RATE	\$197.33	\$197.33	\$296.26	\$197.33	\$197.33	\$296.26	\$ 0.00
	POST-TAX RATE	\$216.82	\$216.82	\$216.82	\$315.74	\$315.74	\$216.82	\$513.07
	STATE SUBSIDY	\$592.06	\$592.06	\$888.84	\$592.06	\$592.06	\$888.84	\$ 0.00
	IMPUTED INCOME	\$650.40	\$650.40	\$650.40	\$947.18	\$947.18	\$650.40	\$1539.24
UNITED HEALTHCARE PPO	PRE-TAX RATE	\$210.74	\$210.74	\$358.30	\$210.74	\$210.74	\$358.30	\$ 0.00
	POST-TAX RATE	\$168.62	\$168.62	\$168.62	\$316.18	\$316.18	\$168.62	\$526.92
	STATE SUBSIDY	\$632.26	\$632.26	\$1074.89	\$632.26	\$632.26	\$1074.89	\$ 0.00
	IMPUTED INCOME	\$505.85	\$505.85	\$505.85	\$948.48	\$948.48	\$505.85	\$1580.74
UNITED HEALTHCARE EPO	PRE-TAX RATE	\$191.81	\$191.81	\$268.54	\$191.81	\$191.81	\$268.54	\$ 0.00
	POST-TAX RATE	\$207.10	\$207.10	\$207.10	\$283.82	\$283.82	\$207.10	\$475.63
	STATE SUBSIDY	\$575.45	\$575.45	\$805.66	\$575.45	\$575.45	\$805.66	\$ 0.00
	IMPUTED INCOME	\$621.29	\$621.29	\$621.29	\$851.50	\$851.50	\$621.29	\$1426.94

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	\$109.13	\$109.13	\$146.30	\$109.13	\$109.13	\$146.30	\$ 0.00
	POST-TAX RATE	\$ 71.98	\$ 35.90	\$ 71.98	\$109.15	\$109.15	\$ 71.98	\$218.28
	STATE SUBSIDY	\$327.38	\$327.38	\$438.84	\$327.38	\$327.38	\$438.84	\$ 0.00
	IMPUTED INCOME	\$215.98	\$107.71	\$215.98	\$327.43	\$327.43	\$215.98	\$654.82