



Health Benefits

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

CONTRACTUAL/VARIABLE HOUR EMPLOYEES w/ DOMESTIC RELATIONSHIP Monthly NonSubsidized Rates Effective 1/1/2027 thru 12/31/2027

Employees who work less than 30 hours per week or an average of less than 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	\$714.18	\$714.18	\$1214.16	\$714.18	\$714.18	\$1214.16	\$ 0.00
	POST-TAX RATE	\$571.28	\$571.28	\$571.28	\$1071.26	\$1071.26	\$571.28	\$1785.44
	STATE SUBSIDY	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
	IMPUTED INCOME	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
CAREFIRST BLUECROSS BLUESHIELD EPO	PRE-TAX RATE	\$635.52	\$635.52	\$954.10	\$635.52	\$635.52	\$954.10	\$ 0.00
	POST-TAX RATE	\$698.26	\$698.26	\$698.26	\$1016.84	\$1016.84	\$698.26	\$1652.36
	STATE SUBSIDY	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
	IMPUTED INCOME	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
KAISER	PRE-TAX RATE	\$657.82	\$657.82	\$987.58	\$657.82	\$657.82	\$987.58	\$ 0.00
	POST-TAX RATE	\$722.68	\$722.68	\$722.68	\$1052.44	\$1052.44	\$722.68	\$1710.26
	STATE SUBSIDY	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
	IMPUTED INCOME	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
UNITED HEALTHCARE PPO	PRE-TAX RATE	\$702.50	\$702.50	\$1194.32	\$702.50	\$702.50	\$1194.32	\$ 0.00
	POST-TAX RATE	\$562.06	\$562.06	\$562.06	\$1053.88	\$1053.88	\$562.06	\$1756.38
	STATE SUBSIDY	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
	IMPUTED INCOME	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
UNITED HEALTHCARE EPO	PRE-TAX RATE	\$639.38	\$639.38	\$895.16	\$639.38	\$639.38	\$895.16	\$ 0.00
	POST-TAX RATE	\$690.32	\$690.32	\$690.32	\$946.10	\$946.10	\$690.32	\$1585.48
	STATE SUBSIDY	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
	IMPUTED INCOME	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

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	\$363.76	\$363.76	\$487.62	\$363.76	\$363.76	\$487.62	\$ 0.00
	POST-TAX RATE	\$239.96	\$119.68	\$239.96	\$363.82	\$363.82	\$239.96	\$727.58
	STATE SUBSIDY	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
	IMPUTED INCOME	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

