



Health Benefits

Together, we are working toward a
healthier community.

RETIREE (w/ Medicare) w/ Domestic Relationship Effective 1/1/2027 thru 12/31/2027

MEDICAL - RETIREE MONTHLY PREMIUM RATES W/ DOMESTIC RELATIONSHIP

PLAN NAME		Retiree & Domestic Partner Both w/ Medicare	Retiree w/ Medicare & Domestic Partner Child w/o Medicare	Medicare Retiree + DP With Medicare and 1 Child	Medicare Retiree + DP With Medicare and 2 Children	Medicare Retiree + DP Without Medicare	Medicare Retiree + DP Without Medicare and 1 Child	Medicare Retiree + DP Without Medicare and 2 Children	Medicare Retiree and 1 Child + DP With Medicare	Medicare Retiree and 1 Child + DP With Medicare and 1 Child	Medicare Retiree and 1 Child + DP With Medicare and 2 Children	Medicare Retiree and 1 Child + DP Without Medicare	Medicare Retiree and 1 Child + DP Without Medicare and 1 Child	Medicare Retiree and 1 Child + DP Without Medicare and 2 Children	Medicare Retiree and 2 Children + DP With Medicare and 1 Child	Medicare Retiree and 2 Children + DP With Medicare and 2 Children	Medicare Retiree and 2 Children + DP Without Medicare	Medicare Retiree and 2 Children + DP Without Medicare and 1 Child	Medicare Retiree and 2 Children + DP Without Medicare and 2 Children
CAREFIRST BLUECROSS BLUESHIELD PPO	POST-TAX DEDUCTION	\$428.50	\$785.46	\$1142.62	\$1499.74	\$785.46	\$1356.70	\$1499.74	\$571.40	\$928.52	\$928.52	\$785.48	\$928.52	\$928.52	\$471.52	\$471.52	\$471.52	\$471.52	\$471.52
	STATE SUBSIDY	\$285.72	\$285.72	\$285.72	\$285.72	\$285.72	\$285.72	\$285.72	\$856.94	\$856.94	\$856.94	\$856.94	\$856.94	\$856.94	\$1313.94	\$1313.94	\$1313.94	\$1313.94	\$1313.94
	IMPUTED INCOME	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
CAREFIRST BLUECROSS BLUESHIELD EPO	POST-TAX DEDUCTION	\$422.08	\$677.38	\$737.70	\$1386.02	\$677.38	\$1307.82	\$1386.02	\$201.88	\$850.20	\$850.20	\$772.00	\$850.20	\$850.20	\$314.32	\$314.32	\$314.32	\$314.32	\$314.32
	STATE SUBSIDY	\$266.32	\$266.32	\$266.32	\$266.32	\$266.32	\$266.32	\$266.32	\$802.14	\$802.14	\$802.14	\$802.14	\$802.14	\$802.14	\$1338.02	\$1338.02	\$1338.02	\$1338.02	\$1338.02
	IMPUTED INCOME	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
UNITED HEALTHCARE PPO	POST-TAX DEDUCTION	\$421.50	\$772.72	\$1124.00	\$1475.40	\$772.72	\$1334.76	\$1475.40	\$562.02	\$913.42	\$913.42	\$772.78	\$913.42	\$913.42	\$463.78	\$463.78	\$463.78	\$463.78	\$463.78
	STATE SUBSIDY	\$281.02	\$281.02	\$281.02	\$281.02	\$281.02	\$281.02	\$281.02	\$843.00	\$843.00	\$843.00	\$843.00	\$843.00	\$843.00	\$1292.64	\$1292.64	\$1292.64	\$1292.64	\$1292.64
	IMPUTED INCOME	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
UNITED HEALTHCARE EPO	POST-TAX DEDUCTION	\$485.52	\$702.60	\$1090.72	\$1226.58	\$702.60	\$1226.58	\$1226.58	\$547.34	\$683.20	\$683.20	\$683.20	\$683.20	\$683.20	\$237.82	\$237.82	\$237.82	\$237.82	\$237.82
	STATE SUBSIDY	\$358.92	\$358.92	\$358.92	\$358.92	\$358.92	\$358.92	\$358.92	\$902.30	\$902.30	\$902.30	\$902.30	\$902.30	\$902.30	\$1347.68	\$1347.68	\$1347.68	\$1347.68	\$1347.68
	IMPUTED INCOME	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

PRESCRIPTION DRUG - RETIREE MONTHLY PREMIUM RATES W/ DOMESTIC RELATIONSHIP

PLAN NAME		Domestic Partner	Domestic Partner & 1 Child	Domestic Partner & Children	Retiree Child	Retiree Children
MEDIMPACT	POST-TAX DEDUCTION	\$359.36	\$477.54	\$718.64	\$118.18	\$359.28
	STATE SUBSIDY	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
	IMPUTED INCOME	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

DENTAL - RETIREE MONTHLY PREMIUM RATES W/ DOMESTIC RELATIONSHIP

PLAN NAME		Retiree & Domestic Partner	Retiree & Domestic Partner Child	Retiree & Child + Domestic Partner	Retiree & Child + Domestic Partner & Child	Retiree + Domestic Partner & Child	Retiree & Children + Domestic Partner	Retiree & Children + Domestic Partner & Child(ren)
DELTA DENTAL	POST-TAX DEDUCTION	\$ 22.72	\$ 27.44	\$ 32.46	\$ 41.62	\$ 41.62	\$ 32.46	\$ 51.32
	STATE SUBSIDY	\$ 9.12	\$ 9.12	\$ 18.86	\$ 9.70	\$ 9.70	\$ 18.86	\$ 0.00
	IMPUTED INCOME	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
UNITED CONCORDIA	POST-TAX DEDUCTION	\$ 49.50	\$ 46.54	\$ 78.32	\$ 93.32	\$ 93.32	\$ 78.32	\$123.68
	STATE SUBSIDY	\$ 16.54	\$ 16.54	\$ 45.36	\$ 30.36	\$ 30.36	\$ 45.36	\$ 0.00
	IMPUTED INCOME	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00