



Health Benefits

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

EMPLOYEE AND RETIREE RATE SHEETS EFFECTIVE 01/01/2027 THRU 12/31/2027

MEDICAL - EMPLOYEE MONTHLY PREMIUM RATES			
Plan Name	Employee Only	Employee & Child or Employee & Spouse	Employee & Family
CAREFIRST BLUECROSS BLUESHIELD PPO	\$142.84	\$257.08	\$357.08
CAREFIRST BLUECROSS BLUESHIELD EPO	\$ 95.32	\$200.06	\$247.84
KAISER PERMANENTE	\$ 98.66	\$207.06	\$256.54
UNITED HEALTHCARE PPO	\$140.50	\$252.90	\$351.28
UNITED HEALTHCARE EPO	\$ 95.90	\$199.46	\$237.82

MEDICAL - EMPLOYEE PER PAY PERIOD PREMIUM RATES			
Plan Name	Employee Only	Employee & Child or Employee & Spouse	Employee & Family
CAREFIRST BLUECROSS BLUESHIELD PPO	\$ 65.93	\$118.65	\$164.81
CAREFIRST BLUECROSS BLUESHIELD EPO	\$ 43.99	\$ 92.34	\$114.39
KAISER PERMANENTE	\$ 45.54	\$ 95.57	\$118.40
UNITED HEALTHCARE PPO	\$ 64.85	\$116.72	\$162.13
UNITED HEALTHCARE EPO	\$ 44.26	\$ 92.06	\$109.76

PRESCRIPTION DRUG - EMPLOYEE MONTHLY PREMIUM RATES				
MedImpact	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
	\$ 72.74	\$ 96.68	\$120.74	\$145.52

PRESCRIPTION DRUG - EMPLOYEE PER PAY PERIOD PREMIUM RATES				
MedImpact	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
	\$ 33.57	\$ 44.62	\$ 55.73	\$ 67.16

DENTAL - EMPLOYEE MONTHLY PREMIUM RATES				
Plan Name	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
DELTA DENTAL DHMO	\$ 9.12	\$ 18.28	\$ 15.92	\$ 25.66
UNITED CONCORDIA DPPO	\$ 16.52	\$ 31.54	\$ 33.02	\$ 61.84

DENTAL - EMPLOYEE PER PAY PERIOD PREMIUM RATES				
Plan Name	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
DELTA DENTAL DHMO	\$ 4.21	\$ 8.44	\$ 7.35	\$ 11.84
UNITED CONCORDIA DPPO	\$ 7.62	\$ 14.56	\$ 15.24	\$ 28.54

Rates may vary from what appears on your paystub due to rounding.

MEDICAL - RETIREE MONTHLY (WITHOUT MEDICARE) PREMIUM RATES

Plan Name	Retiree Only	Retiree & Child or Retiree & Spouse	Retiree & Family
CAREFIRST BLUECROSS BLUESHIELD PPO	\$142.84	\$257.08	\$357.08
CAREFIRST BLUECROSS BLUESHIELD EPO	\$ 95.32	\$200.06	\$247.84
KAISER PERMANENTE	\$ 98.66	\$207.06	\$256.54
UNITED HEALTHCARE PPO	\$140.50	\$252.90	\$351.28
UNITED HEALTHCARE EPO	\$ 95.90	\$199.46	\$237.82

MEDICAL - RETIREE MONTHLY (WITH MEDICARE) PREMIUM RATES

Plan Name	Retiree Only With Medicare	Retiree + 1, 1 With Medicare	Retiree + 1, Both With Medicare	Retiree + 2, 1 With Medicare	Retiree + 2, 2 With Medicare	Retiree + 2 or More, All With Medicare	Retiree + 3 or More, at Least 1 Without Medicare
CAREFIRST BLUECROSS BLUESHIELD PPO	\$ 71.42	\$214.24	\$142.84	\$328.48	\$285.66	\$214.24	\$357.08
CAREFIRST BLUECROSS BLUESHIELD EPO	\$ 47.00	\$141.56	\$103.26	\$236.12	\$150.60	\$129.16	\$247.84
UNITED HEALTHCARE PPO	\$ 70.26	\$210.74	\$140.50	\$323.14	\$281.00	\$210.74	\$351.28
UNITED HEALTHCARE EPO	\$ 63.34	\$159.22	\$126.66	\$237.82	\$217.44	\$189.98	\$237.82

PRESCRIPTION DRUG - RETIREE MONTHLY (WITHOUT MEDICARE) PREMIUM RATES

MedImpact	Retiree Only	Retiree & Child	Retiree & Spouse	Retiree & Family
	\$ 89.84	\$119.38	\$149.10	\$179.66

PRESCRIPTION DRUG - MEDICARE RETIREE COVERING NONMEDICARE DEPENDENTS ONLY PREMIUM RATES

MedImpact	Spouse Only	Spouse & 1 Child	Spouse & 2 or More Children	1 Child Only	2 or More Children
	\$ 89.84	\$119.38	\$179.66	\$ 29.54	\$ 89.82

DENTAL - RETIREE MONTHLY PREMIUM RATES

Plan Name	Retiree Only	Retiree & Child	Retiree & Spouse	Retiree & Family
DELTA DENTAL DHMO	\$ 9.12	\$ 18.28	\$ 15.92	\$ 25.66
UNITED CONCORDIA DPPO	\$ 16.52	\$ 31.54	\$ 33.02	\$ 61.84

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TERM LIFE INSURANCE PREMIUM RATES

Age of Employee/Retiree	Monthly Employee/Retiree Rates (per \$1,000)	Age of Spouse	Monthly Spouse Rates (per \$1,000)
Under 30	\$0.03	Under 30	\$0.09
30 to 34	\$0.04	30 to 34	\$0.10
35 to 39	\$0.05	35 to 39	\$0.12
40 to 44	\$0.08	40 to 44	\$0.18
45 to 49	\$0.13	45 to 49	\$0.28
50 to 54	\$0.20	50 to 54	\$0.42
55 to 59	\$0.37	55 to 59	\$0.65
60 to 64	\$0.52	60 to 64	\$1.00
65 to 69	\$0.77	65 to 69	\$1.45
70 to 74	\$1.38	70 to 74	\$2.28
75 to 79	\$2.06	75 to 79	\$2.28
80 and older	\$2.06	80 and older	\$2.28
Dependent Child Coverage is \$0.14 per \$1,000 per month.			

ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE PREMIUM RATES

Plan Coverage Level	Employee Only Monthly Rates	Employee + Family Monthly Rates
\$100,000	\$1.20	\$2.30
\$200,000	\$2.40	\$4.60
\$300,000	\$3.60	\$6.90

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