



Health Benefits

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

EMPLOYEE 10-MONTH RATE SHEETS - 22 Pay Periods UM EFFECTIVE 01/01/2027 THRU 12/31/2027

MEDICAL - EMPLOYEE MONTHLY PREMIUM RATES 22 PAY PERIODS UM			
Plan Name	Employee Only	Employee & Child or Employee & Spouse	Employee & Family
CAREFIRST BLUECROSS BLUESHIELD PPO	\$171.41	\$308.50	\$428.50
CAREFIRST BLUECROSS BLUESHIELD EPO	\$114.38	\$240.07	\$297.41
KAISER PERMANENTE	\$118.39	\$248.47	\$307.85
UNITEDHEALTHCARE PPO	\$168.60	\$303.48	\$421.54
UNITEDHEALTHCARE EPO	\$115.08	\$239.35	\$285.38

MEDICAL - EMPLOYEE PER PAY PERIOD PREMIUM RATES 22 PAY PERIODS UM			
Plan Name	Employee Only	Employee & Child or Employee & Spouse	Employee & Family
CAREFIRST BLUECROSS BLUESHIELD PPO	\$ 77.91	\$140.23	\$194.77
CAREFIRST BLUECROSS BLUESHIELD EPO	\$ 51.99	\$109.12	\$135.19
KAISER PERMANENTE	\$ 53.81	\$112.94	\$139.93
UNITEDHEALTHCARE PPO	\$ 76.64	\$137.95	\$191.61
UNITEDHEALTHCARE EPO	\$ 52.31	\$108.80	\$129.72

PRESCRIPTION DRUG - EMPLOYEE MONTHLY PREMIUM RATES 22 PAY PERIODS UM				
MedImpact	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
	\$ 87.29	\$116.02	\$144.89	\$174.62

PRESCRIPTION DRUG - EMPLOYEE BI-WEEKLY PREMIUM RATES 22 PAY PERIODS UM				
MedImpact	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
	\$ 39.68	\$ 52.73	\$ 65.86	\$ 79.37

DENTAL - EMPLOYEE MONTHLY PREMIUM RATES 22 PAY PERIODS UM				
Plan Name	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
DELTA DENTAL DHMO	\$ 10.94	\$ 21.94	\$ 19.10	\$ 30.79
UNITED CONCORDIA DPPO	\$ 19.82	\$ 37.85	\$ 39.62	\$ 74.21

DENTAL - EMPLOYEE BI-WEEKLY PREMIUM RATES 22 PAY PERIODS UM				
Plan Name	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
DELTA DENTAL DHMO	\$ 4.97	\$ 9.97	\$ 8.68	\$ 14.00
UNITED CONCORDIA DPPO	\$ 9.01	\$ 17.20	\$ 18.01	\$ 33.73

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

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	\$0.036	Under 30	\$0.108
30 to 34	\$0.048	30 to 34	\$0.120
35 to 39	\$0.060	35 to 39	\$0.144
40 to 44	\$0.096	40 to 44	\$0.216
45 to 49	\$0.156	45 to 49	\$0.336
50 to 54	\$0.240	50 to 54	\$0.504
55 to 59	\$0.444	55 to 59	\$0.780
60 to 64	\$0.624	60 to 64	\$1.200
65 to 69	\$0.924	65 to 69	\$1.740
70 to 74	\$1.656	70 to 74	\$2.736
75 to 79	\$2.472	75 to 79	\$2.736
80 and older	\$2.472	80 and older	\$2.736
Dependent Child Coverage is \$0.156 per \$1,000 per month.			

ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE PREMIUM RATES

Plan Coverage Level	Employee Only Monthly Rates	Employee + Family Monthly Rates
\$100,000	\$1.44	\$2.76
\$200,000	\$2.88	\$4.60
\$300,000	\$4.32	\$8.28

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