



Health Benefits

Together, we are working toward a healthier community.

10-MONTH EMPLOYEE w/ Domestic Relationship Effective 1/1/2025 thru 12/31/2025

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	\$155.46	\$155.46	\$264.30	\$155.46	\$155.46	\$264.30	\$ 0.00
	POST-TAX RATE	\$124.36	\$124.36	\$124.36	\$233.20	\$233.20	\$124.36	\$388.66
	STATE SUBSIDY	\$621.88	\$621.88	\$1057.24	\$621.88	\$621.88	\$1057.24	\$ 0.00
	IMPUTED INCOME	\$497.44	\$497.44	\$497.44	\$932.80	\$932.80	\$497.44	\$1554.68
CAREFIRST BLUECROSS BLUESHIELD EPO	PRE-TAX RATE	\$103.76	\$103.76	\$155.78	\$103.76	\$103.76	\$155.78	\$ 0.00
	POST-TAX RATE	\$113.98	\$113.98	\$113.98	\$166.00	\$166.00	\$113.98	\$269.76
	STATE SUBSIDY	\$587.98	\$587.98	\$882.76	\$587.98	\$587.98	\$882.76	\$ 0.00
	IMPUTED INCOME	\$645.94	\$645.94	\$645.94	\$940.72	\$940.72	\$645.94	\$1528.70
KAISER	PRE-TAX RATE	\$103.70	\$103.70	\$155.68	\$103.70	\$103.70	\$155.68	\$ 0.00
	POST-TAX RATE	\$113.90	\$113.90	\$113.90	\$165.88	\$165.88	\$113.90	\$269.58
	STATE SUBSIDY	\$587.60	\$587.60	\$882.16	\$587.60	\$587.60	\$882.16	\$ 0.00
	IMPUTED INCOME	\$645.52	\$645.52	\$645.52	\$940.08	\$940.08	\$645.52	\$1527.68
UNITED HEALTHCARE PPO	PRE-TAX RATE	\$152.92	\$152.92	\$259.98	\$152.92	\$152.92	\$259.98	\$ 0.00
	POST-TAX RATE	\$122.36	\$122.36	\$122.36	\$229.42	\$229.42	\$122.36	\$382.34
	STATE SUBSIDY	\$611.72	\$611.72	\$1040.00	\$611.72	\$611.72	\$1040.00	\$ 0.00
	IMPUTED INCOME	\$489.40	\$489.40	\$489.40	\$917.68	\$917.68	\$489.40	\$1529.40
UNITED HEALTHCARE EPO	PRE-TAX RATE	\$104.38	\$104.38	\$146.14	\$104.38	\$104.38	\$146.14	\$ 0.00
	POST-TAX RATE	\$112.72	\$112.72	\$112.72	\$154.48	\$154.48	\$112.72	\$258.86
	STATE SUBSIDY	\$591.54	\$591.54	\$828.18	\$591.54	\$591.54	\$828.18	\$ 0.00
	IMPUTED INCOME	\$638.68	\$638.68	\$638.68	\$875.32	\$875.32	\$638.68	\$1466.86

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	\$ 79.18	\$ 79.18	\$106.12	\$ 80.06	\$ 80.06	\$106.12	\$ 0.00
	POST-TAX RATE	\$ 52.24	\$ 26.06	\$ 52.24	\$ 78.30	\$ 78.30	\$ 52.24	\$158.36
	STATE SUBSIDY	\$316.76	\$316.76	\$424.58	\$320.38	\$320.38	\$424.58	\$ 0.00
	IMPUTED INCOME	\$208.94	\$104.20	\$208.94	\$313.14	\$313.14	\$208.94	\$633.52

DENTAL - 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)
Delta Dental	PRE-TAX RATE	\$ 10.94	\$ 10.94	\$ 22.62	\$ 11.62	\$ 11.62	\$ 22.62	\$ 0.00
	POST-TAX RATE	\$ 8.18	\$ 11.00	\$ 8.18	\$ 19.18	\$ 19.18	\$ 8.18	\$ 30.80
	STATE SUBSIDY	\$ 10.94	\$ 10.94	\$ 22.62	\$ 11.62	\$ 11.62	\$ 22.62	\$ 0.00
	IMPUTED INCOME	\$ 8.16	\$ 11.00	\$ 8.16	\$ 19.16	\$ 19.16	\$ 8.16	\$ 30.78
United Concordia	PRE-TAX RATE	\$ 17.98	\$ 17.98	\$ 49.40	\$ 33.04	\$ 33.04	\$ 49.40	\$ 0.00
	POST-TAX RATE	\$ 17.94	\$ 16.36	\$ 17.94	\$ 34.30	\$ 34.30	\$ 17.94	\$ 67.34
	STATE SUBSIDY	\$ 17.98	\$ 17.98	\$ 49.36	\$ 33.00	\$ 33.00	\$ 49.36	\$ 0.00
	IMPUTED INCOME	\$ 17.96	\$ 16.36	\$ 17.96	\$ 34.32	\$ 34.32	\$ 17.96	\$ 67.32

MEDICAL - EMPLOYEE BI-WEEKLY 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	\$ 77.73	\$ 77.73	\$132.15	\$ 77.73	\$ 77.73	\$132.15	\$ 0.00
	POST-TAX RATE	\$ 62.18	\$ 62.18	\$ 62.18	\$116.60	\$116.60	\$ 62.18	\$194.33
	STATE SUBSIDY	\$310.94	\$310.94	\$528.62	\$310.94	\$310.94	\$528.62	\$ 0.00
	IMPUTED INCOME	\$248.72	\$248.72	\$248.72	\$466.40	\$466.40	\$248.72	\$777.34
CAREFIRST BLUECROSS BLUESHIELD EPO	PRE-TAX RATE	\$ 51.88	\$ 51.88	\$ 77.89	\$ 51.88	\$ 51.88	\$ 77.89	\$ 0.00
	POST-TAX RATE	\$ 56.99	\$ 56.99	\$ 56.99	\$ 83.00	\$ 83.00	\$ 56.99	\$134.88
	STATE SUBSIDY	\$293.99	\$293.99	\$441.38	\$293.99	\$293.99	\$441.38	\$ 0.00
	IMPUTED INCOME	\$322.97	\$322.97	\$322.97	\$470.36	\$470.36	\$322.97	\$764.35
KAISER	PRE-TAX RATE	\$ 51.85	\$ 51.85	\$ 77.84	\$ 51.85	\$ 51.85	\$ 77.84	\$ 0.00
	POST-TAX RATE	\$ 56.95	\$ 56.95	\$ 56.95	\$ 82.94	\$ 82.94	\$ 56.95	\$134.79
	STATE SUBSIDY	\$293.80	\$293.80	\$441.08	\$293.80	\$293.80	\$441.08	\$ 0.00
	IMPUTED INCOME	\$322.76	\$322.76	\$322.76	\$470.04	\$470.04	\$322.76	\$763.84
UNITED HEALTHCARE PPO	PRE-TAX RATE	\$ 76.46	\$ 76.46	\$129.99	\$ 76.46	\$ 76.46	\$129.99	\$ 0.00
	POST-TAX RATE	\$ 61.18	\$ 61.18	\$ 61.18	\$114.71	\$114.71	\$ 61.18	\$191.17
	STATE SUBSIDY	\$305.86	\$305.86	\$520.00	\$305.86	\$305.86	\$520.00	\$ 0.00
	IMPUTED INCOME	\$244.70	\$244.70	\$244.70	\$458.84	\$458.84	\$244.70	\$764.70
UNITED HEALTHCARE EPO	PRE-TAX RATE	\$ 52.19	\$ 52.19	\$ 73.07	\$ 52.19	\$ 52.19	\$ 73.07	\$ 0.00
	POST-TAX RATE	\$ 56.36	\$ 56.36	\$ 56.36	\$ 77.24	\$ 77.24	\$ 56.36	\$129.43
	STATE SUBSIDY	\$295.77	\$295.77	\$414.09	\$295.77	\$295.77	\$414.09	\$ 0.00
	IMPUTED INCOME	\$319.34	\$319.34	\$319.34	\$437.66	\$437.66	\$319.34	\$733.43

PRESCRIPTION DRUG - EMPLOYEE BI-WEEKLY 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	\$ 39.59	\$ 39.59	\$ 53.06	\$ 40.03	\$ 40.03	\$ 53.06	\$ 0.00
	POST-TAX RATE	\$ 26.12	\$ 13.03	\$ 26.12	\$ 39.15	\$ 39.15	\$ 26.12	\$ 79.18
	STATE SUBSIDY	\$158.38	\$158.38	\$212.29	\$160.19	\$160.19	\$212.29	\$ 0.00
	IMPUTED INCOME	\$104.47	\$ 52.10	\$104.47	\$156.57	\$156.57	\$104.47	\$316.76

DENTAL - EMPLOYEE BI-WEEKLY 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)
Delta Dental	PRE-TAX RATE	\$ 5.47	\$ 5.47	\$ 11.31	\$ 5.81	\$ 5.81	\$ 11.31	\$ 0.00
	POST-TAX RATE	\$ 4.09	\$ 5.50	\$ 4.09	\$ 9.59	\$ 9.59	\$ 4.09	\$ 15.40
	STATE SUBSIDY	\$ 5.47	\$ 5.47	\$ 11.31	\$ 5.81	\$ 5.81	\$ 11.31	\$ 0.00
	IMPUTED INCOME	\$ 4.08	\$ 5.50	\$ 4.08	\$ 9.58	\$ 9.58	\$ 4.08	\$ 15.39
United Concordia	PRE-TAX RATE	\$ 8.99	\$ 8.99	\$ 24.70	\$ 16.52	\$ 16.52	\$ 24.70	\$ 0.00
	POST-TAX RATE	\$ 8.97	\$ 8.18	\$ 8.97	\$ 17.15	\$ 17.15	\$ 8.97	\$ 33.67
	STATE SUBSIDY	\$ 8.99	\$ 8.99	\$ 24.68	\$ 16.50	\$ 16.50	\$ 24.68	\$ 0.00
	IMPUTED INCOME	\$ 8.98	\$ 8.18	\$ 8.98	\$ 17.16	\$ 17.16	\$ 8.98	\$ 33.66