



# Health Benefits

Together, we are working toward a healthier community.

## 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   | \$129.56                    | \$129.56                          | \$220.26                            | \$129.56                                    | \$129.56                            | \$220.26                               | \$ 0.00   |
|                                    | POST-TAX RATE  | \$103.62                    | \$103.62                          | \$103.62                            | \$194.32                                    | \$194.32                            | \$103.62                               | \$323.88  |
|                                    | STATE SUBSIDY  | \$518.24                    | \$518.24                          | \$881.04                            | \$518.24                                    | \$518.24                            | \$881.04                               | \$ 0.00   |
|                                    | IMPUTED INCOME | \$414.54                    | \$414.54                          | \$414.54                            | \$777.34                                    | \$777.34                            | \$414.54                               | \$1295.58   |
| CAREFIRST BLUECROSS BLUESHIELD EPO | PRE-TAX RATE   | \$ 86.46                    | \$ 86.46                          | \$129.80                            | \$ 86.46                                    | \$ 86.46                            | \$129.80                               | \$ 0.00   |
|                                    | POST-TAX RATE  | \$ 95.00                    | \$ 95.00                          | \$ 95.00                            | \$138.34                                    | \$138.34                            | \$ 95.00                               | \$224.80  |
|                                    | STATE SUBSIDY  | \$489.98                    | \$489.98                          | \$735.62                            | \$489.98                                    | \$489.98                            | \$735.62                               | \$ 0.00   |
|                                    | IMPUTED INCOME | \$538.30                    | \$538.30                          | \$538.30                            | \$783.94                                    | \$783.94                            | \$538.30                               | \$1273.92   |
| KAISER                             | PRE-TAX RATE   | \$ 86.40                    | \$ 86.40                          | \$129.72                            | \$ 86.40                                    | \$ 86.40                            | \$129.72                               | \$ 0.00   |
|                                    | POST-TAX RATE  | \$ 94.94                    | \$ 94.94                          | \$ 94.94                            | \$138.26                                    | \$138.26                            | \$ 94.94                               | \$224.66  |
|                                    | STATE SUBSIDY  | \$489.66                    | \$489.66                          | \$735.12                            | \$489.66                                    | \$489.66                            | \$735.12                               | \$ 0.00   |
|                                    | IMPUTED INCOME | \$537.94                    | \$537.94                          | \$537.94                            | \$783.40                                    | \$783.40                            | \$537.94                               | \$1273.06   |
| UNITED HEALTHCARE PPO              | PRE-TAX RATE   | \$127.44                    | \$127.44                          | \$216.66                            | \$127.44                                    | \$127.44                            | \$216.66                               | \$ 0.00   |
|                                    | POST-TAX RATE  | \$101.96                    | \$101.96                          | \$101.96                            | \$191.18                                    | \$191.18                            | \$101.96                               | \$318.62  |
|                                    | STATE SUBSIDY  | \$509.76                    | \$509.76                          | \$866.66                            | \$509.76                                    | \$509.76                            | \$866.66                               | \$ 0.00   |
|                                    | IMPUTED INCOME | \$407.84                    | \$407.84                          | \$407.84                            | \$764.74                                    | \$764.74                            | \$407.84                               | \$1274.50   |
| UNITED HEALTHCARE EPO              | PRE-TAX RATE   | \$ 86.98                    | \$ 86.98                          | \$121.78                            | \$ 86.98                                    | \$ 86.98                            | \$121.78                               | \$ 0.00   |
|                                    | POST-TAX RATE  | \$ 93.92                    | \$ 93.92                          | \$ 93.92                            | \$128.72                                    | \$128.72                            | \$ 93.92                               | \$215.70  |
|                                    | STATE SUBSIDY  | \$492.96                    | \$492.96                          | \$690.18                            | \$492.96                                    | \$492.96                            | \$690.18                               | \$ 0.00   |
|                                    | IMPUTED INCOME | \$532.22                    | \$532.22                          | \$532.22                            | \$729.44                                    | \$729.44                            | \$532.22                               | \$1222.40   |

### 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   | \$ 66.00                    | \$ 66.00                          | \$ 88.46                            | \$ 66.76                                    | \$ 66.76                            | \$ 88.46                               | \$ 0.00   |
|           | POST-TAX RATE  | \$ 43.52                    | \$ 21.70                          | \$ 43.52                            | \$ 65.22                                    | \$ 65.22                            | \$ 43.52                               | \$131.98  |
|           | STATE SUBSIDY  | \$263.96                    | \$263.96                          | \$353.82                            | \$266.98                                    | \$266.98                            | \$353.82                               | \$ 0.00   |
|           | IMPUTED INCOME | \$174.12                    | \$ 86.84                          | \$174.12                            | \$260.96                                    | \$260.96                            | \$174.12                               | \$527.94  |

### 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   | \$ 9.12                     | \$ 9.12                           | \$ 18.86                            | \$ 9.70                                     | \$ 9.70                             | \$ 18.86                               | \$ 0.00   |
|                  | POST-TAX RATE  | \$ 6.80                     | \$ 9.16                           | \$ 6.80                             | \$ 15.96                                    | \$ 15.96                            | \$ 6.80                                | \$ 25.66  |
|                  | STATE SUBSIDY  | \$ 9.12                     | \$ 9.12                           | \$ 18.86                            | \$ 9.70                                     | \$ 9.70                             | \$ 18.86                               | \$ 0.00   |
|                  | IMPUTED INCOME | \$ 6.80                     | \$ 9.16                           | \$ 6.80                             | \$ 15.96                                    | \$ 15.96                            | \$ 6.80                                | \$ 25.66  |
| United Concordia | PRE-TAX RATE   | \$ 14.98                    | \$ 14.98                          | \$ 41.14                            | \$ 27.50                                    | \$ 27.50                            | \$ 41.14                               | \$ 0.00   |
|                  | POST-TAX RATE  | \$ 14.96                    | \$ 13.64                          | \$ 14.96                            | \$ 28.60                                    | \$ 28.60                            | \$ 14.96                               | \$ 56.10  |
|                  | STATE SUBSIDY  | \$ 14.98                    | \$ 14.98                          | \$ 41.12                            | \$ 27.48                                    | \$ 27.48                            | \$ 41.12                               | \$ 0.00   |
|                  | IMPUTED INCOME | \$ 14.98                    | \$ 13.64                          | \$ 14.98                            | \$ 28.62                                    | \$ 28.62                            | \$ 14.98                               | \$ 56.10  |

**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   | \$ 64.78                    | \$ 64.78                          | \$110.13                            | \$ 64.78                                    | \$ 64.78                            | \$110.13                               | \$ 0.00   |
|                                    | POST-TAX RATE  | \$ 51.81                    | \$ 51.81                          | \$ 51.81                            | \$ 97.16                                    | \$ 97.16                            | \$ 51.81                               | \$161.94  |
|                                    | STATE SUBSIDY  | \$259.12                    | \$259.12                          | \$440.52                            | \$259.12                                    | \$259.12                            | \$440.52                               | \$ 0.00   |
|                                    | IMPUTED INCOME | \$207.27                    | \$207.27                          | \$207.27                            | \$388.67                                    | \$388.67                            | \$207.27                               | \$647.79  |
| CAREFIRST BLUECROSS BLUESHIELD EPO | PRE-TAX RATE   | \$ 43.23                    | \$ 43.23                          | \$ 64.90                            | \$ 43.23                                    | \$ 43.23                            | \$ 64.90                               | \$ 0.00   |
|                                    | POST-TAX RATE  | \$ 47.50                    | \$ 47.50                          | \$ 47.50                            | \$ 69.17                                    | \$ 69.17                            | \$ 47.50                               | \$112.40  |
|                                    | STATE SUBSIDY  | \$244.99                    | \$244.99                          | \$367.81                            | \$244.99                                    | \$244.99                            | \$367.81                               | \$ 0.00   |
|                                    | IMPUTED INCOME | \$269.15                    | \$269.15                          | \$269.15                            | \$391.97                                    | \$391.97                            | \$269.15                               | \$636.96  |
| KAISER                             | PRE-TAX RATE   | \$ 43.20                    | \$ 43.20                          | \$ 64.86                            | \$ 43.20                                    | \$ 43.20                            | \$ 64.86                               | \$ 0.00   |
|                                    | POST-TAX RATE  | \$ 47.47                    | \$ 47.47                          | \$ 47.47                            | \$ 69.13                                    | \$ 69.13                            | \$ 47.47                               | \$112.33  |
|                                    | STATE SUBSIDY  | \$244.83                    | \$244.83                          | \$367.56                            | \$244.83                                    | \$244.83                            | \$367.56                               | \$ 0.00   |
|                                    | IMPUTED INCOME | \$268.97                    | \$268.97                          | \$268.97                            | \$391.70                                    | \$391.70                            | \$268.97                               | \$636.53  |
| UNITED HEALTHCARE PPO              | PRE-TAX RATE   | \$ 63.72                    | \$ 63.72                          | \$108.33                            | \$ 63.72                                    | \$ 63.72                            | \$108.33                               | \$ 0.00   |
|                                    | POST-TAX RATE  | \$ 50.98                    | \$ 50.98                          | \$ 50.98                            | \$ 95.59                                    | \$ 95.59                            | \$ 50.98                               | \$159.31  |
|                                    | STATE SUBSIDY  | \$254.88                    | \$254.88                          | \$433.33                            | \$254.88                                    | \$254.88                            | \$433.33                               | \$ 0.00   |
|                                    | IMPUTED INCOME | \$203.92                    | \$203.92                          | \$203.92                            | \$382.37                                    | \$382.37                            | \$203.92                               | \$637.25  |
| UNITED HEALTHCARE EPO              | PRE-TAX RATE   | \$ 43.49                    | \$ 43.49                          | \$ 60.89                            | \$ 43.49                                    | \$ 43.49                            | \$ 60.89                               | \$ 0.00   |
|                                    | POST-TAX RATE  | \$ 46.96                    | \$ 46.96                          | \$ 46.96                            | \$ 64.36                                    | \$ 64.36                            | \$ 46.96                               | \$107.85  |
|                                    | STATE SUBSIDY  | \$246.48                    | \$246.48                          | \$345.09                            | \$246.48                                    | \$246.48                            | \$345.09                               | \$ 0.00   |
|                                    | IMPUTED INCOME | \$266.11                    | \$266.11                          | \$266.11                            | \$364.72                                    | \$364.72                            | \$266.11                               | \$611.20  |

**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   | \$ 33.00                    | \$ 33.00                          | \$ 44.23                            | \$ 33.38                                    | \$ 33.38                            | \$ 44.23                               | \$ 0.00   |
|           | POST-TAX RATE  | \$ 21.76                    | \$ 10.85                          | \$ 21.76                            | \$ 32.61                                    | \$ 32.61                            | \$ 21.76                               | \$ 65.99  |
|           | STATE SUBSIDY  | \$131.98                    | \$131.98                          | \$176.91                            | \$133.49                                    | \$133.49                            | \$176.91                               | \$ 0.00   |
|           | IMPUTED INCOME | \$ 87.06                    | \$ 43.42                          | \$ 87.06                            | \$130.48                                    | \$130.48                            | \$ 87.06                               | \$263.97  |

**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   | \$ 4.56                     | \$ 4.56                           | \$ 9.43                             | \$ 4.85                                     | \$ 4.85                             | \$ 9.43                                | \$ 0.00   |
|                  | POST-TAX RATE  | \$ 3.40                     | \$ 4.58                           | \$ 3.40                             | \$ 7.98                                     | \$ 7.98                             | \$ 3.40                                | \$ 12.83  |
|                  | STATE SUBSIDY  | \$ 4.56                     | \$ 4.56                           | \$ 9.43                             | \$ 4.85                                     | \$ 4.85                             | \$ 9.43                                | \$ 0.00   |
|                  | IMPUTED INCOME | \$ 3.40                     | \$ 4.58                           | \$ 3.40                             | \$ 7.98                                     | \$ 7.98                             | \$ 3.40                                | \$ 12.83  |
| United Concordia | PRE-TAX RATE   | \$ 7.49                     | \$ 7.49                           | \$ 20.57                            | \$ 13.75                                    | \$ 13.75                            | \$ 20.57                               | \$ 0.00   |
|                  | POST-TAX RATE  | \$ 7.48                     | \$ 6.82                           | \$ 7.48                             | \$ 14.30                                    | \$ 14.30                            | \$ 7.48                                | \$ 28.05  |
|                  | STATE SUBSIDY  | \$ 7.49                     | \$ 7.49                           | \$ 20.56                            | \$ 13.74                                    | \$ 13.74                            | \$ 20.56                               | \$ 0.00   |
|                  | IMPUTED INCOME | \$ 7.49                     | \$ 6.82                           | \$ 7.49                             | \$ 14.31                                    | \$ 14.31                            | \$ 7.49                                | \$ 28.05  |