



Health Benefits

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

CONTRACTUAL/VARIABLE HOUR EMPLOYEES w/ DOMESTIC RELATIONSHIP Monthly Subsidized Rates Effective 1/1/2025 thru 12/31/2025

Employees who work 30 hours per week or an average of 130 hours per month

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	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
	POST-TAX RATE	\$291.48	\$291.48	\$404.86	\$404.86	\$404.86	\$404.86	\$404.86
	STATE SUBSIDY	\$485.84	\$485.84	\$825.96	\$485.84	\$485.84	\$825.96	\$ 0.00
	IMPUTED INCOME	\$388.64	\$388.64	\$388.64	\$728.76	\$728.76	\$388.64	\$1214.60
CAREFIRST BLUECROSS BLUESHIELD EPO	PRE-TAX RATE	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
	POST-TAX RATE	\$302.44	\$302.44	\$374.68	\$374.68	\$374.68	\$374.68	\$374.68
	STATE SUBSIDY	\$432.34	\$432.34	\$649.06	\$432.34	\$432.34	\$649.06	\$ 0.00
	IMPUTED INCOME	\$475.00	\$475.00	\$475.00	\$691.72	\$691.72	\$475.00	\$1124.06
KAISER	PRE-TAX RATE	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
	POST-TAX RATE	\$302.24	\$302.24	\$374.42	\$374.42	\$374.42	\$374.42	\$374.42
	STATE SUBSIDY	\$432.06	\$432.06	\$648.66	\$432.06	\$432.06	\$648.66	\$ 0.00
	IMPUTED INCOME	\$474.64	\$474.64	\$474.64	\$691.24	\$691.24	\$474.64	\$1123.30
UNITED HEALTHCARE PPO	PRE-TAX RATE	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
	POST-TAX RATE	\$286.74	\$286.74	\$398.26	\$398.26	\$398.26	\$398.26	\$398.26
	STATE SUBSIDY	\$477.90	\$477.90	\$812.46	\$477.90	\$477.90	\$812.46	\$ 0.00
	IMPUTED INCOME	\$382.36	\$382.36	\$382.36	\$716.92	\$716.92	\$382.36	\$1194.82
UNITED HEALTHCARE EPO	PRE-TAX RATE	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
	POST-TAX RATE	\$301.52	\$301.52	\$359.52	\$359.52	\$359.52	\$359.52	\$359.52
	STATE SUBSIDY	\$434.96	\$434.96	\$608.96	\$434.96	\$434.96	\$608.96	\$ 0.00
	IMPUTED INCOME	\$469.60	\$469.60	\$469.60	\$643.60	\$643.60	\$469.60	\$1078.56

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	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
	POST-TAX RATE	\$136.90	\$109.62	\$164.98	\$164.98	\$164.98	\$164.98	\$164.98
	STATE SUBSIDY	\$247.46	\$247.46	\$331.70	\$250.28	\$250.28	\$331.70	\$ 0.00
	IMPUTED INCOME	\$163.24	\$ 81.42	\$163.24	\$244.66	\$244.66	\$163.24	\$494.94