



Health Benefits

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

Non-Medicare Retiree + Domestic Partner w/Medicare Effective 1/1/2025 thru 12/31/2025

MEDICAL - RETIREE MONTHLY PREMIUM RATES W/ DOMESTIC RELATIONSHIP

PLAN NAME		Non-Medicare Retiree + DP With Medicare	Non-Medicare Retiree + DP Child	Non-Medicare Retiree + DP With Medicare and 1 Child	Non-Medicare Retiree + DP With Medicare and 2 Children	Non-Medicare Retiree and 1 Child + DP With Medicare	Non-Medicare Retiree and 1 Child + DP With Medicare and 1 Child	Non-Medicare Retiree and 1 Child + DP With Medicare and 2 Children	Non Medicare Retiree and 2 Children + DP With Medicare	Non Medicare Retiree and 2 Children + DP With Medicare and 1 Child	Non Medicare Retiree and 2 Children + DP With Medicare and 2 Children
CAREFIRST BLUECROSS BLUESHIELD PPO	POST-TAX DEDUCTION	\$453.34	\$647.72	\$971.50	\$1101.22	\$556.96	\$686.68	\$686.68	\$323.88	\$323.88	\$323.88
	STATE SUBSIDY	\$518.24	\$518.24	\$518.24	\$518.24	\$932.78	\$932.78	\$932.78	\$1295.58	\$1295.58	\$1295.58
	IMPUTED INCOME	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
CAREFIRST BLUECROSS BLUESHIELD EPO	POST-TAX DEDUCTION	\$365.98	\$719.76	\$937.80	\$1008.74	\$399.50	\$470.44	\$470.44	\$224.80	\$224.80	\$224.80
	STATE SUBSIDY	\$489.98	\$489.98	\$489.98	\$489.98	\$1028.28	\$1028.28	\$1028.28	\$1273.92	\$1273.92	\$1273.92
	IMPUTED INCOME	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
UNITED HEALTHCARE PPO	POST-TAX DEDUCTION	\$446.02	\$637.24	\$955.80	\$1083.36	\$547.96	\$675.52	\$675.52	\$318.62	\$318.62	\$318.62
	STATE SUBSIDY	\$509.76	\$509.76	\$509.76	\$509.76	\$917.60	\$917.60	\$917.60	\$1274.50	\$1274.50	\$1274.50
	IMPUTED INCOME	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
UNITED HEALTHCARE EPO	POST-TAX DEDUCTION	\$469.88	\$713.12	\$945.14	\$945.14	\$412.92	\$412.92	\$412.92	\$215.70	\$215.70	\$215.70
	STATE SUBSIDY	\$492.96	\$492.96	\$492.96	\$492.96	\$1025.18	\$1025.18	\$1025.18	\$1222.40	\$1222.40	\$1222.40
	IMPUTED INCOME	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

PRESCRIPTION DRUG - RETIREE MONTHLY PREMIUM RATES W/ DOMESTIC RELATIONSHIP

PLAN NAME		Non-Medicare Retiree & DP	Non-Medicare Retiree +DP Child	Non-Medicare Retiree & 1 Child + DP	Non-Medicare Retiree & Child + DP with one Child	Non-Medicare Retiree + Domestic Partner & DP one Child	Non-Medicare Retiree & Children + DP	Non-Medicare Retiree & Children + DP & DP Children
MEDIMPACT	POST-TAX DEDUCTION	\$296.46	\$188.68	\$324.20	\$404.60	\$404.60	\$324.20	\$651.84
	STATE SUBSIDY	\$244.46	\$244.46	\$327.64	\$247.24	\$247.24	\$327.64	\$ 0.00
	IMPUTED INCOME	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

DENTAL - RETIREE MONTHLY PREMIUM RATES W/ DOMESTIC RELATIONSHIP

PLAN NAME		Retiree & Domestic Partner	Retiree & Domestic Partner Child	Retiree & Child + Domestic Partner	Retiree & Child + Domestic Partner & Child	Retiree + Domestic Partner & Child	Retiree & Children + Domestic Partner & Child(ren)
DELTA DENTAL	POST-TAX DEDUCTION	\$ 22.72	\$ 27.44	\$ 32.46	\$ 41.62	\$ 41.62	\$ 51.32
	STATE SUBSIDY	\$ 9.12	\$ 9.12	\$ 18.86	\$ 9.70	\$ 9.70	\$ 0.00
	IMPUTED INCOME	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
UNITED CONCORDIA	POST-TAX DEDUCTION	\$44.92	\$42.26	\$71.08	\$84.72	\$84.72	\$112.20
	STATE SUBSIDY	\$14.98	\$14.98	\$41.12	\$27.48	\$27.48	\$0.00
	IMPUTED INCOME	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00