



Health Benefits

Together, we are working toward a healthier community.

RETIREE (w/ Medicare) w/ Domestic Relationship Effective 1/1/2025 thru 12/31/2025

MEDICAL - RETIREE MONTHLY PREMIUM RATES W/ DOMESTIC RELATIONSHIP

PLAN NAME		Retiree & Domestic Partner Both w/ Medicare	Retiree w/ Medicare & Domestic Partner Child w/o Medicare	Medicare Retiree + DP With Medicare and 1 Child	Medicare Retiree + DP With Medicare and 2 Children	Medicare Retiree + DP Without Medicare	Medicare Retiree + DP Without Medicare and 1 Child	Medicare Retiree + DP Without Medicare and 2 Children	Medicare Retiree and 1 Child + DP With Medicare	Medicare Retiree and 1 Child + DP With Medicare and 1 Child	Medicare Retiree and 1 Child + DP With Medicare and 2 Children	Medicare Retiree and 1 Child + DP Without Medicare and 1 Child	Medicare Retiree and 1 Child + DP Without Medicare and 2 Children	Medicare Retiree and 2 Children + DP With Medicare	Medicare Retiree and 2 Children + DP With Medicare and 1 Child	Medicare Retiree and 2 Children + DP With Medicare and 2 Children	Medicare Retiree and 2 Children + DP Without Medicare	Medicare Retiree and 2 Children + DP Without Medicare and 1 Child	Medicare Retiree and 2 Children + DP Without Medicare and 2 Children	
CAREFIRST BLUECROSS BLUESHIELD PPO	POST-TAX DEDUCTION	\$388.64	\$712.42	\$1036.38	\$1360.30	\$712.42	\$1230.58	\$1360.30	\$518.28	\$842.20	\$842.20	\$712.48	\$842.20	\$842.20	\$427.66	\$427.66	\$427.66	\$427.66	\$427.66	\$427.66
	STATE SUBSIDY	\$259.16	\$259.16	\$259.16	\$259.16	\$259.16	\$259.16	\$259.16	\$259.16	\$777.26	\$777.26	\$777.26	\$777.26	\$777.26	\$1191.80	\$1191.80	\$1191.80	\$1191.80	\$1191.80	\$1191.80
	IMPUTED INCOME	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 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	\$382.84	\$614.40	\$669.12	\$1257.16	\$614.40	\$1186.22	\$1257.16	\$183.10	\$771.14	\$771.14	\$700.20	\$771.14	\$771.14	\$285.10	\$285.10	\$285.10	\$285.10	\$285.10	\$285.10
	STATE SUBSIDY	\$241.56	\$241.56	\$241.56	\$241.56	\$241.56	\$241.56	\$241.56	\$241.56	\$727.58	\$727.58	\$727.58	\$727.58	\$727.58	\$1213.62	\$1213.62	\$1213.62	\$1213.62	\$1213.62	\$1213.62
	IMPUTED INCOME	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 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	\$382.30	\$700.88	\$1019.50	\$1338.22	\$700.88	\$1210.66	\$1338.22	\$509.76	\$828.48	\$828.48	\$700.92	\$828.48	\$828.48	\$420.66	\$420.66	\$420.66	\$420.66	\$420.66	\$420.66
	STATE SUBSIDY	\$254.90	\$254.90	\$254.90	\$254.90	\$254.90	\$254.90	\$254.90	\$254.90	\$764.64	\$764.64	\$764.64	\$764.64	\$764.64	\$1172.46	\$1172.46	\$1172.46	\$1172.46	\$1172.46	\$1172.46
	IMPUTED INCOME	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 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	\$440.38	\$637.30	\$989.32	\$1112.56	\$637.30	\$1112.56	\$1112.56	\$496.44	\$619.68	\$619.68	\$619.68	\$619.68	\$619.68	\$215.70	\$215.70	\$215.70	\$215.70	\$215.70	\$215.70
	STATE SUBSIDY	\$325.54	\$325.54	\$325.54	\$325.54	\$325.54	\$325.54	\$325.54	\$325.54	\$818.42	\$818.42	\$818.42	\$818.42	\$818.42	\$1222.40	\$1222.40	\$1222.40	\$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	\$ 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		Domestic Partner	Domestic Partner & 1 Child	Domestic Partner & Children	Retiree Child	Retiree Children
MEDIMPACT	POST-TAX DEDUCTION	\$325.94	\$433.14	\$651.84	\$107.20	\$325.90
	STATE SUBSIDY	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
	IMPUTED INCOME	\$ 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	Retiree & Children + Domestic Partner & Child(ren)
DELTA DENTAL	POST-TAX DEDUCTION	\$ 22.72	\$ 27.44	\$ 32.46	\$ 41.62	\$ 41.62	\$ 32.46	\$ 51.32
	STATE SUBSIDY	\$ 9.12	\$ 9.12	\$ 18.86	\$ 9.70	\$ 9.70	\$ 18.86	\$ 0.00
	IMPUTED INCOME	\$ 0.00	\$ 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	\$ 71.08	\$112.20
	STATE SUBSIDY	\$ 14.98	\$ 14.98	\$ 41.12	\$ 27.48	\$ 27.48	\$ 41.12	\$ 0.00
	IMPUTED INCOME	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00