



Health Benefits

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

SLEOLA 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	\$176.02	\$176.02	\$296.08	\$176.02	\$176.02	\$296.08	\$ 0.00
	POST-TAX RATE	\$137.20	\$137.20	\$137.20	\$257.26	\$257.26	\$137.20	\$433.28
	STATE SUBSIDY	\$528.08	\$528.08	\$888.26	\$528.08	\$528.08	\$888.26	\$ 0.00
	IMPUTED INCOME	\$411.60	\$411.60	\$411.60	\$771.78	\$771.78	\$411.60	\$1299.86
CAREFIRST BLUECROSS BLUESHIELD POS	PRE-TAX RATE	\$124.04	\$124.04	\$208.46	\$124.04	\$124.04	\$208.46	\$ 0.00
	POST-TAX RATE	\$ 96.50	\$ 96.50	\$ 96.50	\$180.92	\$180.92	\$ 96.50	\$304.96
	STATE SUBSIDY	\$439.78	\$439.78	\$739.12	\$439.78	\$439.78	\$739.12	\$ 0.00
	IMPUTED INCOME	\$342.12	\$342.12	\$342.12	\$641.46	\$641.46	\$342.12	\$1081.24
CAREFIRST BLUECROSS BLUESHIELD EPO	PRE-TAX RATE	\$119.78	\$119.78	\$177.84	\$119.78	\$119.78	\$177.84	\$ 0.00
	POST-TAX RATE	\$127.24	\$127.24	\$127.24	\$185.30	\$185.30	\$127.24	\$305.08
	STATE SUBSIDY	\$479.12	\$479.12	\$711.34	\$479.12	\$479.12	\$711.34	\$ 0.00
	IMPUTED INCOME	\$509.00	\$509.00	\$509.00	\$741.22	\$741.22	\$509.00	\$1220.34

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	\$ 72.06	\$ 72.06	\$ 96.60	\$ 72.88	\$ 72.88	\$ 96.60	\$ 0.00
	POST-TAX RATE	\$ 47.54	\$ 23.72	\$ 47.54	\$ 71.26	\$ 71.26	\$ 47.54	\$144.14
	STATE SUBSIDY	\$288.30	\$288.30	\$386.42	\$291.60	\$291.60	\$386.42	\$ 0.00
	IMPUTED INCOME	\$190.12	\$ 94.82	\$190.12	\$284.94	\$284.94	\$190.12	\$576.54

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	\$ 88.01	\$ 88.01	\$148.04	\$ 88.01	\$ 88.01	\$148.04	\$ 0.00
	POST-TAX RATE	\$ 68.60	\$ 68.60	\$ 68.60	\$128.63	\$128.63	\$ 68.60	\$216.64
	STATE SUBSIDY	\$264.04	\$264.04	\$444.13	\$264.04	\$264.04	\$444.13	\$ 0.00
	IMPUTED INCOME	\$205.80	\$205.80	\$205.80	\$385.89	\$385.89	\$205.80	\$649.93
CAREFIRST BLUECROSS BLUESHIELD POS	PRE-TAX RATE	\$ 62.02	\$ 62.02	\$104.23	\$ 62.02	\$ 62.02	\$104.23	\$ 0.00
	POST-TAX RATE	\$ 48.25	\$ 48.25	\$ 48.25	\$ 90.46	\$ 90.46	\$ 48.25	\$152.48
	STATE SUBSIDY	\$219.89	\$219.89	\$369.56	\$219.89	\$219.89	\$369.56	\$ 0.00
	IMPUTED INCOME	\$171.06	\$171.06	\$171.06	\$320.73	\$320.73	\$171.06	\$540.62
CAREFIRST BLUECROSS BLUESHIELD EPO	PRE-TAX RATE	\$ 59.89	\$ 59.89	\$ 88.92	\$ 59.89	\$ 59.89	\$ 88.92	\$ 0.00
	POST-TAX RATE	\$ 63.62	\$ 63.62	\$ 63.62	\$ 92.65	\$ 92.65	\$ 63.62	\$152.54
	STATE SUBSIDY	\$239.56	\$239.56	\$355.67	\$239.56	\$239.56	\$355.67	\$ 0.00
	IMPUTED INCOME	\$254.50	\$254.50	\$254.50	\$370.61	\$370.61	\$254.50	\$610.17

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	\$ 36.03	\$ 36.03	\$ 48.30	\$ 36.44	\$ 36.44	\$ 48.30	\$ 0.00
	POST-TAX RATE	\$ 23.77	\$ 11.86	\$ 23.77	\$ 35.63	\$ 35.63	\$ 23.77	\$ 72.07
	STATE SUBSIDY	\$144.15	\$144.15	\$193.21	\$145.80	\$145.80	\$193.21	\$ 0.00
	IMPUTED INCOME	\$ 95.06	\$ 47.41	\$ 95.06	\$142.47	\$142.47	\$ 95.06	\$288.27

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