



# Health Benefits

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

## EMPLOYEE 10-MONTH RATE SHEETS EFFECTIVE 01/01/2025 THRU 12/31/2025

MEDICAL - EMPLOYEE MONTHLY PREMIUM RATES			
Plan Name	Employee Only	Employee & Child or Employee & Spouse	Employee & Family
CAREFIRST BLUECROSS BLUESHIELD PPO	\$155.46	\$279.82	\$388.66
CAREFIRST BLUECROSS BLUESHIELD EPO	\$103.76	\$217.74	\$269.76
KAISER PERMANENTE	\$103.70	\$217.60	\$269.58
UNITEDHEALTHCARE PPO	\$152.92	\$275.28	\$382.34
UNITEDHEALTHCARE EPO	\$104.38	\$217.10	\$258.86

MEDICAL - EMPLOYEE BI-WEEKLY PREMIUM RATES			
Plan Name	Employee Only	Employee & Child or Employee & Spouse	Employee & Family
CAREFIRST BLUECROSS BLUESHIELD PPO	\$ 77.73	\$139.91	\$194.33
CAREFIRST BLUECROSS BLUESHIELD EPO	\$ 51.88	\$108.87	\$134.88
KAISER PERMANENTE	\$ 51.85	\$108.80	\$134.79
UNITEDHEALTHCARE PPO	\$ 76.46	\$137.64	\$191.17
UNITEDHEALTHCARE EPO	\$ 52.19	\$108.55	\$129.43

PRESCRIPTION DRUG - MONTHLY PREMIUM RATES				
MedImpact	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
		\$ 79.18	\$105.24	\$131.42

PRESCRIPTION DRUG - BI-WEEKLY PREMIUM RATES				
MedImpact	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
		\$ 39.59	\$ 52.62	\$ 65.71

DENTAL - EMPLOYEE MONTHLY PREMIUM RATES				
Plan Name	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
DELTA DENTAL DHMO	\$ 10.94	\$ 21.94	\$ 19.12	\$ 30.80
UNITED CONCORDIA DPPO	\$ 17.98	\$ 34.34	\$ 35.92	\$ 67.34

DENTAL - EMPLOYEE BI-WEEKLY PREMIUM RATES				
Plan Name	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
DELTA DENTAL DHMO	\$ 5.47	\$ 10.97	\$ 9.56	\$ 15.40
UNITED CONCORDIA DPPO	\$ 8.99	\$ 17.17	\$ 17.96	\$ 33.67

Rates may vary from what appears on your paystub due to rounding.

**TERM LIFE INSURANCE PREMIUM RATES**

<b>Age of Employee/Retiree</b>	<b>Monthly Employee/Retiree Rates (per \$1,000)</b>	<b>Age of Spouse</b>	<b>Monthly Spouse Rates (per \$1,000)</b>
Under 30	\$0.036	Under 30	\$0.108
30 to 34	\$0.048	30 to 34	\$0.120
35 to 39	\$0.060	35 to 39	\$0.144
40 to 44	\$0.096	40 to 44	\$0.216
45 to 49	\$0.156	45 to 49	\$0.336
50 to 54	\$0.240	50 to 54	\$0.504
55 to 59	\$0.444	55 to 59	\$0.780
60 to 64	\$0.624	60 to 64	\$1.200
65 to 69	\$0.924	65 to 69	\$1.740
70 to 74	\$1.656	70 to 74	\$2.736
75 to 79	\$2.472	75 to 79	\$2.736
80 and older	\$2.472	80 and older	\$2.736

Dependent Child Coverage is \$0.156 per \$1,000 per month.

**ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE PREMIUM RATES**

<b>Plan Coverage Level</b>	<b>Employee Only Monthly Rates</b>	<b>Employee + Family Monthly Rates</b>
\$100,000	\$1.44	\$2.76
\$200,000	\$2.88	\$4.60
\$300,000	\$4.32	\$8.28

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