



Health Benefits

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

EMPLOYEE AND RETIREE 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	\$129.56	\$233.18	\$323.88
CAREFIRST BLUECROSS BLUESHIELD EPO	\$ 86.46	\$181.46	\$224.80
KAISER PERMANENTE	\$ 86.40	\$181.34	\$224.66
UNITEDHEALTHCARE PPO	\$127.44	\$229.40	\$318.62
UNITEDHEALTHCARE EPO	\$ 86.98	\$180.90	\$215.70

MEDICAL - EMPLOYEE BI-WEEKLY PREMIUM RATES			
Plan Name	Employee Only	Employee & Child or Employee & Spouse	Employee & Family
CAREFIRST BLUECROSS BLUESHIELD PPO	\$ 64.78	\$116.59	\$161.94
CAREFIRST BLUECROSS BLUESHIELD EPO	\$ 43.23	\$ 90.73	\$112.40
KAISER PERMANENTE	\$ 43.20	\$ 90.67	\$112.33
UNITEDHEALTHCARE PPO	\$ 63.72	\$114.70	\$159.31
UNITEDHEALTHCARE EPO	\$ 43.49	\$ 90.45	\$107.85

PRESCRIPTION DRUG - EMPLOYEE MONTHLY PREMIUM RATES				
MedImpact	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
	\$ 66.00	\$ 87.70	\$ 109.52	\$ 131.98

PRESCRIPTION DRUG - EMPLOYEE BI-WEEKLY PREMIUM RATES				
MedImpact	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
	\$ 33.00	\$ 43.85	\$ 54.76	\$ 65.99

DENTAL - EMPLOYEE MONTHLY PREMIUM RATES				
Plan Name	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
DELTA DENTAL DHMO	\$ 9.12	\$ 18.28	\$ 15.92	\$ 25.66
UNITED CONCORDIA DPPO	\$ 14.98	\$ 28.62	\$ 29.94	\$ 56.10

DENTAL - EMPLOYEE BI-WEEKLY PREMIUM RATES				
Plan Name	Employee Only	Employee & Child	Employee & Spouse	Employee & Family
DELTA DENTAL DHMO	\$ 4.56	\$ 9.14	\$ 7.96	\$ 12.83
UNITED CONCORDIA DPPO	\$ 7.49	\$ 14.31	\$ 14.97	\$ 28.05

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

MEDICAL - RETIREE MONTHLY (WITHOUT MEDICARE) PREMIUM RATES

Plan Name	Retiree Only	Retiree & Child or Retiree & Spouse	Retiree & Family
CAREFIRST BLUECROSS BLUESHIELD PPO	\$129.56	\$233.18	\$323.88
CAREFIRST BLUECROSS BLUESHIELD EPO	\$ 86.46	\$181.46	\$224.80
KAISER PERMANENTE	\$ 86.40	\$181.34	\$224.66
UNITEDHEALTHCARE PPO	\$127.44	\$229.40	\$318.62
UNITEDHEALTHCARE EPO	\$ 86.98	\$180.90	\$215.70

MEDICAL - RETIREE MONTHLY (WITH MEDICARE) PREMIUM RATES

Plan Name	Retiree Only With Medicare	Retiree + 1, 1 With Medicare	Retiree + 1, Both With Medicare	Retiree + 2, 1 With Medicare	Retiree + 2, 2 With Medicare	Retiree + 2 or More, All With Medicare	Retiree + 3 or More, at Least 1 Without Medicare
CAREFIRST BLUECROSS BLUESHIELD PPO	\$ 64.78	\$194.32	\$129.56	\$297.94	\$259.10	\$194.32	\$323.88
CAREFIRST BLUECROSS BLUESHIELD EPO	\$ 42.62	\$128.38	\$ 93.66	\$214.16	\$136.60	\$117.14	\$224.80
UNITEDHEALTHCARE PPO	\$ 63.72	\$191.14	\$127.44	\$293.10	\$254.88	\$191.14	\$318.62
UNITEDHEALTHCARE EPO	\$ 57.44	\$144.42	\$114.88	\$215.70	\$197.22	\$172.32	\$215.70

PRESCRIPTION DRUG - RETIREE MONTHLY (WITHOUT MEDICARE) PREMIUM RATES

MedImpact	Retiree Only	Retiree & Child	Retiree & Spouse	Retiree & Family
	\$ 81.48	\$108.28	\$135.22	\$162.96

PRESCRIPTION DRUG - MEDICARE RETIREE COVERING NONMEDICARE DEPENDENTS ONLY PREMIUM RATES

MedImpact	Spouse Only	Spouse & 1 Child	Spouse & 2 or More Children	1 Child Only	2 or More Children
	\$ 81.48	\$108.28	\$162.96	\$ 26.80	\$ 81.48

DENTAL - RETIREE MONTHLY PREMIUM RATES

Plan Name	Retiree Only	Retiree & Child	Retiree & Spouse	Retiree & Family
DELTA DENTAL DHMO	\$ 9.12	\$ 18.28	\$ 15.92	\$ 25.66
UNITED CONCORDIA DPPO	\$ 14.98	\$ 28.62	\$ 29.94	\$ 56.10

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TERM LIFE INSURANCE PREMIUM RATES

Age of Employee/Retiree	Monthly Employee/Retiree Rates (per \$1,000)	Age of Spouse	Monthly Spouse Rates (per \$1,000)
Under 30	\$0.03	Under 30	\$0.09
30 to 34	\$0.04	30 to 34	\$0.10
35 to 39	\$0.05	35 to 39	\$0.12
40 to 44	\$0.08	40 to 44	\$0.18
45 to 49	\$0.13	45 to 49	\$0.28
50 to 54	\$0.20	50 to 54	\$0.42
55 to 59	\$0.37	55 to 59	\$0.65
60 to 64	\$0.52	60 to 64	\$1.00
65 to 69	\$0.77	65 to 69	\$1.45
70 to 74	\$1.38	70 to 74	\$2.28
75 to 79	\$2.06	75 to 79	\$2.28
80 and older	\$2.06	80 and older	\$2.28

Dependent Child Coverage is \$0.14 per \$1,000 per month.

ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE PREMIUM RATES

Plan Coverage Level	Employee Only Monthly Rates	Employee + Family Monthly Rates
\$100,000	\$1.20	\$2.30
\$200,000	\$2.40	\$4.60
\$300,000	\$3.60	\$6.90

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