



Health Benefits

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

RETIREE (No Medicare) w/ Domestic Relationship Effective 1/1/2025 thru 12/31/2025

MEDICAL - EMPLOYEE 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)
CAREFIRST BLUECROSS BLUESHIELD PPO	POST-TAX DEDUCTION	\$647.72	\$647.72	\$738.42	\$1101.22	\$1101.22	\$738.42	\$1619.46
	STATE SUBSIDY	\$518.24	\$518.24	\$881.04	\$518.24	\$518.24	\$881.04	\$ 0.00
	IMPUTED INCOME	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
CAREFIRST BLUECROSS BLUESHIELD EPO	POST-TAX DEDUCTION	\$719.76	\$719.76	\$763.10	\$1008.74	\$1008.74	\$763.10	\$1498.72
	STATE SUBSIDY	\$489.98	\$489.98	\$735.62	\$489.98	\$489.98	\$735.62	\$ 0.00
	IMPUTED INCOME	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
KAISER	POST-TAX DEDUCTION	\$719.28	\$719.28	\$762.60	\$1008.06	\$1008.06	\$762.60	\$1497.72
	STATE SUBSIDY	\$489.66	\$489.66	\$735.12	\$489.66	\$489.66	\$735.12	\$ 0.00
	IMPUTED INCOME	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
UNITED HEALTHCARE PPO	POST-TAX DEDUCTION	\$637.24	\$637.24	\$726.46	\$1083.36	\$1083.36	\$726.46	\$1593.12
	STATE SUBSIDY	\$509.76	\$509.76	\$866.66	\$509.76	\$509.76	\$866.66	\$ 0.00
	IMPUTED INCOME	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
UNITED HEALTHCARE EPO	POST-TAX DEDUCTION	\$713.12	\$713.12	\$747.92	\$945.14	\$945.14	\$747.92	\$1438.10
	STATE SUBSIDY	\$492.96	\$492.96	\$690.18	\$492.96	\$492.96	\$690.18	\$ 0.00
	IMPUTED INCOME	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

PRESCRIPTION DRUG - EMPLOYEE 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)
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 - EMPLOYEE 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