



Health Benefits

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

RETIREE RATE SHEETS 2024 AND 2025

MEDICAL - RETIREE MONTHLY (WITHOUT MEDICARE) PREMIUM RATES

PLAN NAME & YEAR		Retiree Only	Retiree & Child or Retiree & Spouse	Retiree & Family
CAREFIRST BLUECROSS BLUESHIELD PPO	2024	\$123.38	\$222.08	\$308.46
	2025	\$129.56	\$233.18	\$323.88
CAREFIRST BLUECROSS BLUESHIELD EPO	2024	\$ 82.34	\$172.82	\$214.10
	2025	\$ 86.46	\$181.46	\$224.80
KAISER PERMANENTE	2024	\$ 82.30	\$172.70	\$213.96
	2025	\$ 86.40	\$181.34	\$224.66
UNITEDHEALTHCARE PPO	2024	\$121.36	\$218.48	\$303.44
	2025	\$127.44	\$229.40	\$318.62
UNITEDHEALTHCARE EPO	2024	\$ 82.84	\$172.30	\$205.44
	2025	\$ 86.98	\$180.90	\$215.70

MEDICAL - RETIREE MONTHLY (WITH MEDICARE) PREMIUM RATES

PLAN NAME & YEAR		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	2024	\$ 61.70	\$185.06	\$123.38	\$283.76	\$246.76	\$185.06	\$308.46
	2025	\$ 64.78	\$194.32	\$129.56	\$297.94	\$259.10	\$194.32	\$323.88
CAREFIRST BLUECROSS BLUESHIELD EPO	2024	\$ 40.60	\$122.28	\$ 89.20	\$203.96	\$130.08	\$111.58	\$214.10
	2025	\$ 42.62	\$128.38	\$ 93.66	\$214.16	\$136.60	\$117.14	\$224.80
UNITEDHEALTHCARE PPO	2024	\$ 60.68	\$182.06	\$121.36	\$279.16	\$242.74	\$182.06	\$303.44
	2025	\$ 63.72	\$191.14	\$127.44	\$293.10	\$254.88	\$191.14	\$318.62
UNITEDHEALTHCARE EPO	2024	\$ 54.70	\$137.54	\$109.42	\$205.44	\$187.84	\$164.12	\$205.44
	2025	\$ 57.44	\$144.42	\$114.88	\$215.70	\$197.22	\$172.32	\$215.70

PRESCRIPTION DRUG - RETIREE MONTHLY (WITHOUT MEDICARE) PREMIUM RATES

PLAN NAME & YEAR		Retiree Only	Retiree & Child	Retiree & Spouse	Retiree & Family
CVS Caremark	2024	\$ 74.08	\$ 98.44	\$122.92	\$148.14
MedImpact	2025	\$ 81.48	\$108.28	\$135.22	\$162.96

**PRESCRIPTION DRUG - MEDICARE RETIREE COVERING NONMEDICARE DEPENDENTS ONLY
PREMIUM RATES**

PLAN NAME & YEAR		Spouse Only	Spouse & 1 Child	Spouse & 2 or More Children	1 Child Only	2 or More Children
MedImpact	2025	\$ 81.48	\$108.28	\$162.96	\$ 26.80	\$ 81.48

DENTAL - RETIREE MONTHLY PREMIUM RATES

PLAN NAME & YEAR		Retiree Only	Retiree & Child	Retiree & Spouse	Retiree & Family
DELTA DENTAL DHMO	2024	\$ 9.12	\$ 18.28	\$ 15.92	\$ 25.66
	2025	\$ 9.12	\$ 18.26	\$ 15.92	\$ 25.65
UNITED CONCORDIA DPPO	2024	\$ 14.24	\$ 27.26	\$ 28.52	\$ 53.44
	2025	\$ 14.98	\$ 28.62	\$ 29.94	\$ 56.10

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

TERM LIFE INSURANCE PREMIUM RATES

Age of Retiree	Monthly Retiree Rates (per \$1,000)		Age of Spouse	Monthly Spouse Rates (per \$1,000)	
	2024	2025		2024	2025
Under 30	\$0.03	\$0.03	Under 30	\$0.09	\$0.09
30 to 34	\$0.04	\$0.04	30 to 34	\$0.10	\$0.10
35 to 39	\$0.05	\$0.05	35 to 39	\$0.12	\$0.12
40 to 44	\$0.08	\$0.08	40 to 44	\$0.18	\$0.18
45 to 49	\$0.13	\$0.13	45 to 49	\$0.28	\$0.28
50 to 54	\$0.20	\$0.20	50 to 54	\$0.42	\$0.42
55 to 59	\$0.37	\$0.37	55 to 59	\$0.65	\$0.65
60 to 64	\$0.52	\$0.52	60 to 64	\$1.00	\$1.00
65 to 69	\$0.77	\$0.77	65 to 69	\$1.45	\$1.45
70 to 74	\$1.38	\$1.38	70 to 74	\$2.28	\$2.28
75 to 79	\$2.06	\$2.06	75 to 79	\$2.28	\$2.28
80 and older	\$2.06	\$2.06	80 and older	\$2.28	\$2.28
Dependent Child Coverage	2024	\$0.14 per \$1,000 per month			
	2025	\$0.14 per \$1,000 per month			