



# Health Benefits

Together, we are working toward a healthier community.

## Active Non-SLEOLA RATE SHEETS 2024

### MEDICAL - EMPLOYEE MONTHLY PREMIUM RATES W/ DOMESTIC RELATIONSHIP

PLAN NAME		Employee & Domestic Partner	Employee & Child + Domestic Partner	Employee & Child + Domestic Partner & Child	Employee + Domestic Partner & Child	Employee & Children + Domestic Partner & Child(ren)
CAREFIRST BLUECROSS BLUESHIELD PPO	PRE-TAX RATE	\$123.38	\$209.76	\$123.38	\$123.38	\$ 0.00
	POST-TAX RATE	\$ 98.70	\$ 98.70	\$185.08	\$185.08	\$308.46
	STATE SUBSIDY	\$493.56	\$839.08	\$493.56	\$493.56	\$ 0.00
	IMPUTED INCOME	\$394.80	\$394.80	\$740.32	\$740.32	\$1233.88
CAREFIRST BLUECROSS BLUESHIELD EPO	PRE-TAX RATE	\$ 82.34	\$123.62	\$ 82.34	\$ 82.34	\$ 0.00
	POST-TAX RATE	\$ 90.48	\$ 90.48	\$131.76	\$131.76	\$214.10
	STATE SUBSIDY	\$466.66	\$700.62	\$466.66	\$466.66	\$ 0.00
	IMPUTED INCOME	\$512.64	\$512.64	\$746.60	\$746.60	\$1213.26
KAISER	PRE-TAX RATE	\$ 82.30	\$123.56	\$ 82.30	\$ 82.30	\$ 0.00
	POST-TAX RATE	\$ 90.40	\$ 90.40	\$131.66	\$131.66	\$213.96
	STATE SUBSIDY	\$466.36	\$700.14	\$466.36	\$466.36	\$ 0.00
	IMPUTED INCOME	\$512.32	\$512.32	\$746.10	\$746.10	\$1212.46
UNITEDHEALTHCARE PPO	PRE-TAX RATE	\$121.36	\$206.32	\$121.36	\$121.36	\$ 0.00
	POST-TAX RATE	\$ 97.12	\$ 97.12	\$182.08	\$182.08	\$303.44
	STATE SUBSIDY	\$485.50	\$825.42	\$485.50	\$485.50	\$ 0.00
	IMPUTED INCOME	\$388.40	\$388.40	\$728.32	\$728.32	\$1213.82
UNITEDHEALTHCARE EPO	PRE-TAX RATE	\$ 82.84	\$115.98	\$ 82.84	\$ 82.84	\$ 0.00
	POST-TAX RATE	\$ 89.46	\$ 89.46	\$122.60	\$122.60	\$205.44
	STATE SUBSIDY	\$469.48	\$657.30	\$469.48	\$469.48	\$ 0.00
	IMPUTED INCOME	\$506.88	\$506.88	\$694.70	\$694.70	\$1164.18

### PRESCRIPTION DRUG - EMPLOYEE MONTHLY PREMIUM RATES W/ DOMESTIC RELATIONSHIP

PLAN NAME		Employee & Domestic Partner	Employee & Child + Domestic Partner	Employee & Child + Domestic Partner & Child	Employee + Domestic Partner & Child	Employee & Children + Domestic Partner & Child(ren)
CVS Caremark	PRE-TAX RATE	\$ 59.98	\$ 80.40	\$ 60.66	\$ 60.66	\$ 0.00
	POST-TAX RATE	\$ 39.58	\$ 39.58	\$ 59.32	\$ 59.32	\$119.98
	STATE SUBSIDY	\$239.98	\$321.66	\$242.72	\$242.72	\$ 0.00
	IMPUTED INCOME	\$158.28	\$158.28	\$237.22	\$237.22	\$479.94

### DENTAL - EMPLOYEE MONTHLY PREMIUM RATES W/ DOMESTIC RELATIONSHIP

PLAN NAME		Employee & Domestic Partner	Employee & Child + Domestic Partner	Employee & Child + Domestic Partner & Child	Employee + Domestic Partner & Child	Employee & Children + Domestic Partner & Child(ren)
Delta Dental	PRE-TAX RATE	\$ 9.12	\$ 18.86	\$ 9.70	\$ 9.70	\$ 0.00
	POST-TAX RATE	\$ 6.80	\$ 6.80	\$ 15.96	\$ 15.96	\$ 25.66
	STATE SUBSIDY	\$ 9.12	\$ 18.86	\$ 9.70	\$ 9.70	\$ 0.00
	IMPUTED INCOME	\$ 6.80	\$ 6.80	\$ 15.96	\$ 15.96	\$ 25.66
United Concordia	PRE-TAX RATE	\$ 14.26	\$ 39.18	\$ 26.18	\$ 26.18	\$ 0.00
	POST-TAX RATE	\$ 14.26	\$ 14.26	\$ 27.26	\$ 27.26	\$ 53.44
	STATE SUBSIDY	\$ 14.26	\$ 39.18	\$ 26.18	\$ 26.18	\$ 0.00
	IMPUTED INCOME	\$ 14.26	\$ 14.26	\$ 27.26	\$ 27.26	\$ 53.44

**MEDICAL - EMPLOYEE BI-WEEKLY PREMIUM RATES W/ DOMESTIC RELATIONSHIP**

PLAN NAME		Employee & Domestic Partner	Employee & Child + Domestic Partner	Employee & Child + Domestic Partner & Child	Employee + Domestic Partner & Child	Employee & Children + Domestic Partner & Child(ren)
CAREFIRST BLUECROSS BLUESHIELD PPO	PRE-TAX RATE	\$ 61.69	\$104.88	\$ 61.69	\$ 61.69	\$ 0.00
	POST-TAX RATE	\$ 49.35	\$ 49.35	\$ 92.54	\$ 92.54	\$154.23
	STATE SUBSIDY	\$246.78	\$419.54	\$246.78	\$246.78	\$ 0.00
	IMPUTED INCOME	\$197.40	\$197.40	\$370.16	\$370.16	\$616.94
CAREFIRST BLUECROSS BLUESHIELD EPO	PRE-TAX RATE	\$ 41.17	\$ 61.81	\$ 41.17	\$ 41.17	\$ 0.00
	POST-TAX RATE	\$ 45.24	\$ 45.24	\$ 65.88	\$ 65.88	\$107.05
	STATE SUBSIDY	\$233.33	\$350.31	\$233.33	\$233.33	\$ 0.00
	IMPUTED INCOME	\$256.32	\$256.32	\$373.30	\$373.30	\$606.63
KAISER	PRE-TAX RATE	\$ 41.15	\$ 61.78	\$ 41.15	\$ 41.15	\$ 0.00
	POST-TAX RATE	\$ 45.20	\$ 45.20	\$ 65.83	\$ 65.83	\$106.98
	STATE SUBSIDY	\$233.18	\$350.07	\$233.18	\$233.18	\$ 0.00
	IMPUTED INCOME	\$256.16	\$256.16	\$373.05	\$373.05	\$606.23
UNITED HEALTHCARE PPO	PRE-TAX RATE	\$ 60.68	\$103.16	\$ 60.68	\$ 60.68	\$ 0.00
	POST-TAX RATE	\$ 48.56	\$ 48.56	\$ 91.04	\$ 91.04	\$151.72
	STATE SUBSIDY	\$242.75	\$412.71	\$242.75	\$242.75	\$ 0.00
	IMPUTED INCOME	\$194.20	\$194.20	\$364.16	\$364.16	\$606.91
UNITED HEALTHCARE EPO	PRE-TAX RATE	\$ 41.42	\$ 57.99	\$ 41.42	\$ 41.42	\$ 0.00
	POST-TAX RATE	\$ 44.73	\$ 44.73	\$ 61.30	\$ 61.30	\$102.72
	STATE SUBSIDY	\$234.74	\$328.65	\$234.74	\$234.74	\$ 0.00
	IMPUTED INCOME	\$253.44	\$253.44	\$347.35	\$347.35	\$582.09

**PRESCRIPTION DRUG - EMPLOYEE BI-WEEKLY PREMIUM RATES W/ DOMESTIC RELATIONSHIP**

PLAN NAME		Employee & Domestic Partner	Employee & Child + Domestic Partner	Employee & Child + Domestic Partner & Child	Employee + Domestic Partner & Child	Employee & Children + Domestic Partner & Child(ren)
CVS CAREMARK	PRE-TAX RATE	\$ 29.99	\$ 40.20	\$ 30.33	\$ 30.33	\$ 0.00
	POST-TAX RATE	\$ 19.79	\$ 19.79	\$ 29.66	\$ 29.66	\$ 59.99
	STATE SUBSIDY	\$119.99	\$160.83	\$121.36	\$121.36	\$ 0.00
	IMPUTED INCOME	\$ 79.14	\$ 79.14	\$118.61	\$118.61	\$239.97

**DENTAL - EMPLOYEE BI-WEEKLY PREMIUM RATES W/ DOMESTIC RELATIONSHIP**

PLAN NAME		Employee & Domestic Partner	Employee & Child + Domestic Partner	Employee & Child + Domestic Partner & Child	Employee + Domestic Partner & Child	Employee & Children + Domestic Partner & Child(ren)
Delta Dental	PRE-TAX RATE	\$ 4.56	\$ 9.43	\$ 4.85	\$ 4.85	\$ 0.00
	POST-TAX RATE	\$ 3.40	\$ 3.40	\$ 7.98	\$ 7.98	\$ 12.83
	STATE SUBSIDY	\$ 4.56	\$ 9.43	\$ 4.85	\$ 4.85	\$ 0.00
	IMPUTED INCOME	\$ 3.40	\$ 3.40	\$ 7.98	\$ 7.98	\$ 12.83
United Concordia	PRE-TAX RATE	\$ 7.13	\$ 19.59	\$ 13.09	\$ 13.09	\$ 0.00
	POST-TAX RATE	\$ 7.13	\$ 7.13	\$ 13.63	\$ 13.63	\$ 26.72
	STATE SUBSIDY	\$ 7.13	\$ 19.59	\$ 13.09	\$ 13.09	\$ 0.00
	IMPUTED INCOME	\$ 7.13	\$ 7.13	\$ 13.63	\$ 13.63	\$ 26.72