



Health Benefits

Together, we are working toward a healthier community.

10-MONTH EMPLOYEE w/ Domestic Relationship Effective 1/1/2024 thru 12/31/2024

MEDICAL - EMPLOYEE MONTHLY PREMIUM RATES W/ DOMESTIC RELATIONSHIP

PLAN NAME		Employee & Domestic Partner	Employee & Domestic Partner Child	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	\$148.06	\$148.06	\$251.72	\$148.06	\$148.06	\$ 0.00
	POST-TAX RATE	\$118.44	\$118.44	\$118.44	\$222.10	\$222.10	\$370.16
	STATE SUBSIDY	\$592.26	\$592.26	\$1006.90	\$592.26	\$592.26	\$ 0.00
	IMPUTED INCOME	\$473.76	\$473.76	\$473.76	\$888.40	\$888.40	\$1480.66
CAREFIRST BLUECROSS BLUESHIELD EPO	PRE-TAX RATE	\$ 98.82	\$ 98.82	\$148.36	\$ 98.82	\$ 98.82	\$ 0.00
	POST-TAX RATE	\$108.56	\$108.56	\$108.56	\$158.10	\$158.10	\$256.92
	STATE SUBSIDY	\$559.98	\$559.98	\$840.70	\$559.98	\$559.98	\$ 0.00
	IMPUTED INCOME	\$615.20	\$615.20	\$615.20	\$895.92	\$895.92	\$1455.90
KAISER	PRE-TAX RATE	\$ 98.76	\$ 98.76	\$148.28	\$ 98.76	\$ 98.76	\$ 0.00
	POST-TAX RATE	\$108.48	\$108.48	\$108.48	\$158.00	\$158.00	\$256.76
	STATE SUBSIDY	\$559.62	\$559.62	\$840.16	\$559.62	\$559.62	\$ 0.00
	IMPUTED INCOME	\$614.80	\$614.80	\$614.80	\$895.34	\$895.34	\$1454.96
UNITED HEALTHCARE PPO	PRE-TAX RATE	\$145.64	\$145.64	\$247.62	\$145.64	\$145.64	\$ 0.00
	POST-TAX RATE	\$116.52	\$116.52	\$116.52	\$218.50	\$218.50	\$364.14
	STATE SUBSIDY	\$582.58	\$582.58	\$990.48	\$582.58	\$582.58	\$ 0.00
	IMPUTED INCOME	\$466.10	\$466.10	\$466.10	\$874.00	\$874.00	\$1456.58
UNITED HEALTHCARE EPO	PRE-TAX RATE	\$ 99.42	\$ 99.42	\$139.18	\$ 99.42	\$ 99.42	\$ 0.00
	POST-TAX RATE	\$107.34	\$107.34	\$107.34	\$147.10	\$147.10	\$246.52
	STATE SUBSIDY	\$563.38	\$563.38	\$788.76	\$563.38	\$563.38	\$ 0.00
	IMPUTED INCOME	\$608.26	\$608.26	\$608.26	\$833.64	\$833.64	\$1397.02

PRESCRIPTION DRUG - EMPLOYEE MONTHLY PREMIUM RATES W/ DOMESTIC RELATIONSHIP

PLAN NAME		Employee & Domestic Partner	Employee & Domestic Partner Child	Employee & Child + Domestic Partner	Employee & Child + Domestic Partner & Child	Employee + Domestic Partner & Child	Employee & Children + Domestic Partner & Child(ren)
CVS CAREMARK	PRE-TAX RATE	\$ 71.98	\$ 71.98	\$ 96.48	\$ 72.78	\$ 72.78	\$ 0.00
	POST-TAX RATE	\$ 47.50	\$ 23.70	\$ 47.50	\$ 71.20	\$ 71.20	\$143.98
	STATE SUBSIDY	\$287.98	\$287.98	\$386.00	\$291.28	\$291.28	\$ 0.00
	IMPUTED INCOME	\$189.92	\$ 94.72	\$189.92	\$284.64	\$284.64	\$575.92

DENTAL - EMPLOYEE MONTHLY PREMIUM RATES W/ DOMESTIC RELATIONSHIP

PLAN NAME		Employee & Domestic Partner	Employee & Domestic Partner Child	Employee & Child + Domestic Partner	Employee & Child + Domestic Partner & Child	Employee + Domestic Partner & Child	Employee & Children + Domestic Partner & Child(ren)
Delta Dental	PRE-TAX RATE	\$ 10.94	\$ 10.94	\$ 22.64	\$ 11.66	\$ 11.66	\$ 0.00
	POST-TAX RATE	\$ 8.16	\$ 10.98	\$ 8.16	\$ 19.14	\$ 19.14	\$ 30.80
	STATE SUBSIDY	\$ 10.94	\$ 10.94	\$ 22.64	\$ 11.66	\$ 11.66	\$ 0.00
	IMPUTED INCOME	\$ 8.16	\$ 10.98	\$ 8.16	\$ 19.14	\$ 19.14	\$ 30.80
United Concordia	PRE-TAX RATE	\$ 17.10	\$ 17.10	\$ 47.02	\$ 31.40	\$ 31.40	\$ 0.00
	POST-TAX RATE	\$ 17.12	\$ 15.62	\$ 17.12	\$ 32.74	\$ 32.74	\$ 64.14
	STATE SUBSIDY	\$ 17.10	\$ 17.10	\$ 47.02	\$ 31.40	\$ 31.40	\$ 0.00
	IMPUTED INCOME	\$ 17.12	\$ 15.62	\$ 17.12	\$ 32.74	\$ 32.74	\$ 64.14

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

PLAN NAME		Employee & Domestic Partner	Employee & Domestic Partner Child	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	\$ 74.03	\$ 74.03	\$125.86	\$ 74.03	\$ 74.03	\$ 0.00
	POST-TAX RATE	\$ 59.22	\$ 59.22	\$ 59.22	\$111.05	\$111.05	\$185.08
	STATE SUBSIDY	\$296.13	\$296.13	\$503.45	\$296.13	\$296.13	\$ 0.00
	IMPUTED INCOME	\$236.88	\$236.88	\$236.88	\$444.20	\$444.20	\$740.33
CAREFIRST BLUECROSS BLUESHIELD EPO	PRE-TAX RATE	\$ 49.41	\$ 49.41	\$ 74.18	\$ 49.41	\$ 49.41	\$ 0.00
	POST-TAX RATE	\$ 54.28	\$ 54.28	\$ 54.28	\$ 79.05	\$ 79.05	\$128.46
	STATE SUBSIDY	\$279.99	\$279.99	\$420.35	\$279.99	\$279.99	\$ 0.00
	IMPUTED INCOME	\$307.60	\$307.60	\$307.60	\$447.96	\$447.96	\$727.95
KAISER	PRE-TAX RATE	\$ 49.38	\$ 49.38	\$ 74.14	\$ 49.38	\$ 49.38	\$ 0.00
	POST-TAX RATE	\$ 54.24	\$ 54.24	\$ 54.24	\$ 79.00	\$ 79.00	\$128.38
	STATE SUBSIDY	\$279.81	\$279.81	\$420.08	\$279.81	\$279.81	\$ 0.00
	IMPUTED INCOME	\$307.40	\$307.40	\$307.40	\$447.67	\$447.67	\$727.48
UNITED HEALTHCARE PPO	PRE-TAX RATE	\$ 72.82	\$ 72.82	\$123.81	\$ 72.82	\$ 72.82	\$ 0.00
	POST-TAX RATE	\$ 58.26	\$ 58.26	\$ 58.26	\$109.25	\$109.25	\$182.07
	STATE SUBSIDY	\$291.29	\$291.29	\$495.24	\$291.29	\$291.29	\$ 0.00
	IMPUTED INCOME	\$233.05	\$233.05	\$233.05	\$437.00	\$437.00	\$728.29
UNITED HEALTHCARE EPO	PRE-TAX RATE	\$ 49.71	\$ 49.71	\$ 69.59	\$ 49.71	\$ 49.71	\$ 0.00
	POST-TAX RATE	\$ 53.67	\$ 53.67	\$ 53.67	\$ 73.55	\$ 73.55	\$123.26
	STATE SUBSIDY	\$281.69	\$281.69	\$394.38	\$281.69	\$281.69	\$ 0.00
	IMPUTED INCOME	\$304.13	\$304.13	\$304.13	\$416.82	\$416.82	\$698.51

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

PLAN NAME		Employee & Domestic Partner	Employee & Domestic Partner Child	Employee & Child + Domestic Partner	Employee & Child + Domestic Partner & Child	Employee + Domestic Partner & Child	Employee & Children + Domestic Partner & Child(ren)
CVS CAREMARK	PRE-TAX RATE	\$ 35.99	\$ 35.99	\$ 48.24	\$ 36.39	\$ 36.39	\$ 0.00
	POST-TAX RATE	\$ 23.75	\$ 11.85	\$ 23.75	\$ 35.60	\$ 35.60	\$ 71.99
	STATE SUBSIDY	\$143.99	\$143.99	\$193.00	\$145.64	\$145.64	\$ 0.00
	IMPUTED INCOME	\$ 94.96	\$ 47.36	\$ 94.96	\$142.32	\$142.32	\$287.96

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

PLAN NAME		Employee & Domestic Partner	Employee & Domestic Partner Child	Employee & Child + Domestic Partner	Employee & Child + Domestic Partner & Child	Employee + Domestic Partner & Child	Employee & Children + Domestic Partner & Child(ren)
Delta Dental	PRE-TAX RATE	\$ 5.47	\$ 5.47	\$ 11.32	\$ 5.83	\$ 5.83	\$ 0.00
	POST-TAX RATE	\$ 4.08	\$ 5.49	\$ 4.08	\$ 9.57	\$ 9.57	\$ 15.40
	STATE SUBSIDY	\$ 5.47	\$ 5.47	\$ 11.32	\$ 5.83	\$ 5.83	\$ 0.00
	IMPUTED INCOME	\$ 4.08	\$ 5.49	\$ 4.08	\$ 9.57	\$ 9.57	\$ 15.40
United Concordia	PRE-TAX RATE	\$ 8.55	\$ 8.55	\$ 23.51	\$ 15.70	\$ 15.70	\$ 0.00
	POST-TAX RATE	\$ 8.56	\$ 7.81	\$ 8.56	\$ 16.37	\$ 16.37	\$ 32.07
	STATE SUBSIDY	\$ 8.55	\$ 8.55	\$ 23.51	\$ 15.70	\$ 15.70	\$ 0.00
	IMPUTED INCOME	\$ 8.56	\$ 7.81	\$ 8.56	\$ 16.37	\$ 16.37	\$ 32.07