



# Health Benefits

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

## Retiree Non-Medicare 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	POST-TAX DEDUCTION	\$616.88	\$703.26	\$1048.78	\$1048.78	\$1542.34
	STATE SUBSIDY	\$493.56	\$839.08	\$493.56	\$493.56	\$ 0.00
	IMPUTED INCOME	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
CAREFIRST BLUECROSS BLUESHIELD EPO	POST-TAX DEDUCTION	\$685.46	\$775.94	\$960.70	\$960.70	\$1427.36
	STATE SUBSIDY	\$466.66	\$651.42	\$466.66	\$466.66	\$ 0.00
	IMPUTED INCOME	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
KAISER	POST-TAX DEDUCTION	\$685.02	\$726.28	\$960.06	\$960.06	\$1426.42
	STATE SUBSIDY	\$466.36	\$700.14	\$466.36	\$466.36	\$ 0.00
	IMPUTED INCOME	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
UNITED HEALTHCARE PPO	POST-TAX DEDUCTION	\$606.88	\$691.84	\$1031.76	\$1031.76	\$1517.26
	STATE SUBSIDY	\$485.50	\$825.42	\$485.50	\$485.50	\$ 0.00
	IMPUTED INCOME	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
UNITED HEALTHCARE EPO	POST-TAX DEDUCTION	\$679.18	\$712.32	\$900.14	\$900.14	\$1369.62
	STATE SUBSIDY	\$469.48	\$657.30	\$469.48	\$469.48	\$ 0.00
	IMPUTED INCOME	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

### 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	POST-TAX DEDUCTION	\$269.52	\$294.74	\$367.84	\$367.84	\$592.58
	STATE SUBSIDY	\$222.22	\$297.84	\$224.74	\$224.74	\$ 0.00
	IMPUTED INCOME	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

### 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	POST-TAX DEDUCTION	\$ 22.72	\$ 32.46	\$ 41.62	\$ 41.62	\$ 51.32
	STATE SUBSIDY	\$ 9.12	\$ 18.86	\$ 9.70	\$ 9.70	\$ 0.00
	IMPUTED INCOME	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
UNITED CONCORDIA	POST-TAX DEDUCTION	\$ 42.78	\$ 67.70	\$ 80.70	\$ 80.70	\$106.88
	STATE SUBSIDY	\$ 14.26	\$ 39.18	\$ 26.18	\$ 26.18	\$ 0.00
	IMPUTED INCOME	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00