

M-NCPPC 2025 BENEFIT PLAN RATES

Plan	MCGEO, NON-UNION REPRESENTED PREMIUM RATES EFFECTIVE 1/1/2025						
	Cost Share %	Full 2025 Monthly Rate	Full Bi-Weekly Rate	M-NCPPC Bi-Weekly	Employee Bi-Weekly	\$ Change from 2024	Monthly COBRA Rate
SINGLE COVERAGE							
Caremark Prescription	85%/15%	\$301.62	\$139.21	\$118.33	\$20.88	\$ 2.18	\$307.65
Kaiser Permanente HMO with Prescription	85%/15%	\$655.51	\$302.54	\$257.16	\$45.38	\$ 4.54	\$668.62
Kaiser Permanente Medicare Complement	85%/15%	\$312.59	\$144.27	\$122.63	\$21.64	\$ 1.22	\$318.84
UnitedHealthcare Choice Plus POS	80%/20%	\$956.21	\$441.33	\$353.06	\$88.27	\$ 12.32	\$975.33
UHC Medicare Complement Plan	80%/20%	\$337.71	\$155.87	\$124.70	\$31.17	\$ 3.57	\$344.46
UnitedHealthcare Select EPO	80%/20%	\$735.51	\$339.47	\$271.58	\$67.89	\$ 3.49	\$750.22
UHC Select EPO Medicare Eligible	80%/20%	\$463.20	\$213.78	\$171.02	\$42.76	\$ 2.02	\$472.46
Delta Dental PPO	80%/20%	\$34.53	\$15.94	\$12.75	\$3.19	\$ -	\$35.22
Delta Dental HMO	80%/20%	\$18.59	\$8.58	\$6.86	\$1.72	\$ -	\$18.96
EyeMed Vision Plan - Low	80%/20%	\$3.75	\$1.73	\$1.38	\$0.35	\$ -	\$3.83
EyeMed Vision Plan - Moderate	See Note*	\$6.50	\$3.00	\$1.38	\$1.62	\$ -	\$6.63
EyeMed Vision Plan - High	See Note*	\$11.31	\$5.22	\$1.38	\$3.84	\$ -	\$11.54
TWO MEMBER COVERAGE							
Caremark Prescription	85%/15%	\$603.24	\$278.42	\$236.66	\$41.76	\$ 4.36	\$615.30
Kaiser Permanente HMO with Prescription	85%/15%	\$1,311.01	\$605.08	\$514.32	\$90.76	\$ 9.08	\$1,337.23
Kaiser Permanente Medicare Complement	85%/15%	\$625.18	\$288.54	\$245.26	\$43.28	\$ 2.43	\$637.68
UnitedHealthcare Choice Plus POS	80%/20%	\$1,912.42	\$882.66	\$706.13	\$176.53	\$ 24.63	\$1,950.67
UHC Medicare Complement Plan	80%/20%	\$675.42	\$311.73	\$249.38	\$62.35	\$ 7.14	\$688.93
UnitedHealthcare Select EPO	80%/20%	\$1,471.02	\$678.93	\$543.14	\$135.79	\$ 6.98	\$1,500.44
UHC Select EPO Medicare Eligible	80%/20%	\$926.40	\$427.57	\$342.06	\$85.51	\$ 4.03	\$944.93
Delta Dental PPO	80%/20%	\$69.22	\$31.95	\$25.56	\$6.39	\$ -	\$70.60
Delta Dental HMO	80%/20%	\$36.15	\$16.68	\$13.35	\$3.34	\$ -	\$36.87
EyeMed Vision Plan - Low	80%/20%	\$7.55	\$3.48	\$2.79	\$0.70	\$ -	\$7.70
EyeMed Vision Plan - Moderate	See Note*	\$13.03	\$6.01	\$2.79	\$3.23	\$ -	\$13.29
EyeMed Vision Plan - High	See Note*	\$22.64	\$10.45	\$2.79	\$7.66	\$ -	\$23.09
FAMILY COVERAGE							
Caremark Prescription	85%/15%	\$904.86	\$417.63	\$354.99	\$62.64	\$ 6.54	\$922.96
Kaiser Permanente HMO with Prescription	85%/15%	\$1,966.52	\$907.62	\$771.48	\$136.14	\$ 13.62	\$2,005.85
Kaiser Permanente Medicare Complement	85%/15%	\$937.77	\$432.82	\$367.90	\$64.92	\$ 3.64	\$956.53
UnitedHealthcare Choice Plus POS	80%/20%	\$2,868.63	\$1,323.98	\$1,059.18	\$264.80	\$ 36.95	\$2,926.00
UHC Medicare Complement Plan	80%/20%	\$985.89	\$455.03	\$364.02	\$91.01	\$ 8.19	\$1,005.61
UnitedHealthcare Select EPO	80%/20%	\$2,206.53	\$1,018.40	\$814.72	\$203.68	\$ 10.47	\$2,250.66
UHC Select EPO Medicare Eligible	80%/20%	\$1,389.60	\$641.35	\$513.08	\$128.27	\$ 6.05	\$1,417.39
Delta Dental PPO	80%/20%	\$128.01	\$59.08	\$47.27	\$11.82	\$ -	\$130.57
Delta Dental HMO	80%/20%	\$52.38	\$24.18	\$19.34	\$4.84	\$ -	\$53.43
EyeMed Vision Plan - Low	80%/20%	\$11.30	\$5.22	\$4.17	\$1.04	\$ -	\$11.53
EyeMed Vision Plan - Moderate	See Note*	\$19.55	\$9.02	\$4.17	\$4.85	\$ -	\$19.94
EyeMed Vision Plan - High	See Note*	\$34.20	\$15.78	\$4.17	\$11.61	\$ -	\$34.88
OTHER PLANS							
Long-Term Disability (Per \$100 Monthly Benefit)	80%/20%	\$0.84				\$ (0.10)	
Legal Resources	0%/100%	\$17.00				\$ -	
Basic Life Ins. (Per \$1,000 Monthly Benefit)	80%/20%	\$0.132				\$ (0.013)	
AD&D (Per \$1,000 Monthly Benefit)	80%/20%	\$0.025				\$ -	

* Vision - Employer pays 80% of Low Option Plan toward any level of coverage. Member responsible for any balance.

FRATERNAL ORDER OF POLICE (FOP) PREMIUM RATES EFFECTIVE 1/1/2025

Plan	Cost Share %	Full 2025 Monthly Rate	Full Bi-Weekly	M-NCPPC Bi-Weekly	Employee Bi-Weekly	\$ Change from 2024	Monthly COBRA Rate
SINGLE COVERAGE							
Caremark Prescription	77%/23%	\$301.62	\$ 139.21	\$ 107.19	\$ 32.02	\$ 3.35	\$307.65
Kaiser Permanente HMO with Prescription	77%/23%	\$655.51	\$ 302.54	\$ 232.96	\$ 69.58	\$ 6.96	\$668.62
Kaiser Permanente Medicare Complement	77%/23%	\$312.59	\$ 144.27	\$ 111.09	\$ 33.18	\$ 1.86	\$318.84
UnitedHealthcare Choice Plus POS	77%/23%	\$956.21	\$ 441.33	\$ 339.82	\$ 101.51	\$ 14.16	\$975.33
UHC Medicare Complement Plan	77%/23%	\$337.71	\$ 155.87	\$ 120.02	\$ 35.85	\$ 4.11	\$344.46
UnitedHealthcare Select EPO	77%/23%	\$735.51	\$ 339.47	\$ 261.39	\$ 78.08	\$ 4.01	\$750.22
UHC Select EPO Medicare Eligible	77%/23%	\$463.20	\$ 213.78	\$ 164.61	\$ 49.17	\$ 2.32	\$472.46
Delta Dental PPO	77%/23%	\$34.53	\$ 15.94	\$ 12.27	\$ 3.67	\$ -	\$35.22
Delta Dental HMO	77%/23%	\$18.59	\$ 8.58	\$ 6.61	\$ 1.97	\$ -	\$18.96
EyeMed Vision Plan - Low	80%/20%	\$3.75	\$ 1.73	\$ 1.38	\$ 0.35	\$ -	\$3.83
EyeMed Vision Plan - Moderate	See Note*	\$6.50	\$ 3.00	\$ 1.38	\$ 1.62	\$ -	\$6.63
EyeMed Vision Plan - High	See Note*	\$11.31	\$ 5.22	\$ 1.38	\$ 3.84	\$ -	\$11.54
TWO MEMBER COVERAGE							
Caremark Prescription	77%/23%	\$603.24	\$ 278.42	\$ 214.38	\$ 64.04	\$ 6.69	\$615.30
Kaiser Permanente HMO with Prescription	77%/23%	\$1,311.01	\$ 605.08	\$ 465.91	\$ 139.17	\$ 13.92	\$1,337.23
Kaiser Permanente Medicare Complement	77%/23%	\$625.18	\$ 288.54	\$ 222.18	\$ 66.36	\$ 3.72	\$637.68
UnitedHealthcare Choice Plus POS	77%/23%	\$1,912.42	\$ 882.66	\$ 679.65	\$ 203.01	\$ 28.33	\$1,950.67
UHC Medicare Complement Plan	77%/23%	\$675.42	\$ 311.73	\$ 240.03	\$ 71.70	\$ 8.21	\$688.93
UnitedHealthcare Select EPO	77%/23%	\$1,471.02	\$ 678.93	\$ 522.78	\$ 156.15	\$ 8.03	\$1,500.44
UHC Select EPO Medicare Eligible	77%/23%	\$926.40	\$ 427.57	\$ 329.23	\$ 98.34	\$ 4.64	\$944.93
Delta Dental PPO	77%/23%	\$69.22	\$ 31.95	\$ 24.60	\$ 7.35	\$ -	\$70.60
Delta Dental HMO	77%/23%	\$36.15	\$ 16.68	\$ 12.85	\$ 3.84	\$ -	\$36.87
EyeMed Vision Plan - Low	80%/20%	\$7.55	\$ 3.48	\$ 2.79	\$ 0.70	\$ -	\$7.70
EyeMed Vision Plan - Moderate	See Note*	\$13.03	\$ 6.01	\$ 2.79	\$ 3.23	\$ -	\$13.29
EyeMed Vision Plan - High	See Note*	\$22.64	\$ 10.45	\$ 2.79	\$ 7.66	\$ -	\$23.09
FAMILY COVERAGE							
Caremark Prescription	77%/23%	\$904.86	\$ 417.63	\$ 321.58	\$ 96.05	\$ 10.03	\$922.96
Kaiser Permanente HMO with Prescription	77%/23%	\$1,966.52	\$ 907.62	\$ 698.87	\$ 208.75	\$ 20.88	\$2,005.85
Kaiser Permanente Medicare Complement	77%/23%	\$937.77	\$ 432.82	\$ 333.27	\$ 99.55	\$ 5.59	\$956.53
UnitedHealthcare Choice Plus POS	77%/23%	\$2,868.63	\$ 1,323.98	\$ 1,019.46	\$ 304.52	\$ 42.49	\$2,926.00
UHC Medicare Complement Plan	77%/23%	\$1,013.13	\$ 467.60	\$ 360.05	\$ 107.55	\$ 12.32	\$1,033.39
UnitedHealthcare Select EPO	77%/23%	\$2,206.53	\$ 1,018.40	\$ 784.17	\$ 234.23	\$ 12.04	\$2,250.66
UHC Select EPO Medicare Eligible	77%/23%	\$1,389.60	\$ 641.35	\$ 493.84	\$ 147.51	\$ 6.96	\$1,417.39
Delta Dental PPO	77%/23%	\$128.01	\$ 59.08	\$ 45.49	\$ 13.59	\$ -	\$130.57
Delta Dental HMO	77%/23%	\$52.38	\$ 24.18	\$ 18.62	\$ 5.56	\$ -	\$53.43
EyeMed Vision Plan - Low	80%/20%	\$11.30	\$ 5.22	\$ 4.17	\$ 1.04	\$ -	\$11.53
EyeMed Vision Plan - Moderate	See Note*	\$19.55	\$ 9.02	\$ 4.17	\$ 4.85	\$ -	\$19.94
EyeMed Vision Plan - High	See Note*	\$34.20	\$ 15.78	\$ 4.17	\$ 11.61	\$ -	\$34.88
OTHER PLANS							
Long-Term Disability (Per \$100 Monthly Benefit)	0%/100%	\$1.73				\$ (0.19)	
Legal Resources (24 pay periods)	0%/100%	\$17.00			\$8.50	\$ -	
Basic Life Ins. (Per \$1,000 Monthly Benefit)	80%/20%	\$0.132				\$ (0.013)	
AD&D (Per \$1,000 Monthly Benefit)	80%/20%	\$0.025				\$ -	

* Vision - Employer pays 80% of Low Option Plan toward any level of coverage. Member responsible for any balance.

CONTRACT EMPLOYEES PREMIUM RATES EFFECTIVE 1/1/2025

Plan	Cost Share%	Full 2025Monthly Rate	Full Bi- Weekly Rate	M-NCPPC Bi-Weekly	Employee Bi-Weekly	\$ Change from 2024	Monthly COBRA Rates
SINGLE COVERAGE							
Caremark Prescription	65%/35%	\$301.62	\$139.21	\$90.49	\$48.72	\$ 5.09	\$ 307.65
Kaiser Permanente HMO with Prescription	65%/35%	\$655.51	\$302.54	\$196.65	\$105.89	\$ 10.59	\$ 668.62
UnitedHealthcare Select EPO	65%/35%	\$735.51	\$339.47	\$220.65	\$118.81	\$ 6.10	\$ 750.22
TWO MEMBER COVERAGE							
Caremark Prescription	65%/35%	\$603.24	\$278.42	\$180.97	\$97.45	\$ 10.18	\$ 615.30
Kaiser Permanente HMO with Prescription	65%/35%	\$1,311.01	\$605.08	\$393.30	\$211.78	\$ 21.18	\$ 1,337.23
UnitedHealthcare Select EPO	65%/35%	\$1,471.02	\$678.93	\$441.31	\$237.63	\$ 12.22	\$ 1,500.44
FAMILY COVERAGE							
Caremark Prescription	65%/35%	\$904.86	\$417.63	\$271.46	\$146.17	\$ 15.27	\$ 922.96
Kaiser Permanente HMO with Prescription	65%/35%	\$1,966.52	\$907.62	\$589.96	\$317.67	\$ 31.77	\$ 2,005.85
UnitedHealthcare Select EPO	65%/35%	\$2,206.53	\$1,018.40	\$661.96	\$356.44	\$ 18.32	\$ 2,250.66

RETIREE/SURVIVORS PREMIUM RATES EFFECTIVE 1/1/2025

If you were hired on or after January 1, 2013 (FOP- July 1, 2014), contact the Health & Benefits Office to determine your premium rates effective January 1, 2025. Your rates will be based on your Years of Service.

Plan	Cost Share %	Full 2025 Monthly Rate	M-NCPPC Monthly	Retiree Monthly	\$ Change from 2024
SINGLE COVERAGE					
Caremark Prescription	80%/20%	\$301.62	\$241.30	\$60.32	\$ 6.30
Kaiser Permanente HMO with Prescription	80%/20%	\$655.51	\$524.41	\$131.10	\$ 13.11
UnitedHealthcare Choice Plus POS	80%/20%	\$956.21	\$764.97	\$191.24	\$ 26.68
UnitedHealthcare Select EPO	80%/20%	\$735.51	\$588.41	\$147.10	\$ 7.56
Delta Dental PPO	80%/20%	\$34.53	\$27.62	\$6.91	\$ -
Delta Dental HMO	80%/20%	\$18.59	\$14.87	\$3.72	\$ -
EyeMed Vision Plan - Low	80%/20%	\$3.75	\$3.00	\$0.75	\$ -
EyeMed Vision Plan - Moderate	See Note*	\$6.50	\$3.00	\$3.50	\$ -
EyeMed Vision Plan - High	See Note*	\$11.31	\$3.00	\$8.31	\$ -
TWO MEMBER COVERAGE					
Caremark Prescription	80%/20%	\$603.24	\$482.59	\$120.65	\$ 12.60
Kaiser Permanente HMO with Prescription	80%/20%	\$1,311.01	\$1,048.81	\$262.20	\$ 26.22
UnitedHealthcare Choice Plus POS	80%/20%	\$1,912.42	\$1,529.94	\$382.48	\$ 53.37
UnitedHealthcare Select EPO	80%/20%	\$1,471.02	\$1,176.82	\$294.20	\$ 15.12
Delta Dental PPO	80%/20%	\$69.22	\$55.38	\$13.84	\$ -
Delta Dental HMO	80%/20%	\$36.15	\$28.92	\$7.23	\$ -
EyeMed Vision Plan - Low	80%/20%	\$7.55	\$6.04	\$1.51	\$ -
EyeMed Vision Plan - Moderate	See Note*	\$13.03	\$6.04	\$6.99	\$ -
EyeMed Vision Plan - High	See Note*	\$22.64	\$6.04	\$16.60	\$ -
FAMILY COVERAGE					
Caremark Prescription	80%/20%	\$904.86	\$723.89	\$180.97	\$ 18.91
Kaiser Permanente HMO with Prescription	80%/20%	\$1,966.52	\$1,573.22	\$393.30	\$ 39.34
UnitedHealthcare Choice Plus POS	80%/20%	\$2,868.63	\$2,294.90	\$573.73	\$ 80.05
UnitedHealthcare Select EPO	80%/20%	\$2,206.53	\$1,765.22	\$441.31	\$ 22.69
Delta Dental PPO	80%/20%	\$128.01	\$102.41	\$25.60	\$ -
Delta Dental HMO	80%/20%	\$52.38	\$41.90	\$10.48	\$ -
EyeMed Vision Plan - Low	80%/20%	\$11.30	\$9.04	\$2.26	\$ -
EyeMed Vision Plan - Moderate	See Note*	\$19.55	\$9.04	\$10.51	\$ -
EyeMed Vision Plan - High	See Note*	\$34.20	\$9.04	\$25.16	\$ -
UNITEDHEALTHCARE MEDICARE COMPLEMENT PLAN					
1 Medicare Complement	80%/20%	\$337.71	\$270.17	\$67.54	\$ 7.73
2 Medicare Complement	80%/20%	\$675.42	\$540.34	\$135.08	\$ 15.47
Family - 3 or More All Medicare Complement	80%/20%	\$1,013.13	\$810.50	\$202.63	\$ 23.20
1 Medicare Complement + 1 POS	80%/20%	\$1,293.92	\$1,035.14	\$258.78	\$ 34.42
1 Medicare Complement + 2 or More POS	80%/20%	\$2,250.13	\$1,800.10	\$450.03	\$ 61.10
2 Medicare Complement + 1 or More POS	80%/20%	\$1,631.63	\$1,305.30	\$326.33	\$ 42.15
UNITED HEALTHCARE EPO MEDICARE PLAN					
1 Medicare Complement	80%/20%	\$463.20	\$370.56	\$92.64	\$ 4.37
2 Medicare Complement	80%/20%	\$926.40	\$741.12	\$185.28	\$ 8.74
Family - 3 or More All Medicare Complement	80%/20%	\$1,389.60	\$1,111.68	\$277.92	\$ 13.11
1 Medicare Complement + 1 EPO<65	80%/20%	\$1,198.71	\$958.97	\$239.74	\$ 11.93
1 Medicare Complement + 2 or More EPO	80%/20%	\$1,934.22	\$1,547.38	\$386.84	\$ 19.49
2 Medicare Complement + 1 or More EPO	80%/20%	\$1,661.91	\$1,329.53	\$332.38	\$ 16.30
KAISER PERMANENTE MEDICARE COMPLEMENT PLAN WITH PRESCRIPTION DRUG					
1 Medicare Complement	80%/20%	\$312.59	\$250.07	\$62.52	\$ 3.51
2 Medicare Complement	80%/20%	\$625.18	\$500.14	\$125.04	\$ 7.02
Family - 3 or More All Medicare Complement	80%/20%	\$937.77	\$750.22	\$187.55	\$ 10.53
1 Medicare Complement + 1 HMO	80%/20%	\$968.10	\$774.48	\$193.62	\$ 16.62
1 Medicare Complement + 2 or More HMO	80%/20%	\$1,623.60	\$1,298.88	\$324.72	\$ 29.73
2 Medicare Complement + 1 or More HMO	80%/20%	\$1,280.69	\$1,024.55	\$256.14	\$ 20.13
LEGAL PLAN					
Legal Resources	0%/100%	\$17.00	\$0.00	\$17.00	\$ -