

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%	\$ 0.13				\$ (0.01)	
AD&D (Per \$1,000 Monthly Benefit)	80%/20%	\$ 0.03				\$ -	

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