

MCGEO, NON-UNION REPRESENTED PREMIUM RATES EFFECTIVE 1/1/2025							
Plan	Cost Share %	Full 2025 Monthly Rate	Full Bi-Weekly Rate	M-NCPPC Bi-Weekly	Employee Bi-Weekly	\$ Change from 2024	Monthly COBRA Rate
<b>SINGLE COVERAGE</b>							
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
<b>TWO MEMBER COVERAGE</b>							
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
<b>FAMILY COVERAGE</b>							
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
<b>OTHER PLANS</b>							
Long-Term Disability (Per \$100 Monthly Benefit)	80%/20%	0.84				-0.095	
Legal Resources	0%/100%	17.00				0.00	
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				0	
<b>* Vision - Employer pays 80% of Low Option Plan toward any level of coverage. Member responsible for any balance.</b>							