

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<65	80%/20%	\$ 1,934.22	\$ 1,547.38	\$ 386.84	\$ 19.49
2 Medicare Complement + 1 or More EPO<65	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	\$ -	\$ 17.00	\$ -