

Health Insurance Rates
Effective July 1, 2025

	Monthly Premium*	Full Time Employee - Your Cost Per Pay Period		Part Time Employee - Your Cost Per Pay Period	
		Licensed Employee & Administrator	Support Employee	Licensed Employee & Administrator	Support Employee
Medical Plans					
Kaiser HMO					
Employee Only	$ 741.55	$ 74.15	$ 37.08	$ 148.31	$ 111.23
Employee + 1 Dependent	$ 1,422.07	$ 142.21	$ 71.10	$ 284.42	$ 213.31
Family	$ 1,975.04	$ 197.51	$ 98.75	$ 395.01	$ 296.25
United Healthcare POS					
Employee Only	$ 991.97	$ 99.20	$ 49.60	$ 198.40	$ 148.80
Employee + 1 Dependent	$ 1,905.10	$ 190.51	$ 95.25	$ 381.02	$ 285.76
Family	$ 2,646.91	$ 264.69	$ 132.35	$ 529.38	$ 397.04
Qualified Health Plan with Health Savings Account					
Employee Only	$ 892.77	$ 66.95	$ 44.64	$ 156.24	$ 133.91
Employee + 1 Dependent	$ 1,714.60	$ 128.60	$ 85.73	$ 300.05	$ 257.19
Family	$ 2,382.22	$ 178.67	$ 119.11	$ 416.89	$ 357.33
Dental Plan - CareFirst					
Employee Only	$ 47.93	$ 10.31	$ 10.31	$ 13.66	$ 13.66
Employee + 1 Dependent	$ 78.09	$ 16.79	$ 16.79	$ 22.25	$ 22.25
Family	$ 125.68	$ 27.02	$ 27.02	$ 35.82	$ 35.82
Vision Plan - EyeMed					
Employee Only	$ 6.34	$ 3.17	$ 3.17	$ 3.17	$ 3.17
Employee + 1 Dependent	$ 12.05	$ 6.03	$ 6.03	$ 6.03	$ 6.03
Family	$ 17.70	$ 8.85	$ 8.85	$ 8.85	$ 8.85

*** COBRA Rates**

Full time employee regularly working 30 hours or more a week
Part time employee regularly working 20 to 29 hours a week
Employee per pay deduction based on 24 pays