

CONTRACT EMPLOYEES 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 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