

Your monthly premium amount is based on your years of service with Salt Lake County. Premium is the same for PEHP and SelectHealth Traditional & HDHP plans.

You may make changes within your previously selected benefits, such as the addition of a spouse or the removal of a child who is no longer a dependent. You may not add coverage that has been previously waived.

HOW TO ENROLL

Go to: <https://pshcm.slcounty.org>

Enter your username:

RET-first initial and last name

Example: Joe Smith is RET-jsmith

Enter your password:

Date of Birth (MMDDYYYY)

2025 Monthly Retiree Premiums

Retirees, under age 65. Less than 18-months post-retirement.

Traditional Medical Plan	20+ Yrs	18-19 Yrs	16-17 Yrs	14-15 Yrs	12-13 Yrs	10-11 Yrs	7-9 Yrs	4-6 Yrs	0-4 Yrs
Retiree Only	172.75	261.28	349.82	438.35	526.88	615.41	703.95	792.48	881.01
Retiree and One Dependent	1226.91	1315.44	1403.98	1492.51	1581.04	1669.57	1758.11	1846.64	1935.17
Retiree and Two or More Dependents	1898.83	1987.36	2075.90	2164.43	2252.96	2341.49	2430.03	2518.56	2607.09

High Deductible Medical Plan	20+ Yrs	18-19 Yrs	16-17 Yrs	14-15 Yrs	12-13 Yrs	10-11 Yrs	7-9 Yrs	4-6 Yrs	0-4 Yrs
Retiree Only	11.23	81.39	151.56	221.72	291.89	362.05	432.21	502.38	572.54
Retiree and One Dependent	1083.21	1153.37	1223.54	1293.70	1363.87	1434.03	1504.19	1574.36	1644.52
Retiree and Two or More Dependents	1083.21	1153.37	1223.54	1293.70	1363.87	1434.03	1504.19	1574.36	1644.52

Dental Plan (CIGNA)	20+ Yrs	18-19 Yrs	16-17 Yrs	14-15 Yrs	12-13 Yrs	10-11 Yrs	7-9 Yrs	4-6 Yrs	0-4 Yrs
Retiree Only	12.54	18.24	23.94	29.64	35.34	41.04	46.74	52.44	58.14
Retiree and One Dependent	28.86	34.56	40.26	45.96	51.66	57.36	63.06	68.76	74.46
Retiree and Two or More Dependents	66.60	72.30	78.00	83.70	89.40	95.10	100.80	106.50	112.20



Contact Benefits at benefits@saltlakecounty.gov with any questions or find additional information online:

<https://www.saltlakecounty.gov/human-resources/benefits/>

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2025 Monthly Retiree Premiums

Retirees, under age 65. Equal to or more than 19-months post-retirement.

Traditional Medical Plan	20+ Yrs	18-19 Yrs	16-17 Yrs	14-15 Yrs	12-13 Yrs	10-11 Yrs	7-9 Yrs	4-6 Yrs	0-4 Yrs
Retiree Only	500.97	589.50	678.04	766.57	855.10	943.63	1032.17	1120.70	1209.23
Retiree and One Dependent	1947.86	2036.39	2124.93	2213.46	2301.99	2390.52	2479.06	2567.59	2656.12
Retiree and Two or More Dependents	2870.10	2958.63	3047.17	3135.70	3224.23	3312.76	3401.30	3489.83	3578.36

High Deductible Medical Plan	20+ Yrs	18-19 Yrs	16-17 Yrs	14-15 Yrs	12-13 Yrs	10-11 Yrs	7-9 Yrs	4-6 Yrs	0-4 Yrs
Retiree Only	224.52	294.68	364.85	435.01	505.18	575.34	645.50	715.67	785.83
Retiree and One Dependent	1695.87	1766.03	1836.20	1906.36	1976.53	2046.69	2116.85	2187.02	2257.18
Retiree and Two or More Dependents	1695.87	1766.03	1836.20	1906.36	1976.53	2046.69	2116.85	2187.02	2257.18

Dental Plan (CIGNA)	20+ Yrs	18-19 Yrs	16-17 Yrs	14-15 Yrs	12-13 Yrs	10-11 Yrs	7-9 Yrs	4-6 Yrs	0-4 Yrs
Retiree Only	34.20	39.90	45.60	51.30	57.00	62.70	68.40	74.10	79.80
Retiree and One Dependent	56.60	62.30	68.00	73.70	79.40	85.10	90.80	96.50	102.20
Retiree and Two or More Dependents	108.40	114.10	119.80	125.50	131.20	136.90	142.60	148.30	154.00



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