

2025 SEMI-MONTHLY PLAN RATES SALARIED EMPLOYEES

MEDICAL			
	HSA Basic	HSA Plus	PPO
Employee Only	\$38.49	\$108.86	\$148.45
Employee + Spouse/DP	\$133.05	\$190.23	\$268.30
Employee + Child(ren)	\$114.36	\$158.34	\$226.52
Family	\$167.14	\$244.11	\$361.77

If you are a tobacco user, you will pay a tobacco surcharge of \$32.50 semi-monthly.

DENTAL		
	Plan B	Plan A
Employee Only	\$2.00	\$7.00
Employee + Spouse/DP	\$4.00	\$13.50
Employee + Child(ren)	\$4.00	\$14.50
Family	\$5.50	\$21.00

VISION		
	Basic	Buy-Up
Employee Only	\$3.49	\$5.90
Employee + Spouse/DP	\$6.67	\$11.26
Employee + Child(ren)	\$7.15	\$12.07
Family	\$11.08	\$18.71