



2025 Bi-weekly Contribution Rates

Medical Plan (Non-Tobacco Rates) – Under \$100K				
Coverage Tier	\$1,000 Deductible	\$1,500 Deductible	\$2,000 Deductible	\$3,300 Deductible
Employee only	\$147.90	\$109.16	\$62.22	\$53.54
Employee + Spouse	\$362.58	\$253.31	\$154.95	\$125.54
Employee + Child(ren)	\$296.84	\$210.08	\$126.00	\$106.62
Employee + Family	\$545.20	\$392.28	\$225.42	\$188.31

Medical Plan (Non-Tobacco Rates) – Over \$100K				
Coverage Tier	\$1,000 Deductible	\$1,500 Deductible	\$2,000 Deductible	\$3,300 Deductible
Employee only	\$147.90	\$109.16	\$64.28	\$55.31
Employee + Spouse	\$362.58	\$253.31	\$160.06	\$129.68
Employee + Child(ren)	\$296.84	\$210.08	\$130.16	\$110.13
Employee + Family	\$545.20	\$392.28	\$232.86	\$194.52

Dental Plan			
Coverage Tier	Basic Plus	Standard	Enhanced
Employee only	\$3.97	\$6.46	\$7.95
Employee + Spouse	\$8.45	\$14.90	\$18.38
Employee + Child(ren)	\$8.94	\$16.39	\$20.37
Employee + Family	\$13.91	\$25.33	\$31.29



Vision Plan		
Coverage Tier	Materials Only	Enhanced
Employee only	\$2.77	\$5.13
Employee + Spouse	\$5.54	\$10.26
Employee + Child(ren)	\$7.12	\$12.72
Employee + Family	\$9.20	\$17.01