

# 2025 BI-WEEKLY MEDICAL PREMIUMS

## 2025 Medical Plan Rates

	<\$50k		\$50k-\$100k		\$100k-\$150k		\$150k>	
	Employee cost	Employer cost	Employee cost	Employer cost	Employee cost	Employer cost	Employee cost	Employer cost
<b>CDHP1</b>								
Employee Only	\$41.55	\$272.27	\$58.81	\$255.01	\$73.54	\$240.28	\$85.82	\$228.00
Employee + Spouse	\$130.92	\$514.86	\$137.35	\$508.43	\$171.79	\$473.99	\$200.49	\$445.29
Employee + Child(ren)	\$118.16	\$464.63	\$123.95	\$458.83	\$155.03	\$427.75	\$180.92	\$401.87
Employee + Family	\$187.76	\$738.38	\$196.97	\$729.17	\$246.36	\$679.78	\$287.50	\$638.64
<b>CDHP2</b>								
Employee Only	\$23.76	\$265.07	\$36.06	\$252.77	\$43.42	\$245.40	\$50.67	\$238.15
Employee + Spouse	\$86.51	\$505.59	\$90.75	\$501.35	\$109.26	\$482.84	\$127.51	\$464.59
Employee + Child(ren)	\$78.06	\$456.27	\$81.89	\$452.44	\$98.59	\$435.74	\$115.08	\$419.25
Employee + Family	\$124.05	\$725.11	\$130.15	\$719.01	\$156.70	\$692.46	\$182.87	\$666.29
<b>PPO</b>								
Employee Only	\$65.30	\$282.10	\$77.18	\$270.22	\$119.15	\$228.25	\$140.27	\$207.13
Employee + Spouse	\$195.91	\$516.26	\$238.47	\$473.70	\$280.82	\$431.35	\$330.15	\$382.02
Employee + Child(ren)	\$184.03	\$458.66	\$213.81	\$428.88	\$251.99	\$390.70	\$296.53	\$346.16
Employee + Family	\$237.46	\$783.89	\$284.96	\$736.39	\$401.75	\$619.60	\$472.52	\$548.83



# ADDITIONAL 2025 BI-WEEKLY PREMIUMS

Bi-Weekly Dental Rates						
	Low Plan		High Plan <\$100k		High Plan >\$100k	
	Employee cost	Employer cost	Employee cost	Employer cost	Employee cost	Employer cost
Employee Only	\$8.46	\$6.81	\$10.01	\$9.28	\$11.57	\$7.72
Employee + Spouse	\$16.30	\$14.19	\$19.39	\$19.09	\$22.45	\$16.03
Employee + Child(ren)	\$18.45	\$16.58	\$22.20	\$22.02	\$25.71	\$18.52
Employee + Family	\$26.50	\$23.74	\$31.60	\$31.85	\$36.60	\$26.85

Bi-Weekly Vision Rates	
VSP Plan	
Employee Only	\$3.87
Employee + Spouse	\$5.81
Employee + Child(ren)	\$6.12
Employee + Family	\$9.68

Hospital Indemnity Rates	
Employee Only	\$4.99
Employee + Spouse	\$12.36
Employee + Child(ren)	\$8.51
Employee + Family	\$15.60

Legal Rate	
Employee	\$7.27

Identity Protection Rates	
Employee	\$3.90
Employee + Family	\$6.44

	Accident Rates	
	Low Plan	High Plan
Employee Only	\$1.79	\$3.44
Employee + spouse	\$3.17	\$6.08
Employee + child(ren)	\$3.40	\$6.55
Employee + family	\$4.29	\$8.25

Critical Illness Rates								
Attained Age	Employee Only		Employee + Spouse		Employee + Child(ren)		Employee + Spouse / Child(ren)	
	\$20,000	\$10,000	\$20,000	\$10,000	\$20,000	\$10,000	\$20,000	\$10,000
<25	\$2.68	\$1.34	\$4.71	\$2.35	\$4.89	\$2.45	\$6.83	\$3.42
25-29	\$2.86	\$1.43	\$4.89	\$2.45	\$4.98	\$2.49	\$7.02	\$3.51
30-34	\$3.69	\$1.85	\$6.09	\$3.05	\$5.82	\$2.91	\$8.31	\$4.15
35-39	\$5.08	\$2.54	\$8.03	\$4.02	\$7.20	\$3.60	\$10.25	\$5.12
40-44	\$7.57	\$3.78	\$11.72	\$5.86	\$9.69	\$4.85	\$13.85	\$6.92
45-49	\$11.17	\$5.58	\$16.89	\$8.45	\$13.29	\$6.65	\$19.02	\$9.51
50-54	\$16.52	\$8.26	\$24.18	\$12.09	\$18.65	\$9.32	\$26.31	\$13.15
55-59	\$23.63	\$11.82	\$33.88	\$16.94	\$25.85	\$12.92	\$36.09	\$18.05
60-64	\$33.69	\$16.85	\$47.63	\$23.82	\$35.82	\$17.91	\$49.85	\$24.92
65-69	\$49.85	\$24.92	\$69.60	\$34.80	\$51.97	\$25.98	\$71.72	\$35.86
70+	\$69.42	\$34.71	\$97.85	\$48.92	\$71.63	\$35.82	\$99.97	\$49.98

# ADDITIONAL 2025 BI-WEEKLY PREMIUMS

Bi-weekly AD&D Insurance Rates	
Voluntary	
Employee	\$0.010
Spouse	\$0.011
Child	\$0.013
Dependent Child(ren)	
Child	\$0.085

Bi-weekly Employee & Spouse Supplemental Life Insurance Rates		
	Employee & Spouse Rate Non-Nicotine	Employee & Spouse Rate Nicotine
Under 25	\$0.014	\$0.023
25-29	\$0.017	\$0.028
30-34	\$0.023	\$0.037
35-39	\$0.025	\$0.042
40-44	\$0.035	\$0.059
45-49	\$0.056	\$0.096
50-54	\$0.085	\$0.148
55-59	\$0.152	\$0.249
60-64	\$0.207	\$0.346
65-69	\$0.355	\$0.586
70 +	\$0.654	\$1.056

