

FY 2025 Monthly Health, Dental & Vision Insurance Premiums

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ANTHEM HEALTH INSURANCE						DELTA DENTAL INSURANCE					
EMPLOYEE PREMIUM	EMPLOYER PREMIUM	EFFECT ON RESERVE	TOTAL PREMIUM	"HSA" DEPOSIT		EMPLOYEE PREMIUM	EMPLOYER PREMIUM	EFFECT ON RESERVE	TOTAL PREMIUM		
Choice PPO											
EE Only	\$ 138.00	\$ 681.00	\$ 33.00	\$ 852.00		\$ 5.00	\$ 21.00	\$ (2.00)	\$ 24.00		\$ 845.00
EE + child(ren)	\$ 404.00	\$ 1,198.00	\$ 65.00	\$ 1,667.00		\$ 12.00	\$ 44.00	\$ 2.00	\$ 58.00		\$ 1,658.00
EE + spouse	\$ 411.00	\$ 1,238.00	\$ 66.00	\$ 1,715.00		\$ 12.00	\$ 40.00	\$ 4.00	\$ 56.00		\$ 1,701.00
Family	\$ 648.00	\$ 1,650.00	\$ 92.00	\$ 2,390.00		\$ 20.00	\$ 70.00	\$ 4.00	\$ 94.00		\$ 2,388.00
HSA											
EE Only	\$ 50.00	\$ 546.00	\$ 25.00	\$ 621.00	\$ 1,380.00	\$ 5.00	\$ 21.00	\$ (2.00)	\$ 24.00		\$ 622.00
EE + child(ren)	\$ 237.00	\$ 925.00	\$ 47.00	\$ 1,209.00	\$ 2,755.00	\$ 12.00	\$ 44.00	\$ 2.00	\$ 58.00		\$ 1,218.00
EE + spouse	\$ 241.00	\$ 956.00	\$ 50.00	\$ 1,247.00	\$ 2,755.00	\$ 12.00	\$ 40.00	\$ 4.00	\$ 56.00		\$ 1,249.00
Family	\$ 395.00	\$ 1,273.00	\$ 67.00	\$ 1,735.00	\$ 2,755.00	\$ 20.00	\$ 70.00	\$ 4.00	\$ 94.00		\$ 1,758.00
EYEMED VISION INSURANCE Employee Paid Premiums											
Enhanced											
EE Only	\$ 8.21										
EE + Spouse	\$ 15.84										
EE + Children	\$ 16.60										
Family	\$ 25.57										
COBRA PREMIUMS (+2% ADMIN FEE)						COBRA PREMIUMS (+2% ADMIN FEE)					
PPO HEALTH	DENTAL	TOTAL				HSA PLAN	DENTAL	TOTAL			
\$835.00	\$27.00	\$862.00				\$608.00	\$27.00	\$635.00			
\$1,634.00	\$57.00	\$1,691.00				\$1,185.00	\$57.00	\$1,242.00			
\$1,682.00	\$53.00	\$1,735.00				\$1,221.00	\$53.00	\$1,274.00			
\$2,344.00	\$92.00	\$2,436.00				\$1,701.00	\$92.00	\$1,793.00			