

# RATES

## 2024-25 EMPLOYEE CONTRIBUTIONS



**OCTOBER 1, 2024 - SEPTEMBER 30, 2025**

Your contributions toward the cost of medical, dental and vision coverage are automatically deducted from your paycheck before taxes if elected. The amount will depend upon the plan you select and if you choose to cover eligible family members. \*The Annual Salary considered will be the current salary at the time of enrollment, whether open enrollment, new hire enrollment and will only be subject to change if a qualifying event happens during the plan year.

### MEDICAL COVERAGE

Coverage Tier	Bi-Weekly Employee Contribution							
	BCBS - Blue Advantage HMO				BCBS - Blue Advantage HSA			
	Tier 1: \$50,000 or Below	Tier 2: \$50,001 to \$69,999	Tier 3: \$70,000 to \$99,999	Tier 4: \$100,000 or Higher	Tier 1: \$50,000 or Below	Tier 2: \$50,001 to \$69,999	Tier 3: \$70,000 to \$99,999	Tier 4: \$100,000 or Higher
Employee Only	\$13.38	\$24.09	\$37.48	\$50.86	\$24.24	\$37.70	\$51.17	\$61.94
Employee + Spouse	\$183.43	\$209.64	\$242.39	\$275.15	\$210.90	\$243.85	\$276.80	\$303.16
Employee + Child(ren)	\$138.52	\$158.31	\$183.04	\$207.78	\$159.25	\$184.14	\$209.02	\$228.93
Family	\$247.00	\$282.28	\$326.39	\$370.50	\$283.98	\$328.35	\$372.72	\$408.22

### DENTAL COVERAGE

Coverage Tier	Bi-Weekly Employee Contribution	
	BCBS DPPO Plan	
Employee Only	\$0.00	
Employee + Spouse	\$17.84	
Employee + Child(ren)	\$21.09	
Family	\$27.89	

### VISION COVERAGE

Coverage Tier	Bi-Weekly Employee Contribution
	BCBS Vision Plan
Employee Only	\$0.00
Employee + Spouse	\$3.67
Employee + Child(ren)	\$3.67
Family	\$3.67

#### Supplemental Life/AD&D

Deductions for supplemental Life/AD&D are taken from your paycheck after taxes. Rates are available during enrollment.