

FY2025 BI-WEEKLY MEDICAL AND DENTAL RATES

For the plan year that runs July 1, 2024 - June 30, 2025

Full-time Employee (30 - 40 hours per week)

Employer Medical (No HSA): \$534.41 **Employer Dental: \$7.25**

Employer Medical (HSA Single): \$513.58 and \$20.83 HSA Contribution

Employer Medical (HSA Family): \$492.75 and \$41.66 HSA Contribution

	Employee Only	Employee and Spouse	Employee and Child	Employee and Children	Employee, Spouse and Child	Employee, Spouse and Children
PPO	\$32.50	\$98.80	\$56.00	\$88.51	\$121.09	\$162.24
Traditional	\$45.00	\$139.50	\$77.59	\$124.84	\$171.28	\$229.92
High Deductible	\$0.00	\$23.97	\$8.27	\$20.25	\$32.03	\$46.91
Dental	\$5.91	\$18.94	\$18.38	\$36.58	\$31.40	\$53.52

Part-time Employee (20 - 29.9 hours per week)

Employer Medical (No HSA): \$427.53 **Employer Dental: \$5.80**

Employer Medical (HSA Single): \$406.70 and \$20.83 HSA Contribution

Employer Medical (HSA Family): \$385.87 and \$41.66 HSA Contribution

	Employee Only	Employee and Spouse	Employee and Child	Employee and Children	Employee, Spouse and Child	Employee, Spouse and Children
PPO	\$75.13	\$228.40	\$129.45	\$204.61	\$279.92	\$375.05
Traditional	\$104.03	\$322.49	\$179.36	\$288.59	\$395.95	\$531.50
High Deductible	\$16.77	\$72.18	\$35.89	\$63.58	\$90.81	\$125.21
Dental	\$6.74	\$21.60	\$20.96	\$41.72	\$35.81	\$61.04