

FY2025 MONTHLY 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): \$1,068.82 **Employer Dental: \$14.50**

Employer Medical (HSA Single): \$1,027.16 and \$41.66 HSA Contribution

Employer Medical (HSA Family): \$985.50 and \$83.32 HSA Contribution

	Employee Only	Employee and Spouse	Employee and Child	Employee and Children	Employee, Spouse and Child	Employee, Spouse and Children
PPO	\$65.00	\$197.60	\$112.00	\$177.02	\$242.18	\$324.48
Traditional	\$90.00	\$279.00	\$155.18	\$249.68	\$342.56	\$459.84
High Deductible	\$0.00	\$47.94	\$16.54	\$40.50	\$64.06	\$93.82
Dental	\$11.82	\$37.88	\$36.76	\$73.16	\$62.80	\$107.04

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

Employer Medical (No HSA): \$855.06 **Employer Dental: \$11.60**

Employer Medical (HSA Single): \$813.40 and \$41.66 HSA Contribution

Employer Medical (HSA Family): \$771.74 and \$83.32 HSA Contribution

	Employee Only	Employee and Spouse	Employee and Child	Employee and Children	Employee, Spouse and Child	Employee, Spouse and Children
PPO	\$150.26	\$456.80	\$258.90	\$409.22	\$559.84	\$750.10
Traditional	\$208.06	\$644.98	\$358.72	\$577.18	\$791.90	\$1,063.00
High Deductible	\$33.54	\$144.36	\$71.78	\$127.16	\$181.62	\$250.42
Dental	\$13.48	\$43.20	\$41.92	\$83.44	\$71.62	\$122.08