

2024 - 2025 Rates

For Union – Non-Certified Members Only – HDP3

Rates for High Deductible Health Plan /Dental Coverage

Wellness Plan – Non-Compliant

Class	Annual Cost HDHP Coverage w/ Anthem	Payroll Contribution Effective 9/1/24 3.5% Contribution	Annual Cost Dental Coverage w/ Anthem Dental	Payroll Contribution Effective 9/1/24
Employee	\$13,436.52	\$23.51	\$477.96	---
Employee + 1 Dependent	\$25,529.28	\$44.68	\$1,243.20	\$37.04
Family	\$38,292.12	\$67.01	\$1,529.64	\$50.90

Wellness Plan - Compliant

Class	Annual Cost HDHP Coverage w/ Anthem	Payroll Contribution Effective 9/1/24 1.5% Contribution	Annual Cost Dental Coverage w/ Anthem Dental	Payroll Contribution Effective 9/1/24
Employee	\$13,436.52	\$10.08	\$477.96	---
Employee + 1 Dependent	\$25,529.28	\$19.15	\$1,243.20	\$37.04
Family	\$38,292.12	\$28.72	\$1,529.64	\$50.90

Wellness Plan – Non-Compliant

Class	Annual Cost HDHP Coverage w/ Anthem	Payroll Contribution Effective 1/1/25 4% Contribution	Annual Cost Dental Coverage w/ Anthem Dental	Payroll Contribution Effective 1/1/25
Employee	\$13,436.52	\$26.87	\$477.96	---
Employee + 1 Dependent	\$25,529.28	\$51.08	\$1,243.20	\$37.04
Family	\$38,292.12	\$76.58	\$1,529.64	\$50.90

Wellness Plan - Compliant

Class	Annual Cost HDHP Coverage w/ Anthem	Payroll Contribution Effective 1/1/25 2% Contribution	Annual Cost Dental Coverage w/ Anthem Dental	Payroll Contribution Effective 1/1/25
Employee	\$13,436.52	\$13.44	\$477.96	---
Employee + 1 Dependent	\$25,529.28	\$25.53	\$1,243.20	\$37.04
Family	\$38,292.12	\$38.29	\$1,529.64	\$50.90

* Payroll contributions are taken during the first and second pay of each month, September through June.

