

BI-WEEKLY ADMINISTRATORS:
THE RATES BELOW DO NOT INCLUDE ADJUSTMENTS
FOR SUMMERTIME INSURANCE BENEFITS

ADMINISTRATORS

Effective July 1, 2025 the costs to you on a MONTHLY basis
for the Medical & Prescription benefit are:

Medical/Prescription Employee Cost Share is: 27.75%			
	TOTAL COST	EMPLOYER COSTS	EMPLOYEE COSTS
Single	\$ 1,334.89	\$ 964.45	\$ 370.44
Employee + 1	\$ 2,861.22	\$ 2,067.22	\$ 794.00
Family	\$ 3,705.40	\$ 2,677.12	\$ 1,028.28

Effective July 1, 2025 the costs to you on a MONTHLY basis
for the Dental benefit are:

Dental Employee Cost Share is: 27.75%			
	TOTAL COST	EMPLOYER COSTS	EMPLOYEE COSTS
Single	\$ 59.31	\$ 42.83	\$ 16.48
Employee + 1	\$ 107.39	\$ 77.59	\$ 29.80
Family	\$ 172.02	\$ 124.26	\$ 47.76