

Active Employee Cost - Calendar Year 2025

Healthcare Costs

Completed Neither Health Risk Assessment nor Biometric Health Screening

Base Employee Cost Share*

Effective January 1, 2025

Medical Plans	Coverage Level	Employee Percentage	Biweekly 10-Month Employee	Biweekly 12-Month Employee
Point of Service Plans				
Cigna OAP	Individual	17%	81.83	62.94
	Individual + Spouse	17%	163.65	125.88
	Individual + Child	17%	163.65	125.88
	Family (Individual + Spouse + Child(ren))	17%	222.67	171.28
	Family (Individual + Children)	17%	222.67	171.28
Health Maintenance Organization Plans				
Cigna HMO	Individual	12%	41.74	32.11
	Individual + Spouse	12%	78.46	60.35
	Individual + Child	12%	78.46	60.35
	Family (Individual + Spouse + Child(ren))	12%	128.54	98.88
	Family (Individual + Children)	12%	128.54	98.88
Kaiser Permanente HMO	Individual	12%	48.83	37.56
	Individual + Spouse	12%	97.45	74.96
	Individual + Child	12%	97.45	74.96
	Family (Individual + Spouse + Child(ren))	12%	141.20	108.61
	Family (Individual + Children)	12%	141.20	108.61

Supplemental Plans	Coverage Level	Employee Percentage	Biweekly 10-Month Employee	Biweekly 12-Month Employee
Caremark Prescription	Individual	17%	22.26	17.12
	Individual + Spouse	17%	44.47	34.21
	Individual + Child	17%	44.47	34.21
	Family (Individual + Spouse + Child(ren))	17%	54.88	42.22
	Family (Individual + Children)	17%	54.88	42.22
Kaiser Permanente Prescription	Individual	17%	8.91	6.85
	Individual + Spouse	17%	17.66	13.58
	Individual + Child	17%	17.66	13.58
	Family (Individual + Spouse + Child(ren))	17%	25.53	19.64
	Family (Individual + Children)	17%	25.53	19.64
CareFirst Dental PPO	Individual	17%	3.80	2.92
	Individual + Spouse	17%	7.60	5.85
	Individual + Child	17%	7.60	5.85
	Family (Individual + Spouse + Child(ren))	17%	11.17	8.59
	Family (Individual + Children)	17%	11.17	8.59
Aetna Dental DMO	Individual	17%	2.20	1.69
	Individual + Spouse	17%	4.40	3.38
	Individual + Child	17%	4.40	3.38
	Family (Individual + Spouse + Child(ren))	17%	6.46	4.97
	Family (Individual + Children)	17%	6.46	4.97
Davis Vision	Individual	17%	0.19	0.14
	Individual + Spouse	17%	0.34	0.26
	Individual + Child	17%	0.34	0.26
	Family (Individual + Spouse + Child(ren))	17%	0.43	0.33
	Family (Individual + Children)	17%	0.43	0.33

*Your rates may vary based on your participation in the Wellness Initiatives program. Visit the Employee Benefits web page to see all of the rate combinations. [Employee Benefits web page](#)

<p>Employee Life Insurance 100% rate = \$.068 per thousand of insurance per month Based on two times current salary rounded to the nearest \$1,000</p>

Active Employee Cost - Calendar Year 2025

Healthcare Costs

Completed Both Health Risk Assessment and Biometric Health Screening

2% Reduction in Employee Cost Share

Effective January 1, 2025

Medical Plans	Coverage Level	Biweekly 10-Month Employee	Biweekly 12-Month Employee
Point of Service Plans			
Cigna OAP	Individual	72.20	55.54
	Individual + Spouse	144.40	111.08
	Individual + Child	144.40	111.08
	Family (Individual + Spouse + Child(ren))	196.48	151.14
	Family (Individual + Children)	196.48	151.14
Health Maintenance Organization Plans			
Cigna HMO	Individual	34.79	26.76
	Individual + Spouse	65.38	50.29
	Individual + Child	65.38	50.29
	Family (Individual + Spouse + Child(ren))	107.12	82.40
	Family (Individual + Children)	107.12	82.40
Kaiser Permanente HMO	Individual	40.69	31.30
	Individual + Spouse	81.20	62.46
	Individual + Child	81.20	62.46
	Family (Individual + Spouse + Child(ren))	117.66	90.51
	Family (Individual + Children)	117.66	90.51

Supplemental Plans	Coverage Level	Biweekly 10-Month Employee	Biweekly 12-Month Employee
Caremark Prescription	Individual	19.64	15.11
	Individual + Spouse	39.25	30.19
	Individual + Child	39.25	30.19
	Family (Individual + Spouse + Child(ren))	48.43	37.26
	Family (Individual + Children)	48.43	37.26
Kaiser Permanente Prescription	Individual	7.86	6.05
	Individual + Spouse	15.58	11.98
	Individual + Child	15.58	11.98
	Family (Individual + Spouse + Child(ren))	22.52	17.32
	Family (Individual + Children)	22.52	17.32
CareFirst Dental PPO	Individual	3.35	2.58
	Individual + Spouse	6.71	5.16
	Individual + Child	6.71	5.16
	Family (Individual + Spouse + Child(ren))	9.85	7.58
	Family (Individual + Children)	9.85	7.58
Aetna Dental DMO	Individual	1.94	1.49
	Individual + Spouse	3.88	2.99
	Individual + Child	3.88	2.99
	Family (Individual + Spouse + Child(ren))	5.69	4.38
	Family (Individual + Children)	5.69	4.38
Davis Vision	Individual	0.17	0.13
	Individual + Spouse	0.31	0.24
	Individual + Child	0.31	0.24
	Family (Individual + Spouse + Child(ren))	0.39	0.30
	Family (Individual + Children)	0.39	0.30

Employee Life Insurance 100% rate = \$.068 per thousand of insurance per month
Based on two times current salary rounded to the nearest \$1,000

Active Employee Cost - Calendar Year 2025
Healthcare Costs
Completed Either Health Risk Assessment or Biometric Health Screening
1% Reduction in Employee Cost Share
Effective January 1, 2025

Medical Plans	Coverage Level	Biweekly 10-Month Employee	Biweekly 12-Month Employee
Point of Service Plans			
Cigna OAP	Individual	77.02	59.24
	Individual + Spouse	154.03	118.48
	Individual + Child	154.03	118.48
	Family (Individual + Spouse + Child(ren))	209.57	161.21
	Family (Individual + Children)	209.57	161.21
Health Maintenance Organization Plans			
Cigna HMO	Individual	38.26	29.43
	Individual + Spouse	71.92	55.32
	Individual + Child	71.92	55.32
	Family (Individual + Spouse + Child(ren))	117.82	90.63
	Family (Individual + Children)	117.82	90.63
Kaiser Permanente HMO	Individual	44.75	34.43
	Individual + Spouse	89.32	68.70
	Individual + Child	89.32	68.70
	Family (Individual + Spouse + Child(ren))	129.42	99.55
	Family (Individual + Children)	129.42	99.55

Supplemental Plans	Coverage Level	Biweekly 10-Month Employee	Biweekly 12-Month Employee
Caremark Prescription	Individual	20.95	16.12
	Individual + Spouse	41.86	32.20
	Individual + Child	41.86	32.20
	Family (Individual + Spouse + Child(ren))	51.66	39.74
	Family (Individual + Children)	51.66	39.74
Kaiser Permanente Prescription	Individual	8.39	6.45
	Individual + Spouse	16.62	12.78
	Individual + Child	16.62	12.78
	Family (Individual + Spouse + Child(ren))	24.03	18.48
	Family (Individual + Children)	24.03	18.48
CareFirst Dental PPO	Individual	3.58	2.75
	Individual + Spouse	7.15	5.50
	Individual + Child	7.15	5.50
	Family (Individual + Spouse + Child(ren))	10.51	8.08
	Family (Individual + Children)	10.51	8.08
Aetna Dental DMO	Individual	2.07	1.59
	Individual + Spouse	4.14	3.18
	Individual + Child	4.14	3.18
	Family (Individual + Spouse + Child(ren))	6.08	4.68
	Family (Individual + Children)	6.08	4.68
Davis Vision	Individual	0.18	0.14
	Individual + Spouse	0.33	0.25
	Individual + Child	0.33	0.25
	Family (Individual + Spouse + Child(ren))	0.42	0.32
	Family (Individual + Children)	0.42	0.32

Employee Life Insurance 100% rate = \$.068 per thousand of insurance per month
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