

HEALTH AND DENTAL INSURANCE RATES FOR 2024-2025

HEALTH INSURANCE

HMO

HMO 2500 FLEX	Employee Contributions for 2024-2025	
	Semi-monthly contribution	Total contribution per month
Individual	\$64.78	\$129.56
Employee + Spouse/Domestic Partner	\$207.30	\$414.59
Employee + Child(ren)	\$191.75	\$383.50
Family	\$295.40	\$590.79

PPO

PPO 2500 FLEX	Employee Contributions for 2024-2025	
	Semi-monthly contribution	Total contribution per month
Individual	\$143.97	\$287.94
Employee + Spouse/Domestic Partner	\$365.68	\$731.35
Employee + Child(ren)	\$338.26	\$676.51
Family	\$521.09	\$1,042.17

DENTAL INSURANCE

DENTAL PPO

DELTA DENTAL PPO	Employee Contributions for 2024-2025	
	Semi-monthly contribution	Total contribution per month
Individual	\$6.05	\$12.10
Family	\$36.55	\$73.09