

2025 INSURANCE PREMIUM COSTS

Premiums are deducted bi-weekly

Insurance Plan	Coverage Level	Full Premium payroll deduction	Your Cost after Benefit Credits*	Your Cost after Benefit Credits* and Wellness Credit**
MEDICAL				
Empower HRA***	Employee Family	\$275.00 \$609.85	\$35.00 \$369.85	\$5.25 \$340.10
Empower HSA***	Employee Family	\$245.25 \$395.00	\$5.25 \$155.00	\$(24.50) \$125.25
Delta Dental PPO Plus Premier***	Employee Spouse or Child(ren) Family	\$16.00 \$37.62 \$49.95	\$0.00 \$21.62 \$33.95	
Basic Life and AD&D \$50,000*** Short Term Disability Long Term Disability	Employee Employee Employee	\$3.22 \$5.60 \$5.60	\$0.00 \$0.00 \$0.00	
EyeMed Vision***	Employee Plus One Family	\$2.43 \$4.62 \$6.78	****	
Supplemental Life and AD&D	Employee / Spouse	Determined by age of covered person and coverage amount	Monthly Rate per \$1,000 of Coverage: \$0.111 \$0.120 \$0.138 \$0.192 \$0.299 \$0.468 \$0.709 \$1.084 \$1.913 \$3.499	Age: Under 30 30-34 35-39 40-44 45-49 50-54 55-59 60-64 65-69 70 and over
	Child(ren)		\$0.141 covers all enrolled children	
*BENEFIT CREDITS SEH Benefit Credits provide an additional to reduce your premium costs: \$3.00 Medical \$0.20 Dental \$0.04 Basic Life and AD&D \$0.07 Short Term Disability \$0.07 Long Term Disability			ife and AD&D erm Disability	

^{**} The Wellness Credit is \$29.75 per pay period and must be elected (if eligible) to receive the credit. First-time SEH Medical enrollees are automatically eligible. All others must earn eligibility through the Physician Engagement program.

Domestic Partner premiums are deducted post-tax and the value of the coverage is taxed per IRS regulations.

^{***}Premiums are deducted pre-tax.