Plan	Wellness	Coverage Tier			
			Total Premium	Employer Cost	Employee Cost
		Employee Only	\$429.75	\$365.30	\$64.45
	Wellness:	Emp + Spouse	\$919.67	\$697.77	\$221.90
' I	Employee &	Emp + Child	\$721.98	\$546.82	\$175.16
. 1	Spouse Participating	Emp + Child(ren)	\$850.92	\$641.44	\$209.47
<u>~</u>	raiticipating	Emp + Family	\$1,229.10	\$919.14	\$309.96
Consumer Driven Health Plan (CDHP)		Employee Only	\$429.75	\$365.30	\$64.45
٥	Wellness:	Emp + Spouse	\$919.67	\$697.77	\$221.90
Plar	Employee Only Participating	Emp + Child	\$721.98	\$546.82	\$175.16
돧		Emp + Child(ren)	\$850.92	\$641.44	\$209.47
Lea		Emp + Family	\$1,229.10	\$919.14	\$309.96
en F		Employee Only	\$429.75	\$365.30	\$64.45
į	Wellness:	Emp + Spouse	\$919.67	\$697.77	\$221.90
er	Spouse Only	Emp + Child	\$721.98	\$546.82	\$175.16
돌	Participating	Emp + Child(ren)	\$850.92	\$641.44	\$209.47
ons		Emp + Family	\$1,229.10	\$919.14	\$309.96
٥		Employee Only	\$429.75	\$365.30	\$64.45
	Wellness:	Emp + Spouse	\$919.67	\$697.77	\$221.90
	No Wellness	Emp + Child	\$721.98	\$546.82	\$175.16
	Particpation	Emp + Child(ren)	\$850.92	\$641.44	\$209.47
		Emp + Family	\$1,229.10	\$919.14	\$309.96
	M/=II	Employee Only	\$458.42	\$385.86	\$72.57
	Wellness: Employee &	Emp + Spouse	\$981.02	\$738.40	\$242.62
	Spouse	Emp + Child	\$770.14	\$582.05	\$188.09
	Participating	Emp + Child(ren)	\$907.67	\$686.15	\$221.52
		Emp + Family	\$1,311.08	\$983.30	\$327.78
		Employee Only	\$458.42	\$385.86	\$72.57
_	Wellness:	Emp + Spouse	\$981.02	\$735.28	\$245.75
Θ	Employee Only	Emp + Child	\$770.14	\$582.05	\$188.09
Keystone Flex HMO	Participating	Emp + Child(ren)	\$907.67	\$686.15	\$221.52
표		Emp + Family	\$1,311.08	\$980.18	\$330.90
one		Employee Only	\$458.42	\$379.61	\$78.82
yst	Wellness:	Emp + Spouse	\$981.02	\$732.15	\$248.87
ᇫ	Spouse Only	Emp + Child	\$770.14	\$575.80	\$194.34
	Participating	Emp + Child(ren)	\$907.67	\$679.90	\$227.77
		Emp + Family	\$1,311.08	\$977.05	\$334.03
	Wellness: No Wellness Particpation	Employee Only	\$458.42	\$379.61	\$78.82
		Emp + Spouse	\$981.02	\$729.03	\$252.00
		Emp + Child	\$770.14	\$575.80	\$194.34
		Emp + Child(ren)	\$907.67	\$679.90	\$227.77
		Emp + Family	\$1,311.08	\$973.93	\$337.15
	Wellness:	Employee Only	\$471.22	\$356.00	\$115.22
	Employee &	Emp + Spouse	\$1,008.42	\$610.40	\$398.01
	Spouse	Emp + Child	\$791.64	\$527.29	\$264.36
	Participating	Emp + Child(ren)	\$933.02	\$556.06	\$376.96
		Emp + Family	\$1,347.69	\$839.93	\$507.77 \$115.22
		Employee Only	\$471.22	\$356.00	,
٥	Wellness:	Emp + Spouse Emp + Child	\$1,008.42 \$791.64	\$607.28 \$527.29	\$401.14 \$264.36
P	Employee Only Participating	·		\$527.29 \$556.06	\$264.36
ojc.	. a. a.a.pating	Emp + Child(ren) Emp + Family	\$933.02 \$1.347.69	\$556.06 \$836.80	\$376.96 \$510.89
Personal Choice PPO		Employee Only	\$1,347.69 \$471.22	\$836.80 \$349.75	\$510.89 \$121.47
na	Wellness:	Emp + Spouse	\$1,008.42	\$604.15	\$404.26
ersc	Spouse Only	Emp + Child	\$791.64	\$521.04	\$270.61
ď	Participating	Emp + Child(ren)	\$933.02	\$549.81	\$383.21
	Participating	Emp + Child(ren) Emp + Family	\$933.02 \$1,347.69	\$833.68	\$383.21 \$514.02
-		Employee Only	\$471.22	\$33.08	\$121.47
	Wellness	Emp + Spouse	\$1,008.42	\$601.03	\$407.39
	Wellness: No Wellness	Emp + Child	\$791.64	\$521.04	\$270.61
	No Wellness Particpation	Emp + Child(ren)	\$933.02	\$549.81	\$383.21
		Emp + Family	\$1,347.69	\$830.55	\$517.14

			Plan Year 2025-26		
Plan	Wellness	Coverage Tier	Total Premium	Employer Cost	Employee Cost
		Employee Only	\$573.00	\$487.07	\$85.93
	Wellness:	Emp + Spouse	\$1,226.23	\$930.36	\$295.87
	Employee &	Emp + Child	\$962.65	\$729.10	\$233.55
	Spouse	Emp + Child(ren)	\$1,134.55	\$855.26	\$279.30
_	Participating	Emp + Family	\$1,638.80	\$1,225.52	\$413.27
Consumer Driven Health Plan (CDHP)		Employee Only	\$573.00	\$487.07	\$85.93
<u>U</u>	Wellness:	Emp + Spouse	\$1,226.23	\$930.36	\$295.87
an	Employee Only	Emp + Child	\$962.65	\$729.10	\$233.55
hР	Participating	Emp + Child(ren)	\$1,134.55	\$855.26	\$279.30
ealt		Emp + Family	\$1,638.80	\$1,225.52	\$413.27
Ī		Employee Only	\$573.00	\$487.07	\$85.93
i.	Wellness:	Emp + Spouse	\$1,226.23	\$930.36	\$295.87
ō	Spouse Only	Emp + Child	\$962.65	\$729.10	\$233.55
лe	Participating	Emp + Child(ren)	\$1,134.55	\$855.26	\$279.30
nsu		Emp + Family	\$1,638.80	\$1,225.52	\$413.27
Š		Employee Only	\$573.00	\$487.07	\$85.93
	Malla	Emp + Spouse	\$1,226.23	\$930.36	\$295.87
	Wellness: No Wellness	Emp + Shouse			
	Particpation		\$962.65 \$1,134.55	\$729.10	\$233.55 \$279.30
	raracpation	Emp + Child(ren)	• /	\$855.26	'
		Emp + Family	\$1,638.80	\$1,225.52	\$413.27
	Wellness:	Employee Only	\$611.23	\$514.47	\$96.76
	Employee &	Emp + Spouse	\$1,308.03	\$984.53	\$323.50
	Spouse	Emp + Child	\$1,026.85	\$776.07	\$250.79
	Participating	Emp + Child(ren)	\$1,210.23	\$914.87	\$295.36
		Emp + Family	\$1,748.11	\$1,311.07	\$437.04
		Employee Only	\$611.23	\$514.47	\$96.76
_	Wellness:	Emp + Spouse	\$1,308.03	\$980.37	\$327.66
Σ	Employee Only	Emp + Child	\$1,026.85	\$776.07	\$250.79
Keystone Flex HMO	Participating	Emp + Child(ren)	\$1,210.23	\$914.87	\$295.36
Ε		Emp + Family	\$1,748.11	\$1,306.90	\$441.21
one	Wellness:	Employee Only	\$611.23	\$506.14	\$105.09
yst		Emp + Spouse	\$1,308.03	\$976.20	\$331.83
Ϋ́	Spouse Only	Emp + Child	\$1,026.85	\$767.73	\$259.12
	Participating	Emp + Child(ren)	\$1,210.23	\$906.54	\$303.69
		Emp + Family	\$1,748.11	\$1,302.74	\$445.37
	Wellness: No Wellness Particpation	Employee Only	\$611.23	\$506.14	\$105.09
		Emp + Spouse	\$1,308.03	\$972.03	\$336.00
		Emp + Child	\$1,026.85	\$767.73	\$259.12
		Emp + Child(ren)	\$1,210.23	\$906.54	\$303.69
		Emp + Family	\$1,748.11	\$1,298.57	\$449.54
	Wellness:	Employee Only	\$628.29	\$474.66	\$153.63
	Employee &	Emp + Spouse	\$1,344.55	\$813.87	\$530.69
	Spouse	Emp + Child	\$1,055.53	\$703.05	\$352.48
	Participating	Emp + Child(ren)	\$1,244.02	\$741.42	\$502.61
	, -	Emp + Family	\$1,796.92	\$1,119.90	\$677.02
		Employee Only	\$628.29	\$474.66	\$153.63
_	Wellness:	Emp + Spouse	\$1,344.55	\$809.70	\$534.85
PPC	Employee Only	Emp + Child	\$1,055.53	\$703.05	\$352.48
ice i	Participating	Emp + Child(ren)	\$1,244.02	\$741.42	\$502.61
, S		Emp + Family	\$1,796.92	\$1,115.74	\$681.19
Personal Choice PPO		Employee Only	\$628.29	\$466.33	\$161.96
son	Wellness:	Emp + Spouse	\$1,344.55	\$805.54	\$539.02
Per.	Spouse Only	Emp + Child	\$1,055.53	\$694.71	\$360.81
_	Participating	Emp + Child(ren)	\$1,244.02	\$733.08	\$510.94
	-	Emp + Family	\$1,796.92	\$1,111.57	\$685.35
		Employee Only	\$628.29	\$466.33	\$161.96
	Wellness:	Emp + Spouse	\$1,344.55	\$801.37	\$543.19
	No Wellness	Emp + Child	\$1,055.53	\$694.71	\$360.81
	Particpation	Emp + Child(ren)	\$1,244.02	\$733.08	\$510.94
		Emp + Family	\$1,796.92	\$1,107.40	\$689.52

			Plan Year 2025-26		
Plan	Wellness	Coverage Tier	Total Premium	Employer Cost	Employee Cost
		Employee Only	\$1,146.00	\$974.13	\$171.87
	Wellness:	Emp + Spouse	\$2,452.46	\$1,860.72	\$591.74
	Employee &	Emp + Child	\$1,925.29	\$1,458.20	\$467.09
	Spouse Participating	Emp + Child(ren)	\$2,269.11	\$1,710.51	\$558.59
<u></u>	1 articipating	Emp + Family	\$3,277.60	\$2,451.05	\$826.55
Consumer Driven Health Plan (CDHP)		Employee Only	\$1,146.00	\$974.13	\$171.87
0)	Wellness: Employee Only Participating	Emp + Spouse	\$2,452.46	\$1,860.72	\$591.74
Plai		Emp + Child	\$1,925.29	\$1,458.20	\$467.09
돧		Emp + Child(ren)	\$2,269.11	\$1,710.51	\$558.59
Hea		Emp + Family	\$3,277.60	\$2,451.05	\$826.55
en		Employee Only	\$1,146.00	\$974.13	\$171.87
- Si	Wellness:	Emp + Spouse	\$2,452.46	\$1,860.72	\$591.74
er	Spouse Only	Emp + Child	\$1,925.29	\$1,458.20	\$467.09
ung.	Participating	Emp + Child(ren)	\$2,269.11	\$1,710.51	\$558.59
, o		Emp + Family	\$3,277.60	\$2,451.05	\$826.55
		Employee Only	\$1,146.00	\$974.13	\$171.87
	Wellness:	Emp + Spouse	\$2,452.46	\$1,860.72	\$591.74
	No Wellness	Emp + Child	\$1,925.29	\$1,458.20	\$467.09
	Particpation	Emp + Child(ren)	\$2,269.11	\$1,710.51	\$558.59
		Emp + Family	\$3,277.60	\$2,451.05	\$826.55
	Wellness:	Employee Only	\$1,222.46	\$1,028.95	\$193.51
	Employee &	Emp + Spouse	\$2,616.06	\$1,969.07	\$646.99
	Spouse	Emp + Child	\$2,053.71	\$1,552.13	\$501.58
	Participating	Emp + Child(ren)	\$2,420.46	\$1,829.75	\$590.72
		Emp + Family	\$3,496.22	\$2,622.14	\$874.08
		Employee Only	\$1,222.46	\$1,028.95	\$193.51
	Wellness:	Emp + Spouse	\$2,616.06	\$1,960.73	\$655.32
Ĭ¥	Employee Only Participating	Emp + Child	\$2,053.71	\$1,552.13	\$501.58
Keystone Flex HMO		Emp + Child(ren) Emp + Family	\$2,420.46	\$1,829.75	\$590.72
e FI		Employee Only	\$3,496.22 \$1,222.46	\$2,613.81 \$1,012.28	\$882.41 \$210.18
to	Wellness:	Emp + Spouse	\$2,616.06	\$1,952.40	\$663.66
eys	Spouse Only	Emp + Child	\$2,053.71	\$1,535.47	\$518.24
~	Participating	Emp + Child(ren)	\$2,420.46	\$1,813.08	\$607.38
		Emp + Family	\$3,496.22	\$2,605.47	\$890.75
		Employee Only	\$1,222.46	\$1,012.28	\$210.18
	Wellness: No Wellness Particpation	Emp + Spouse	\$2,616.06	\$1,944.07	\$671.99
		Emp + Child	\$2,053.71	\$1,535.47	\$518.24
		Emp + Child(ren)	\$2,420.46	\$1,813.08	\$607.38
		Emp + Family	\$3,496.22	\$2,597.14	\$899.08
		Employee Only	\$1,256.59	\$949.33	\$307.26
	Wellness:	Emp + Spouse	\$2,689.11	\$1,627.74	\$1,061.37
	Employee &	Emp + Child	\$2,111.05	\$1,406.09	\$704.96
	Spouse Participating	Emp + Child(ren)	\$2,488.05	\$1,482.83	\$1,005.21
	1 articipating	Emp + Family	\$3,593.85	\$2,239.81	\$1,354.04
		Employee Only	\$1,256.59	\$949.33	\$307.26
	Wellness:	Emp + Spouse	\$2,689.11	\$1,619.40	\$1,069.70
одс	Employee Only	Emp + Child	\$2,111.05	\$1,406.09	\$704.96
Personal Choice PPO	Participating	Emp + Child(ren)	\$2,488.05	\$1,482.83	\$1,005.21
.hoi		Emp + Family	\$3,593.85	\$2,231.47	\$1,362.38
al C		Employee Only	\$1,256.59	\$932.66	\$323.93
son	Wellness:	Emp + Spouse	\$2,689.11	\$1,611.07	\$1,078.04
Per	Spouse Only	Emp + Child	\$2,111.05	\$1,389.43	\$721.62
	Participating	Emp + Child(ren)	\$2,488.05	\$1,466.16	\$1,021.88
		Emp + Family	\$3,593.85	\$2,223.14	\$1,370.71
		Employee Only	\$1,256.59	\$932.66	\$323.93
	Wellness:	Emp + Spouse	\$2,689.11	\$1,602.74	\$1,086.37
	No Wellness	Emp + Child	\$2,111.05	\$1,389.43	\$721.62
	Particpation	Emp + Child(ren)	\$2,488.05	\$1,466.16	\$1,021.88
		Emp + Family	\$3,593.85	\$2,214.81	\$1,379.04

			Plan Year 2025-26		
Plan	Wellness	Coverage Tier	Total Premium	Employer Cost	Employee Cost
		Employee Only	\$1,031.40	\$876.72	\$154.68
	Wellness:	Emp + Spouse	\$2,207.21	\$1,674.64	\$532.57
	Employee &	Emp + Child	\$1,732.76	\$1,312.38	\$420.38
	Spouse	Emp + Child(ren)	\$2,042.20	\$1,539.46	\$502.73
<u></u>	Participating	Emp + Family	\$2,949.84	\$2,205.94	\$743.89
Consumer Driven Health Plan (CDHP)		Employee Only	\$1,031.40	\$876.72	\$154.68
5)	Wellness: Employee Only Participating	Emp + Spouse	\$2,207.21	\$1,674.64	\$532.57
Plar		Emp + Child	\$1,732.76	\$1,312.38	\$420.38
돧		Emp + Child(ren)	\$2,042.20	\$1,539.46	\$502.73
Hea		Emp + Family	\$2,949.84	\$2,205.94	\$743.89
en		Employee Only	\$1,031.40	\$876.72	\$154.68
ri	Wellness:	Emp + Spouse	\$2,207.21	\$1,674.64	\$532.57
er[	Spouse Only	Emp + Child	\$1,732.76	\$1,312.38	\$420.38
E n	Participating	Emp + Child(ren)	\$2,042.20	\$1,539.46	\$502.73
Suo		Emp + Family	\$2,949.84	\$2,205.94	\$743.89
		Employee Only	\$1,031.40	\$876.72	\$154.68
	Wellness:	Emp + Spouse	\$2,207.21	\$1,674.64	\$532.57
	No Wellness	Emp + Child	\$1,732.76	\$1,312.38	\$420.38
	Particpation	Emp + Child(ren)	\$2,042.20	\$1,539.46	\$502.73
		Emp + Family	\$2,949.84	\$2,205.94	\$743.89
	Wellness:	Employee Only	\$1,100.21	\$926.05	\$174.16
	Employee &	Emp + Spouse	\$2,354.45	\$1,772.16	\$582.29
	Spouse	Emp + Child	\$1,848.34	\$1,396.92	\$451.42
	Participating	Emp + Child(ren)	\$2,178.42	\$1,646.77	\$531.64
		Emp + Family	\$3,146.60	\$2,359.93	\$786.67
		Employee Only	\$1,100.21	\$926.05	\$174.16
	Wellness:	Emp + Spouse	\$2,354.45	\$1,764.66	\$589.79
¥	Employee Only	Emp + Child	\$1,848.34	\$1,396.92	\$451.42
Keystone Flex HMO	Participating	Emp + Child(ren)	\$2,178.42	\$1,646.77	\$531.64
표		Emp + Family	\$3,146.60	\$2,352.43	\$794.17
ţ		Employee Only	\$1,100.21	\$911.05	\$189.16
eys.	Wellness:	Emp + Spouse Emp + Child	\$2,354.45	\$1,757.16	\$597.29
$\rightarrow$	Spouse Only Participating	·	\$1,848.34	\$1,381.92	\$466.42
	Participating	Emp + Child(ren) Emp + Family	\$2,178.42 \$3,146.60	\$1,631.77	\$546.64 \$801.67
		Employee Only	\$1,100.21	\$2,344.93 \$911.05	\$189.16
	Wellness: No Wellness Particpation	Emp + Spouse	\$2,354.45	\$1,749.66	\$604.79
		Emp + Child	\$1,848.34	\$1,381.92	\$466.42
		Emp + Child(ren)	\$2,178.42	\$1,631.77	\$546.64
		Emp + Family	\$3,146.60	\$2,337.43	\$809.17
		Employee Only	\$1,130.93	\$854.39	\$276.54
	Wellness:	Emp + Spouse	\$2,420.20	\$1,464.96	\$955.23
	Employee &	Emp + Child	\$1,899.95	\$1,265.48	\$634.46
	Spouse Participating	Emp + Child(ren)	\$2,239.24	\$1,334.55	\$904.69
	Faiticipating	Emp + Family	\$3,234.46	\$2,015.83	\$1,218.64
		Employee Only	\$1,130.93	\$854.39	\$276.54
	Wellness:	Emp + Spouse	\$2,420.20	\$1,457.46	\$962.73
РО	Employee Only	Emp + Child	\$1,899.95	\$1,265.48	\$634.46
Personal Choice PPO	Participating	Emp + Child(ren)	\$2,239.24	\$1,334.55	\$904.69
hoi		Emp + Family	\$3,234.46	\$2,008.33	\$1,226.14
al C		Employee Only	\$1,130.93	\$839.39	\$291.54
son.	Wellness:	Emp + Spouse	\$2,420.20	\$1,449.96	\$970.23
Per	Spouse Only	Emp + Child	\$1,899.95	\$1,250.48	\$649.46
I -	Participating	Emp + Child(ren)	\$2,239.24	\$1,319.55	\$919.69
		Emp + Family	\$3,234.46	\$2,000.83	\$1,233.64
		Employee Only	\$1,130.93	\$839.39	\$291.54
	Wellness:	Emp + Spouse	\$2,420.20	\$1,442.46	\$977.73
	No Wellness	Emp + Child	\$1,899.95	\$1,250.48	\$649.46
	Particpation	Emp + Child(ren)	\$2,239.24	\$1,319.55	\$919.69
		Emp + Family	\$3,234.46	\$1,993.33	\$1,241.14

			Plan Year 2025-26		
Plan	Wellness	Coverage Tier	Total Premium	Employer Cost	Employee Cost
		Employee Only	\$859.50	\$730.60	\$128.90
	Wellness:	Emp + Spouse	\$1,839.34	\$1,395.54	\$443.81
	Employee &	Emp + Child	\$1,443.97	\$1,093.65	\$350.32
	Spouse Participating	Emp + Child(ren)	\$1,701.83	\$1,282.89	\$418.94
<u>~</u>	Faiticipating	Emp + Family	\$2,458.20	\$1,838.29	\$619.91
H		Employee Only	\$859.50	\$730.60	\$128.90
0) (	Wellness:	Emp + Spouse	\$1,839.34	\$1,395.54	\$443.81
Plar	Employee Only Participating	Emp + Child	\$1,443.97	\$1,093.65	\$350.32
돧		Emp + Child(ren)	\$1,701.83	\$1,282.89	\$418.94
Consumer Driven Health Plan (CDHP)		Emp + Family	\$2,458.20	\$1,838.29	\$619.91
en F		Employee Only	\$859.50	\$730.60	\$128.90
riš	Wellness:	Emp + Spouse	\$1,839.34	\$1,395.54	\$443.81
er	Spouse Only	Emp + Child	\$1,443.97	\$1,093.65	\$350.32
E	Participating	Emp + Child(ren)	\$1,701.83	\$1,282.89	\$418.94
ons		Emp + Family	\$2,458.20	\$1,838.29	\$619.91
٥		Employee Only	\$859.50	\$730.60	\$128.90
	Wellness:	Emp + Spouse	\$1,839.34	\$1,395.54	\$443.81
	No Wellness	Emp + Child	\$1,443.97	\$1,093.65	\$350.32
	Particpation	Emp + Child(ren)	\$1,701.83	\$1,282.89	\$418.94
		Emp + Family	\$2,458.20	\$1,838.29	\$619.91
	) A/-II	Employee Only	\$916.84	\$771.71	\$145.13
	Wellness: Employee &	Emp + Spouse	\$1,962.04	\$1,476.80	\$485.24
	Spouse	Emp + Child	\$1,540.28	\$1,164.10	\$376.18
	Participating	Emp + Child(ren)	\$1,815.35	\$1,372.31	\$443.04
	, -	Emp + Family	\$2,622.16	\$1,966.60	\$655.56
		Employee Only	\$916.84	\$771.71	\$145.13
	Wellness:	Emp + Spouse	\$1,962.04	\$1,470.55	\$491.49
MO	Employee Only	Emp + Child	\$1,540.28	\$1,164.10	\$376.18
Keystone Flex HMO	Participating	Emp + Child(ren)	\$1,815.35	\$1,372.31	\$443.04
Fl		Emp + Family	\$2,622.16	\$1,960.35	\$661.81
one		Employee Only	\$916.84	\$759.21	\$157.63
yst	Wellness:	Emp + Spouse	\$1,962.04	\$1,464.30	\$497.74
3	Spouse Only	Emp + Child	\$1,540.28	\$1,151.60	\$388.68
	Participating	Emp + Child(ren)	\$1,815.35	\$1,359.81	\$455.54
		Emp + Family	\$2,622.16	\$1,954.10	\$668.06
		Employee Only	\$916.84	\$759.21	\$157.63
	Wellness: No Wellness Particpation	Emp + Spouse	\$1,962.04	\$1,458.05	\$503.99
		Emp + Child	\$1,540.28	\$1,151.60	\$388.68
		Emp + Child(ren)	\$1,815.35	\$1,359.81	\$455.54
		Emp + Family	\$2,622.16	\$1,947.85	\$674.31
	Wellness:	Employee Only	\$942.44	\$711.99 \$1.220.80	\$230.45
	Employee &	Emp + Spouse Emp + Child	\$2,016.83	\$1,220.80 \$1,054.57	\$796.03
	Spouse	Emp + Child(ren)	\$1,583.29 \$1,866.03	\$1,054.57 \$1,112.12	\$528.72 \$753.91
	Participating	Emp + Family		\$1,112.12	
		Employee Only	\$2,695.39 \$942.44	\$1,679.86 \$711.99	\$1,015.53 \$230.45
	Mallager	Emp + Spouse	\$942.44	\$1,214.55	\$802.28
ó	Wellness:	Emp + Child	\$1,583.29	\$1,214.55 \$1,054.57	\$528.72
e PF	Employee Only Participating	Emp + Child(ren)	\$1,866.03	\$1,034.37	\$753.91
ojc		Emp + Family	\$2,695.39	\$1,673.61	\$1,021.78
Personal Choice PPO		Employee Only	\$942.44	\$699.49	\$242.95
วทล	Wellness:	Emp + Spouse	\$2,016.83	\$1,208.30	\$808.53
erso	Spouse Only	Emp + Child	\$1,583.29	\$1,042.07	\$541.22
ھ	Participating	Emp + Child(ren)	\$1,866.03	\$1,099.62	\$766.41
	i ai deipatilig	Emp + Family	\$2,695.39	\$1,667.36	\$1,028.03
		Employee Only	\$942.44	\$699.49	\$242.95
	Wellness:	Emp + Spouse	\$2,016.83	\$1,202.05	\$814.78
	No Wellness	Emp + Child	\$1,583.29	\$1,042.07	\$541.22
	Particpation	Emp + Child(ren)	\$1,866.03	\$1,099.62	\$766.41
ĺ		Emp + Family	\$2,695.39	\$1,661.11	\$1,034.28

## **Villanova University**

2025-26 Payroll Deductions

**Dental Rates by Deduction Class** 

			Plan Year 2025-26			
Plan	Deduction Class	Coverage Tier	Total Premium	Employer Cost	Employee Cost	
			24 Bi-Weekly Deductions			
	C. (C) 1: 42 M /	Employee Only	\$18.32	\$14.57	\$3.75	
	Staff Working 12 Months / 24 Biweekly Deductions	Emp + 1	\$31.62	\$24.12	\$7.50	
	24 diweekly beductions	Emp + 2 or More	\$49.24	\$34.24	\$15.00	
			18 Bi-Weekly Deductions			
	Staff Working 9-10-11	Employee Only	\$24.43	\$19.43	\$5.00	
	Months / 18 Biweekly	Emp + 1	\$42.15	\$32.15	\$10.00	
USA	Deductions	Emp + 2 or More	\$65.65	\$45.65	\$20.00	
1			9 Monthly Deductions			
Dental	Faculty with 9 Monthly Deductions	Employee Only	\$48.85	\$38.85	\$10.00	
Der		Emp + 1	\$84.31	\$64.31	\$20.00	
Delta	Deddetions	Emp + 2 or More	\$131.29	\$91.29	\$40.00	
ے ا			10 Monthly Deductions			
	Faculty with 10 Manthly	Employee Only	\$43.97	\$34.97	\$9.00	
	Faculty with 10 Monthly  Deductions	Emp + 1	\$75.88	\$57.88	\$18.00	
	Deddetions	Emp + 2 or More	\$118.16	\$82.16	\$36.00	
			12 Monthly Deductions			
	Faculty with 12 Monthly	Employee Only	\$36.64	\$29.14	\$7.50	
	Faculty with 12 Monthly  Deductions	Emp + 1	\$63.23	\$48.23	\$15.00	
	Deddetions	Emp + 2 or More	\$98.47	\$68.47	\$30.00	

## **Villanova University**

2025-26 Payroll Deductions

Vision Rates by Deduction Class

			Plan Year 2025-26
Plan	Deduction Class	Coverage Tier	Employee Cost
		24 Bi-Weekly Deductions	
		Employee Only	\$3.07
	Stoff Working 12 Months / 24	Emp + Spouse	\$7.07
	Staff Working 12 Months / 24 Biweekly Deductions	Emp + Child	\$5.48
	biweekly beddetions	Emp + Child(ren)	\$5.48
		Emp + Family	\$9.01
			18 Bi-Weekly Deductions
İ		Employee Only	\$4.09
İ	Stoff Moulting 0.10.11 Mounths /	Emp + Spouse	\$9.42
⊆	Staff Working 9-10-11 Months / 18 Biweekly Deductions	Emp + Child	\$7.30
isio	18 Biweekly Deductions	Emp + Child(ren)	\$7.30
is V		Emp + Family	\$12.01
Dav		9 Monthly Deductions	
' _	Familia with O Manthi	Employee Only	\$8.19
Pla		Emp + Spouse	\$18.84
ion	Faculty with 9 Monthly  Deductions	Emp + Child	\$14.60
Vis	Deductions	Emp + Child(ren)	\$14.60
ced		Emp + Family	\$24.03
Enhanced Vision Plan - Davis Vision		10 Monthly Deductions	
Enl		Employee Only	\$7.37
	Faculty with 10 March	Emp + Spouse	\$16.96
	Faculty with 10 Monthly  Deductions	Emp + Child	\$13.14
	Deductions	Emp + Child(ren)	\$13.14
		\$21.62	
		12 Monthly Deductions	
		Employee Only	\$6.14
	Faculty with 12 Monthly	Emp + Spouse	\$14.13
	Deductions	Emp + Child	\$10.95
		Emp + Child(ren)	\$10.95
		Emp + Family	\$18.02