2024-2025 Payroll Deductions

Staff Working 12 Months / 24 Biweekly Deductions

			Plan Year 2024-25		
Plan	Wellness	Coverage Tier	Total Premium	Employer Cost	Employee Cost
		Employee Only	\$390.90	\$333.01	\$57.89
	Wellness: Employee &	Emp + Spouse	\$836.53	\$637.22	\$199.32
	Spouse	Emp + Child	\$656.71	\$499.38	\$157.33
	Participating	Emp + Child(ren)	\$773.99	\$585.84	\$188.15
IP)	, ,	Emp + Family	\$1,117.98	\$839.58	\$278.41
CDF		Employee Only	\$390.90	\$333.01	\$57.89
) u	Wellness:	Emp + Spouse	\$836.53	\$637.22	\$199.32
Health Plan (CDHP)	Employee Only	Emp + Child	\$656.71	\$499.38	\$157.33
alth	Participating	Emp + Child(ren)	\$773.99	\$585.84	\$188.15
He		Emp + Family	\$1,117.98	\$839.58	\$278.41
Driven		Employee Only	\$390.90	\$333.01	\$57.89
Dri	Wellness: Spouse Only	Emp + Spouse Emp + Child	\$836.53 \$656.71	\$637.22 \$499.38	\$199.32 \$157.33
Consumer	Participating	Emp + Child(ren)	\$773.99	\$585.84	\$137.33 \$188.15
ารนเ		Emp + Family	\$1,117.98	\$839.58	\$278.41
Col		Employee Only	\$390.90	\$333.01	\$57.89
	Wellness:	Emp + Spouse	\$836.53	\$637.22	\$199.32
	No Wellness	Emp + Child	\$656.71	\$499.38	\$157.33
	Particpation	Emp + Child(ren)	\$773.99	\$585.84	\$188.15
		Emp + Family	\$1,117.98	\$839.58	\$278.41
		Employee Only	\$420.65	\$355.47	\$65.18
	Wellness:	Emp + Spouse	\$900.19	\$682.26	\$217.93
	Employee & Spouse	Emp + Child	\$706.69	\$537.74	\$168.95
	Participating	Emp + Child(ren)	\$832.89	\$633.92	\$198.97
		Emp + Family	\$1,203.06	\$908.64	\$294.42
	Wellness:	Employee Only	\$420.65	\$355.47	\$65.18
_		Emp + Spouse	\$900.19	\$679.14	\$221.05
ωW	Employee Only	Emp + Child	\$706.69	\$537.74	\$168.95
Σ	Participating	Emp + Child(ren)	\$832.89	\$633.92	\$198.97
Keystone Flex HMO		Emp + Family	\$1,203.06	\$905.52	\$297.54
one		Employee Only	\$420.65	\$349.22	\$71.43
eyst	Wellness: Spouse Only Participating	Emp + Spouse	\$900.19	\$676.01	\$224.18
Ž		Emp + Child	\$706.69	\$531.49	\$175.20
		Emp + Child(ren)	\$832.89	\$627.67 \$902.39	\$205.22 \$300.67
		Emp + Family Employee Only	\$1,203.06 \$420.65	\$349.22	\$71.43
	Wellness: No Wellness Particpation	Emp + Spouse	\$900.19	\$672.89	\$227.30
		Emp + Child	\$706.69	\$531.49	\$175.20
		Emp + Child(ren)	\$832.89	\$627.67	\$205.22
		Emp + Family	\$1,203.06	\$899.27	\$303.79
		Employee Only	\$405.01	\$301.52	\$103.50
	Wellness:	Emp + Spouse	\$866.73	\$509.23	\$357.50
	Employee & Spouse	Emp + Child	\$680.42	\$442.97	\$237.45
	Spouse Participating	Emp + Child(ren)	\$801.93	\$463.35	\$338.59
		Emp + Family	\$1,158.34	\$702.26	\$456.08
		Employee Only	\$405.01	\$301.52	\$103.50
	Wellness:	Emp + Spouse	\$866.73	\$506.11	\$360.63
PPO	Employee Only Participating	Emp + Child	\$680.42	\$442.97	\$237.45
ice		Emp + Child(ren)	\$801.93	\$463.35	\$338.59
nal Choice		Emp + Family	\$1,158.34	\$699.14	\$459.21
nal		Employee Only	\$405.01	\$295.27	\$109.75
Persor	Wellness: Spouse Only Participating	Emp + Spouse	\$866.73	\$502.98	\$363.75
Pe		Emp + Child	\$680.42	\$436.72	\$243.70
		Emp + Child(ren) Emp + Family	\$801.93 \$1,158.34	\$457.10	\$344.84 \$462.33
		Emp + Family Employee Only	\$1,158.34	\$696.01 \$295.27	\$462.33
	Wellness:	Emp + Spouse	\$866.73	\$499.86	\$366.88
	No Wellness	Emp + Child	\$680.42	\$436.72	\$243.70
	Particpation	Emp + Child(ren)	\$801.93	\$457.10	\$243.70 \$344.84
	r ai iicpatiofi	Emp + Family	\$1,158.34	\$692.89	\$465.46
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2024-2025 Payroll Deductions

Staff Working 9-10-11 Months / 18 Biweekly Deductions

			Plan Year 2024-25			
Plan	Wellness	Coverage Tier	Total Premium	Employer Cost	Employee Cost	
		Employee Only	\$521.20	\$444.02	\$77.19	
	Wellness:	Emp + Spouse	\$1,115.38	\$849.62	\$265.75	
	Employee &	Emp + Child	\$875.62	\$665.84	\$209.77	
	Spouse Participating	Emp + Child(ren)	\$1,031.99	\$781.12	\$250.87	
<u></u>	1 articipating	Emp + Family	\$1,490.64	\$1,119.44	\$371.21	
핌		Employee Only	\$521.20	\$444.02	\$77.19	
) (C	Wellness:	Emp + Spouse	\$1,115.38	\$849.62	\$265.75	
Plar	Employee Only	Emp + Child	\$875.62	\$665.84	\$209.77	
두	Participating	Emp + Child(ren)	\$1,031.99	\$781.12	\$250.87	
lea		Emp + Family	\$1,490.64	\$1,119.44	\$371.21	
Consumer Driven Health Plan (CDHP)		Employee Only	\$521.20	\$444.02	\$77.19	
, i	Wellness:	Emp + Spouse	\$1,115.38	\$849.62	\$265.75	
er [	Spouse Only	Emp + Child	\$875.62	\$665.84	\$209.77	
E n	Participating	Emp + Child(ren)	\$1,031.99	\$781.12	\$250.87	
ons		Emp + Family	\$1,490.64	\$1,119.44	\$371.21	
Ö		Employee Only	\$521.20	\$444.02	\$77.19	
	Wellness:	Emp + Spouse	\$1,115.38	\$849.62	\$265.75	
	No Wellness	Emp + Child	\$875.62	\$665.84	\$209.77	
	Particpation	Emp + Child(ren)	\$1,031.99	\$781.12	\$250.87	
		Emp + Family	\$1,490.64	\$1,119.44	\$371.21	
	Wellness:	Employee Only	\$560.86	\$473.96	\$86.91	
	Employee &	Emp + Spouse	\$1,200.25	\$909.69	\$290.57	
	Spouse	Emp + Child	\$942.25	\$716.99	\$225.26	
	Participating	Emp + Child(ren)	\$1,110.52	\$845.22	\$265.29	
		Emp + Family	\$1,604.08	\$1,211.52	\$392.55	
		Employee Only	\$560.86	\$473.96	\$86.91	
0	Wellness:	Emp + Spouse	\$1,200.25	\$905.52	\$294.73	
ĬŽ	Employee Only	Emp + Child	\$942.25	\$716.99	\$225.26	
Flex HMO	Participating	Emp + Child(ren)	\$1,110.52	\$845.22	\$265.29	
e H		Emp + Family Employee Only	\$1,604.08 \$560.86	\$1,207.36 \$465.62	\$396.72 \$95.24	
Keystone	Wallness	Emp + Spouse	\$1,200.25	\$901.35	\$298.90	
eys	Wellness: Spouse Only	Emp + Child	\$942.25	\$708.66	\$233.59	
$\succeq$	Participating	Emp + Child(ren)	\$1,110.52	\$836.89	\$273.63	
		Emp + Family	\$1,604.08	\$1,203.19	\$400.89	
		Employee Only	\$560.86	\$465.62	\$95.24	
	Wellness: No Wellness Particpation	Emp + Spouse	\$1,200.25	\$897.19	\$303.07	
		Emp + Child	\$942.25	\$708.66	\$233.59	
		Emp + Child(ren)	\$1,110.52	\$836.89	\$273.63	
		Emp + Family	\$1,604.08	\$1,199.02	\$405.05	
		Employee Only	\$540.02	\$402.03	\$137.99	
	Wellness:	Emp + Spouse	\$1,155.64	\$678.98	\$476.67	
	Employee & Spouse	Emp + Child	\$907.23	\$590.63	\$316.60	
	Spouse Participating	Emp + Child(ren)	\$1,069.24	\$617.80	\$451.45	
	. s. c.o.putilig	Emp + Family	\$1,544.46	\$936.35	\$608.11	
		Employee Only	\$540.02	\$402.03	\$137.99	
	Wellness:	Emp + Spouse	\$1,155.64	\$674.81	\$480.83	
PPO	Employee Only	Emp + Child	\$907.23	\$590.63	\$316.60	
ce	Participating	Emp + Child(ren)	\$1,069.24	\$617.80	\$451.45	
Choice		Emp + Family	\$1,544.46	\$932.19	\$612.27	
lal (		Employee Only	\$540.02	\$393.69	\$146.33	
Personal	Wellness:	Emp + Spouse	\$1,155.64	\$670.64	\$485.00	
Per	Spouse Only	Emp + Child	\$907.23	\$582.30	\$324.93	
	Participating	Emp + Child(ren)	\$1,069.24	\$609.46	\$459.78	
		Emp + Family	\$1,544.46	\$928.02	\$616.44	
		Employee Only	\$540.02	\$393.69	\$146.33	
	Wellness:	Emp + Spouse	\$1,155.64	\$666.48	\$489.17	
	No Wellness	Emp + Child	\$907.23	\$582.30	\$324.93	
	Particpation	Emp + Child(ren)	\$1,069.24	\$609.46	\$459.78	
L		Emp + Family	\$1,544.46	\$923.85	\$620.61	

			Plan Year 2024-25			
Plan	Wellness	Coverage Tier	Total Premium	Employer Cost	Employee Cost	
		Employee Only	\$1,042.41	\$888.03	\$154.37	
	Mollnoss: Employee & Speuse	Emp + Spouse	\$2,230.75	\$1,699.25	\$531.51	
	Wellness: Employee & Spouse  Participating	Emp + Child	\$1,751.23	\$1,331.69	\$419.55	
	raiticipating	Emp + Child(ren)	\$2,063.97	\$1,562.24	\$501.73	
<del>O</del>		Emp + Family	\$2,981.29	\$2,238.87	\$742.41	
Driven Health Plan (CDHP)		Employee Only	\$1,042.41	\$888.03	\$154.37	
) u	Wellness: Employee Only	Emp + Spouse	\$2,230.75	\$1,699.25	\$531.51	
Pla	Participating	Emp + Child	\$1,751.23	\$1,331.69	\$419.55	
it H	. a.	Emp + Child(ren)	\$2,063.97	\$1,562.24	\$501.73	
Неэ		Emp + Family	\$2,981.29	\$2,238.87	\$742.41	
'n		Employee Only	\$1,042.41	\$888.03	\$154.37	
٦ri	Wellness: Spouse Only	Emp + Spouse	\$2,230.75	\$1,699.25	\$531.51	
er [	Participating	Emp + Child	\$1,751.23	\$1,331.69	\$419.55	
Consumer	3 7 7 7	Emp + Child(ren)	\$2,063.97	\$1,562.24	\$501.73	
ons		Emp + Family	\$2,981.29	\$2,238.87	\$742.41	
Ö		Employee Only	\$1,042.41	\$888.03	\$154.37	
	Wellness:	Emp + Spouse	\$2,230.75	\$1,699.25	\$531.51	
	No Wellness Particpation	Emp + Child	\$1,751.23	\$1,331.69	\$419.55	
		Emp + Child(ren)	\$2,063.97	\$1,562.24	\$501.73	
		Emp + Family	\$2,981.29	\$2,238.87	\$742.41	
		Employee Only	\$1,121.73	\$947.92	\$173.81	
	Wellness: Employee & Spouse	Emp + Spouse	\$2,400.50	\$1,819.37	\$581.13	
	Participating	Emp + Child	\$1,884.50	\$1,433.98	\$450.52	
	i di diopating	Emp + Child(ren)	\$2,221.03	\$1,690.45	\$530.59	
		Emp + Family	\$3,208.15	\$2,423.05	\$785.11	
		Employee Only	\$1,121.73	\$947.92	\$173.81	
	Wallness: Employee Only	Emp + Spouse	\$2,400.50	\$1,811.04	\$589.47	
Θ	Wellness: Employee Only Participating	Emp + Child	\$1,884.50	\$1,433.98	\$450.52	
Keystone Flex HMO	. a.	Emp + Child(ren)	\$2,221.03	\$1,690.45	\$530.59	
Fle		Emp + Family	\$3,208.15	\$2,414.71	\$793.44	
one		Employee Only	\$1,121.73	\$931.25	\$190.48	
ystc	Wellness: Spouse Only	Emp + Spouse	\$2,400.50	\$1,802.70	\$597.80	
Ke	Participating	Emp + Child	\$1,884.50	\$1,417.31	\$467.19	
	, ,	Emp + Child(ren)	\$2,221.03	\$1,673.78	\$547.25	
		Emp + Family	\$3,208.15	\$2,406.38	\$801.77	
		Employee Only	\$1,121.73	\$931.25	\$190.48	
	Wellness:	Emp + Spouse	\$2,400.50	\$1,794.37	\$606.13	
	No Wellness Particpation	Emp + Child	\$1,884.50	\$1,417.31	\$467.19	
	·	Emp + Child(ren)	\$2,221.03	\$1,673.78	\$547.25	
		Emp + Family	\$3,208.15	\$2,398.05	\$810.11	
		Employee Only	\$1,080.04	\$804.05	\$275.99	
	Wellness: Employee & Spouse	Emp + Spouse	\$2,311.29	\$1,357.95	\$953.33	
	Participating	Emp + Child	\$1,814.46	\$1,181.26	\$633.20	
		Emp + Child(ren)	\$2,138.48	\$1,235.59	\$902.89	
		Emp + Family	\$3,088.92	\$1,872.70	\$1,216.21	
		Employee Only	\$1,080.04	\$804.05	\$275.99	
С	Wellness: Employee Only	Emp + Spouse	\$2,311.29	\$1,349.62	\$961.67	
PPO	Participating	Emp + Child	\$1,814.46	\$1,181.26	\$633.20	
		Emp + Child(ren)	\$2,138.48	\$1,235.59	\$902.89	
Cho		Emp + Family	\$3,088.92	\$1,864.37	\$1,224.55	
Personal Choice		Employee Only	\$1,080.04	\$787.38	\$292.65	
	Wellness: Spouse Only	Emp + Spouse	\$2,311.29	\$1,341.29	\$970.00	
	Participating	Emp + Child	\$1,814.46	\$1,164.59	\$649.87	
		Emp + Child(ren)	\$2,138.48	\$1,218.92	\$919.56	
		Emp + Family	\$3,088.92	\$1,856.04	\$1,232.88	
		Employee Only	\$1,080.04	\$787.38	\$292.65	
	Wellness:	Emp + Spouse	\$2,311.29	\$1,332.95	\$978.33	
	No Wellness Particpation	Emp + Child	\$1,814.46	\$1,164.59	\$649.87	
	1.5 Tremiess Furdepution	Emp + Child(ren)	\$2,138.48	\$1,218.92	\$919.56	
		Emp + Family	\$3,088.92	\$1,847.70	\$1,241.21	

2024-2025 Payroll Deductions

Faculty with 10 Monthly Deductions

			Plan Year 2024-25			
Plan	Wellness	Coverage Tier	Total Premium	Employer Cost	Employee Cost	
		Employee Only	\$938.16	\$799.23	\$138.94	
	Wellness: Employee &	Emp + Spouse	\$2,007.68	\$1,529.32	\$478.36	
	Spouse	Emp + Child	\$1,576.11	\$1,198.52	\$377.59	
	Participating	Emp + Child(ren)	\$1,857.57	\$1,406.01	\$451.56	
<u>G</u>		Emp + Family	\$2,683.16	\$2,014.99	\$668.17	
Consumer Driven Health Plan (CDHP)		Employee Only	\$938.16	\$799.23	\$138.94	
) u	Wellness:	Emp + Spouse	\$2,007.68	\$1,529.32	\$478.36	
Pla	Employee Only	Emp + Child	\$1,576.11	\$1,198.52	\$377.59	
护	Participating	Emp + Child(ren)	\$1,857.57	\$1,406.01	\$451.56	
Нез		Emp + Family	\$2,683.16	\$2,014.99	\$668.17	
en		Employee Only	\$938.16	\$799.23	\$138.94	
Pri	Wellness:	Emp + Spouse	\$2,007.68	\$1,529.32	\$478.36	
Jer	Spouse Only	Emp + Child	\$1,576.11	\$1,198.52	\$377.59	
sum	Participating	Emp + Child(ren)	\$1,857.57	\$1,406.01	\$451.56	
ű o		Emp + Family	\$2,683.16	\$2,014.99	\$668.17	
~		Employee Only	\$938.16	\$799.23	\$138.94	
	Wellness:	Emp + Spouse	\$2,007.68	\$1,529.32	\$478.36	
	No Wellness Particpation	Emp + Child	\$1,576.11	\$1,198.52	\$377.59	
	Participation	Emp + Child(ren)	\$1,857.57	\$1,406.01	\$451.56	
		Emp + Family	\$2,683.16	\$2,014.99	\$668.17	
	Wellness:	Employee Only	\$1,009.56	\$853.12	\$156.43	
	Employee &	Emp + Spouse	\$2,160.45	\$1,637.43 \$1,290.58	\$523.02	
	Spouse	Emp + Child	\$1,696.05		\$405.47	
	Participating	Emp + Child(ren) Emp + Family	\$1,998.93	\$1,521.40 \$2,180.74	\$477.53 \$706.60	
			\$2,887.34		·	
		Employee Only	\$1,009.56 \$2,160.45	\$853.12 \$1,629.93	\$156.43 \$530.52	
0	Wellness: Employee Only	Emp + Spouse Emp + Child	\$1,696.05	\$1,290.58	\$405.47	
Σ	Participating	Emp + Child(ren)	\$1,998.93	\$1,521.40	\$477.53	
Flex HMO	raiticipating	Emp + Family	\$2,887.34	\$2,173.24	\$771.10	
e Fl		Employee Only	\$1,009.56	\$838.12	\$171.43	
Keystone	Wellness:	Emp + Spouse	\$2,160.45	\$1,622.43	\$538.02	
eys	Spouse Only	Emp + Child	\$1,696.05	\$1,275.58	\$420.47	
	Participating	Emp + Child(ren)	\$1,998.93	\$1,506.40	\$492.53	
		Emp + Family	\$2,887.34	\$2,165.74	\$721.60	
		Employee Only	\$1,009.56	\$838.12	\$171.43	
	Wellness: No Wellness Particpation	Emp + Spouse	\$2,160.45	\$1,614.93	\$545.52	
		Emp + Child	\$1,696.05	\$1,275.58	\$420.47	
		Emp + Child(ren)	\$1,998.93	\$1,506.40	\$492.53	
		Emp + Family	\$2,887.34	\$2,158.24	\$729.10	
		Employee Only	\$972.03	\$723.65	\$248.39	
	Wellness: Employee & Spouse Participating	Emp + Spouse	\$2,080.16	\$1,222.16	\$858.00	
		Emp + Child	\$1,633.01	\$1,063.13	\$569.88	
		Emp + Child(ren)	\$1,924.64	\$1,112.03	\$812.60	
		Emp + Family	\$2,780.03	\$1,685.43	\$1,094.59	
		Employee Only	\$972.03	\$723.65	\$248.39	
	Wellness:	Emp + Spouse	\$2,080.16	\$1,214.66	\$865.50	
PPO	Employee Only Participating	Emp + Child	\$1,633.01	\$1,063.13	\$569.88	
ce		Emp + Child(ren)	\$1,924.64	\$1,112.03	\$812.60	
al Choice		Emp + Family	\$2,780.03	\$1,677.93	\$1,102.09	
al C		Employee Only	\$972.03	\$708.65	\$263.39	
Person	Wellness: Spouse Only Participating	Emp + Spouse	\$2,080.16	\$1,207.16	\$873.00	
Per		Emp + Child	\$1,633.01	\$1,048.13	\$584.88	
		Emp + Child(ren)	\$1,924.64	\$1,097.03	\$827.60	
		Emp + Family	\$2,780.03	\$1,670.43	\$1,109.59	
		Employee Only	\$972.03	\$708.65	\$263.39	
	Wellness:	Emp + Spouse	\$2,080.16	\$1,199.66	\$880.50	
	No Wellness	Emp + Child	\$1,633.01	\$1,048.13	\$584.88	
	Particpation	Emp + Child(ren)	\$1,924.64	\$1,097.03	\$827.60	
		Emp + Family	\$2,780.03	\$1,662.93	\$1,117.09	

2024-2025 Payroll Deductions

Faculty with 12 Monthly Deductions

			Plan Year 2024-25		
Plan	Wellness	Coverage Tier	Total Premium	Employer Cost	Employee Cost
	Wellness:	Employee Only	\$781.80	\$666.02	\$115.78
	Employee &	Emp + Spouse	\$1,673.06	\$1,274.43	\$398.63
	Spouse	Emp + Child	\$1,313.43	\$998.77	\$314.66
	Participating	Emp + Child(ren)	\$1,547.98	\$1,171.68	\$376.30
(글		Emp + Family	\$2,235.97	\$1,679.16	\$556.81
Plan (CDHP)		Employee Only	\$781.80	\$666.02	\$115.78
an (	Wellness:	Emp + Spouse	\$1,673.06	\$1,274.43	\$398.63
Pi	Employee Only	Emp + Child	\$1,313.43	\$998.77	\$314.66
alth	Participating	Emp + Child(ren)	\$1,547.98	\$1,171.68	\$376.30
Consumer Driven Health		Emp + Family Employee Only	\$2,235.97 \$781.80	\$1,679.16 \$666.02	\$556.81 \$115.78
iver	Malla con	Emp + Spouse	\$1,673.06	\$1,274.43	\$398.63
ے	Wellness: Spouse Only	Emp + Child	\$1,313.43	\$1,274.43	\$314.66
ner	Participating	Emp + Child(ren)	\$1,547.98	\$1,171.68	\$376.30
ารนเ		Emp + Family	\$2,235.97	\$1,679.16	\$556.81
Ö		Employee Only	\$781.80	\$666.02	\$115.78
	Wellness:	Emp + Spouse	\$1,673.06	\$1,274.43	\$398.63
	No Wellness	Emp + Child	\$1,313.43	\$998.77	\$314.66
	Particpation	Emp + Child(ren)	\$1,547.98	\$1,171.68	\$376.30
		Emp + Family	\$2,235.97	\$1,679.16	\$556.81
		Employee Only	\$841.30	\$710.94	\$130.36
	Wellness:	Emp + Spouse	\$1,800.38	\$1,364.53	\$435.85
	Employee &	Emp + Child	\$1,413.37	\$1,075.48	\$337.89
	Spouse	Emp + Child(ren)	\$1,665.77	\$1,267.83	\$397.94
	Participating	Emp + Family	\$2,406.11	\$1,817.28	\$588.83
	Wellness:	Employee Only	\$841.30	\$710.94	\$130.36
		Emp + Spouse	\$1,800.38	\$1,358.28	\$442.10
9	Employee Only	Emp + Child	\$1,413.37	\$1,075.48	\$337.89
±	Participating	Emp + Child(ren)	\$1,665.77	\$1,267.83	\$397.94
Keystone Flex HMO		Emp + Family	\$2,406.11	\$1,811.03	\$595.08
one		Employee Only	\$841.30	\$698.44	\$142.86
ystc	Wellness: Spouse Only Participating	Emp + Spouse	\$1,800.38	\$1,352.03	\$448.35
Ke		Emp + Child	\$1,413.37	\$1,062.98	\$350.39
		Emp + Child(ren)	\$1,665.77	\$1,255.33	\$410.44
		Emp + Family	\$2,406.11	\$1,804.78	\$601.33
	Wellness: No Wellness Particpation	Employee Only	\$841.30	\$698.44	\$142.86
		Emp + Spouse	\$1,800.38	\$1,345.78	\$454.60
		Emp + Child	\$1,413.37	\$1,062.98	\$350.39
		Emp + Child(ren)	\$1,665.77	\$1,255.33	\$410.44
		Emp + Family	\$2,406.11	\$1,798.53 \$603.04	\$607.58 \$206.99
	Wellness: Employee &	Employee Only Emp + Spouse	\$810.03 \$1,733.47	\$1,018.47	\$715.00
		Emp + Child	\$1,360.84	\$1,018.47	\$474.90
	Spouse	Emp + Child(ren)	\$1,603.86	\$926.69	\$677.17
	Participating	Emp + Family	\$2,316.69	\$1,404.53	\$912.16
		Employee Only	\$810.03	\$603.04	\$206.99
	Wellness:	Emp + Spouse	\$1,733.47	\$1,012.22	\$721.25
РО	Wellness: Employee Only Participating	Emp + Child	\$1,360.84	\$885.94	\$474.90
e P		Emp + Child(ren)	\$1,603.86	\$926.69	\$677.17
Personal Choice PPO		Emp + Family	\$2,316.69	\$1,398.28	\$918.41
C C		Employee Only	\$810.03	\$590.54	\$219.49
šonš	Wellness:	Emp + Spouse	\$1,733.47	\$1,005.97	\$727.50
Jers	Spouse Only Participating	Emp + Child	\$1,360.84	\$873.44	\$487.40
		Emp + Child(ren)	\$1,603.86	\$914.19	\$689.67
		Emp + Family	\$2,316.69	\$1,392.03	\$924.66
		Employee Only	\$810.03	\$590.54	\$219.49
	Wellness:	Emp + Spouse	\$1,733.47	\$999.72	\$733.75
	No Wellness	Emp + Child	\$1,360.84	\$873.44	\$487.40
	Particpation	Emp + Child(ren)	\$1,603.86	\$914.19	\$689.67
		Emp + Family	\$2,316.69	\$1,385.78	\$930.91

Dental Rates 2024-2025

			Plan Year 2024-25		
Plan	Deduction Class	Coverage Tier	Total Premium	Employer Cost	Employee Cost
	Staff Working 12 Months	Employee Only	\$18.32	\$14.57	\$3.75
	/ 24 Biweekly	Emp + 1	\$31.62	\$24.12	\$7.50
	Deductions	Emp + 2 or More	\$49.24	\$34.24	\$15.00
	Staff Working 9-10-11	Employee Only	\$24.43	\$19.43	\$5.00
	Months / 18 Biweekly Deductions	Emp + 1	\$42.15	\$32.15	\$10.00
USA		Emp + 2 or More	\$65.65	\$45.65	\$20.00
<del>-</del>	Faculty with 9 Monthly Deductions	Employee Only	\$48.85	\$38.85	\$10.00
Dental		Emp + 1	\$84.31	\$64.31	\$20.00
а D		Emp + 2 or More	\$131.29	\$91.29	\$40.00
Delta	Foculty with 10 Monthly	Employee Only	\$43.97	\$34.97	\$9.00
	Faculty with 10 Monthly Deductions	Emp + 1	\$75.88	\$57.88	\$18.00
	Deductions	Emp + 2 or More	\$118.16	\$82.16	\$36.00
	Faculty with 12 Manthly	Employee Only	\$36.64	\$29.14	\$7.50
	Faculty with 12 Monthly Deductions	Emp + 1	\$63.23	\$48.23	\$15.00
	Deductions	Emp + 2 or More	\$98.47	\$68.47	\$30.00

2024-2025 Vision Rates

Plan	Deduction Class	Coverage Tier	Employee Cost	
		Employee Only	\$3.05	
		Emp + Child	\$5.44	
	Staff Working 12 Months	Employee & Two/More Children	\$5.44	
	/ 24 Biweekly Deductions	Employee + Spouse	\$7.02	
		Family	\$8.95	
		Employee Only	\$4.07	
	Staff Working 9-10-11	Emp + Child	\$7.25	
⊆	Months / 18 Biweekly	Employee & Two/More Children	\$7.25	
isio	Deductions	Employee + Spouse	\$9.36	
S		Family	\$3.30	
Enhanced Vision Plan- Davis Vision		Employee Only	\$8.13	
η- [		Emp + Child	\$14.51	
Pla	Faculty with 9 Monthly Deductions	Employee & Two/More Children	\$14.51	
ion		Employee + Spouse	\$18.72	
Visi		Family	\$23.87	
eq		Employee Only	\$7.32	
anc		Emp + Child	\$13.06	
Enh	Faculty with 10 Monthly Deductions	Employee & Two/More Children	\$13.06	
		Employee + Spouse	\$16.85	
		Family	\$21.48	
		Employee Only	\$6.10	
		Emp + Child	\$10.88	
	Faculty with 12 Monthly	Employee & Two/More Children	\$10.88	
	Deductions	Employee + Spouse	\$14.04	
		Family	\$17.90	