



# Your 2025 Benefit Premiums

## 2025 Monthly Medical Premiums

COVERAGE LEVEL	MEDICAL PROGRAM OPTION		
	HSA CORE	HSA VALUE	COPAY ADVANTAGE
Employee Only	\$598.16	\$657.69	\$673.69
Employee + Spouse	\$1,251.91	\$1,376.89	\$1,414.74
Employee + Child(ren)	\$1,161.69	\$1,277.01	\$1,305.37
Family	\$1,877.71	\$2,069.72	\$2,173.48

## 2025 Monthly Dental and Vision Premiums

COVERAGE	DENTAL PROGRAM OPTION		VISION PROGRAM OPTION	
	METLIFE PPO	METLIFE PPO PLUS	EYEMED	EYEMED ENHANCED
Employee Only	\$28.62	\$46.06	\$6.03	\$18.04
Employee + Spouse	\$57.21	\$92.11	\$11.02	\$32.95
Employee + Child(ren)	\$55.77	\$89.79	\$10.72	\$32.08
Family	\$84.39	\$135.84	\$14.83	\$44.37