



Your 2025 Benefit Premiums

2025 Monthly Medical Premiums

COVERAGE LEVEL	MEDICAL PROGRAM OPTION		
	HSA CORE	HSA VALUE	COPAY ADVANTAGE
Employee Only	\$715.37	\$788.36	\$816.03
Employee + Spouse	\$1,497.83	\$1,651.13	\$1,713.66
Employee + Child(ren)	\$1,388.88	\$1,530.34	\$1,581.18
Family	\$2,253.58	\$2,489.10	\$2,632.71

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