



# Your 2025 Benefit Premiums

## 2025 Monthly Medical Premiums

COVERAGE LEVEL	MEDICAL PROGRAM OPTION		
	HSA CORE	HSA VALUE	COPAY ADVANTAGE
Employee Only	\$555.88	\$619.92	\$649.04
Employee + Spouse	\$1,129.93	\$1,264.42	\$1,362.98
Employee + Child(ren)	\$1,045.21	\$1,169.30	\$1,257.61
Family	\$1,717.68	\$1,924.29	\$2,093.95

## 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