



4/1/2024 – 3/31/2025			Employed		
Group	Coverage	Premium	3-12 mos Employee Monthly Cost	13-24 mos Employee Monthly Cost	25+ mos Employee Monthly Cost
Health 5000	Single	\$761.73	\$380.86	\$190.43	\$0.00
	Single Plus Dep	\$1,320.63	\$924.44	\$739.55	\$554.66
	Family	\$2,023.80	\$1,416.66	\$1,214.28	\$1,011.90
Dental	Single	\$35.08		\$17.54	
	EE + Spouse	\$77.64		\$60.10	
	EE + Children	\$88.76		\$71.22	
	Family	\$119.92		\$102.38	
Vision	Single	\$8.24		\$4.12	
	Family	\$18.95		\$14.83	