



4/1/2025 – 3/31/2026			Employed		
Group	Coverage	Premium	3-12 mos Employee Monthly Cost	13-24 mos Employee Monthly Cost	25+ mos Employee Monthly Cost
Health 5000	Single	\$797.26	\$398.62	\$199.31	\$0.00
	Single Plus Dep	\$1,381.70	\$967.19	\$773.75	\$580.31
	Family	\$2,117.00	\$1,481.90	\$1,270.20	\$1,058.50
Dental	Single	\$33.32	\$16.66		
	EE + Spouse	\$73.76	\$57.10		
	EE + Children	\$84.32	\$67.66		
	Family	\$113.92	\$97.26		
Vision	Single	\$8.24	\$4.12		
	Family	\$18.95	\$14.83		