

# RATES

## 2025 Bi-Weekly EMPLOYEE CONTRIBUTIONS

JANUARY 1 – DECEMBER 31, 2025

Your contributions toward the cost of medical, dental and vision coverage are automatically deducted from your paycheck before taxes.

### MEDICAL COVERAGE

Coverage Tier	Bi-Weekly Employee Contribution			
	PPO \$1,500 Plan	PPO \$2,500 Plan	HSA Plan	Basic Plan
Employee Only	\$271.62	\$179.10	\$139	\$114.60*
Employee + One	\$687.44	\$429.46	\$279.41	\$475.93
Family	\$852.09	\$539.33	\$398.76	\$608.26

\*Not to exceed 9.02% of the employee's income for the bi-weekly pay period in 2024.

### DENTAL COVERAGE

Coverage Tier	Bi-Weekly Employee Contribution
	Delta Dental Plan
Employee Only	\$7.82
Employee + One	\$15.02
Family	\$28.83

### VISION COVERAGE

Coverage Tier	Bi-Weekly Employee Contribution
	VSP Plan
Employee Only	\$3.52
Employee + One	\$5.37
Family	\$9.63