

# MEDICAL PREMIUMS 24/25 PLAN YEAR

## 24/25 Premiums - Plan A with Vision

Coverage Category		Employee Cost	AWC Cost	Total Premium
Plan A / HIE	Employee Only	\$ 162.00	\$ 764.00	\$ 926.00
Plan A / HIS	EE + Spouse	\$ 1,067.00	\$ 764.00	\$ 1,831.00
Plan A / HIC	EE + Child(ren)	\$ 964.00	\$ 764.00	\$ 1,728.00
Plan A / HIF	EE + Family	\$ 1,503.00	\$ 764.00	\$ 2,267.00

## 24/25 Premiums - Plan B with Vision

Coverage Category		Employee Cost	AWC Cost	Total Premium
Plan B / HIBE	Employee Only	\$ -	\$ 764.00	\$ 764.00
Plan B / HISB	EE + Spouse	\$ 539.00	\$ 973.00	\$ 1,512.00
Plan B / HICB	EE + Child(ren)	\$ 474.00	\$ 951.00	\$ 1,425.00
Plan B / HIFB	EE + Family	\$ 822.00	\$ 1,048.00	\$ 1,870.00

## 24/25 Premiums - HDHP with Vision

Coverage Category		Employee Cost	AWC Cost	Total Premium
HDHP / HIHE	Employee Only	\$ -	\$ 583.00	\$ 583.00
HDHP / HISH	EE + Spouse	\$ 434.00	\$ 740.00	\$ 1,174.00
HDHP / HICH	EE + Child(ren)	\$ 383.00	\$ 725.00	\$ 1,108.00
HDHP / HHFD	EE + Family	\$ 667.00	\$ 793.00	\$ 1,460.00

## 24/25 Premiums - DENTAL

Coverage Category		Employee Cost	AWC Cost	Total Premium
Dental / HEED	Employee Only	\$ -	\$ 42.00	\$ 42.00
Dental / HDSP	EE + Spouse	\$ 41.00	\$ 42.00	\$ 83.00
Dental / HDCH	EE + Child(ren)	\$ 36.00	\$ 42.00	\$ 78.00
Dental / HFD	EE + Family	\$ 62.00	\$ 42.00	\$ 104.00

## 24/25 Premiums - WAIVED

Coverage Category		Employee Cost	AWC Cost	Total Premium
Health HIEW / Waived	Employee Only	\$ -	\$ 764.00	\$ 764.00
Dental HEDW / Waived	Employee Only	\$ -	\$ 42.00	\$ 42.00

Effective 7/1/24