



EMPLOYEE MONTHLY HEALTH RATES*
JANUARY 1, 2025

<u>AETNA</u>	<u>EMPLOYEE PAYS</u>
<u>PREMIER HMO</u>	
Employee Only	\$ 0.00
+ One Dependent	998.08
+ Family (2 or more Dependents)	1,753.44
<u>PREMIER PLUS HMO</u>	
Employee Only	\$ 0.00
+ One Dependent	1,140.88
+ Family (2 or more Dependents)	2,005.40
<u>PREMIER CHOICE HSA</u>	
Employee Only	\$ 0.00
+ One Dependent	727.84
+ Family (2 or more Dependents)	1,368.56

AETNA KIDS' PLANS			
<u>BASIC PLAN (AGES 5 – 26)</u>		<u>ENHANCED PLAN (AGES 5 – 26)</u>	
One Child	\$ 448.42	One Child	\$ 750.88
Two Children	896.90	Two Children	1,501.84
Three or more Children	1,345.34	Three or more Children	2,252.74

***Bi-Weekly paycheck deduction will vary based on payroll calendar.**



EMPLOYEE MONTHLY DENTAL/VISION RATES*
JANUARY 1, 2025

DENTAL	<u>AETNA</u>	COMPBENEFITS <u>(HUMANA)</u>
<u>BASIC DHMO PLAN</u>		
Employee Only	\$ 0.00	\$ 0.00
+ One Dependent	6.54	5.36
+ Family (2 or more Dependents)	13.54	9.70
<u>ENHANCED DHMO PLAN</u>		
Employee Only	\$ 0.60	\$ 0.00
+ One Dependent	9.68	7.38
+ Family (2 or more Dependents)	17.66	13.04
<u>BASIC PPO PLAN</u>		
Employee Only	\$ 22.48	\$ 20.62
+ One Dependent	52.70	46.06
+ Family (2 or more Dependents)	85.74	74.26
<u>ENHANCED PPO PLAN</u>		
Employee Only	\$ 32.40	\$ 26.48
+ One Dependent	74.42	60.62
+ Family (2 or more Dependents)	129.30	100.92

VISION	<u>AETNA</u>	COMPBENEFITS <u>(HUMANA)</u>
<u>BASIC PLAN</u>		
Employee Only	\$ 0.00	\$ 0.00
+ One Dependent	4.02	4.30
+ Family (2 or more Dependents)	9.30	9.52
<u>ENHANCED PLAN</u>		
Employee Only	\$ 0.00	\$ 0.00
+ One Dependent	6.94	6.46
+ Family (2 or more Dependents)	16.02	14.32

*** Bi-Weekly paycheck deduction will vary based on payroll calendar.**