

# 2025 Monthly Employee Contributions

Your Monthly Cost	Blue Shield HDHP	Blue Shield HMO	Kaiser HMO	MetLife Dental	VSP Vision
<b>Earnings Under \$99,999</b>					
Employee Only	\$110.44	\$119.72	\$113.10	\$8.50	\$1.92
Employee + Spouse/DP	\$242.98	\$263.42	\$248.80	\$17.28	\$3.08
Employee + Child(ren)	\$198.84	\$215.56	\$226.14	\$21.36	\$3.14
Employee + Family	\$342.34	\$371.28	\$339.24	\$32.18	\$4.86
<b>Earnings Between \$100,000 - \$174,999</b>					
Employee Only	\$132.52	\$143.68	\$133.62	\$8.50	\$1.92
Employee + Spouse/DP	\$291.52	\$316.10	\$294.06	\$17.28	\$3.08
Employee + Child(ren)	\$238.54	\$258.66	\$267.34	\$21.36	\$3.14
Employee + Family	\$410.82	\$445.46	\$401.00	\$32.18	\$4.86
<b>Earnings Between \$175,000 - \$224,999</b>					
Employee Only	\$154.62	\$167.60	\$154.20	\$8.50	\$1.92
Employee + Spouse/DP	\$340.18	\$368.86	\$339.26	\$17.28	\$3.08
Employee + Child(ren)	\$278.34	\$301.84	\$308.46	\$21.36	\$3.14
Employee + Family	\$479.28	\$519.72	\$462.64	\$32.18	\$4.86
<b>Earnings Greater Than \$225,000</b>					
Employee Only	\$176.70	\$191.56	\$174.76	\$8.50	\$1.92
Employee + Spouse/DP	\$388.72	\$421.50	\$384.50	\$17.28	\$3.08
Employee + Child(ren)	\$318.04	\$344.88	\$349.50	\$21.36	\$3.14
Employee + Family	\$547.74	\$593.94	\$524.32	\$32.18	\$4.86

## Voluntary Life and AD&D

Your cost for employee coverage will depend on your age and how much coverage you buy. The cost increases for a higher age and higher benefit amount. The cost of spouse coverage is based on your age and amount of spouse coverage. The cost of child coverage is based on the policy amount selected and covers all children. These rates will be calculated for you when you enroll online.

## Voluntary Life with Long Term Care

Your cost for employee and/or spouse coverage depends on your age and how much coverage you buy. If you decide to enroll, you'll pay premiums directly from your personal bank account (there are no payroll deductions for this plan).

