

## Salaried Employee Contributions

### Plan Year 2025: January 1, 2025 - December 31, 2025

#### MEDICAL/RX PLAN RATES (BI-WEEKLY)

Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Premium	\$151.89	\$313.54	\$287.80	\$440.60
Preferred	\$57.93	\$130.35	\$119.66	\$183.15
Economy	\$11.50	\$39.81	\$36.52	\$55.96
HDHP	\$67.14	\$130.92	\$120.18	\$183.97

#### DENTAL PLAN RATES (BI-WEEKLY)

Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
High Option	\$0.00	\$8.70	\$16.95	\$25.93
Low Option	\$0.00	\$5.50	\$11.23	\$17.08

#### VISION RATES (BI-WEEKLY)

Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$1.77	\$3.37	\$3.54	\$5.26