

Overview of Benefit Contributions

Contributions Effective January 1, 2025, per Pay Period



Cigna Medical Premiums

Coverage Level	Traditional Plan	HDHP 3500	HDHP 4500
Employee Only	\$80.23	\$65.99	\$51.52
Employee + Spouse	\$194.78	\$158.59	\$126.70
Employee + Child(ren)	\$162.47	\$132.29	\$104.46
Family	\$257.76	\$209.82	\$166.12



Delta Dental Premiums

Coverage Level	Standard Low Plan	Premier High Plan
Employee Only	\$12.32	\$18.03
Employee + Spouse	\$26.18	\$38.34
Employee + Child(ren)	\$26.71	\$36.16
Family	\$40.89	\$56.63



VSP Vision Premiums

Coverage Level	26 Biweekly Pay Periods
Employee Only	\$3.72
Employee + Spouse	\$7.44
Employee + Child(ren)	\$7.97
Family	\$8.71



Life/AD&D/Short & Long-Term Disability

Coverage Level	26 Biweekly Pay Periods
Basic Life/AD&D (1x salary)	No cost to eligible employee
Short-Term Disability	No cost to eligible employee
Long-Term Disability	No cost to eligible employee
Voluntary Life/AD&D	Employee pays 100% of cost
Critical Illness/Accident	Employee pays 100% of cost