

2025 Medical Plans Employee Monthly/Annual Premium Cost

		Medical Insurance			
		2025 Monthly	2025 Bi-Weekly	2025 Annual	
Spending		Employee Premium	Employee Premium	Employee Premium	
Account					
Option	SB 3500/7000 HDHP Rx-Generics & Brand Name				
HSA	Employee Only	\$187.35	\$86.47	\$2,248.20	
	Employee & Child(ren)	\$543.50	\$250.85	\$6,522.00	
	Employee & Spouse	\$657.07	\$303.26	\$7,884.84	
	Family	\$714.02	\$329.55	\$8,568.24	

Spending				
Account				
Option	SB 1800/3600 HDHP Rx-Generi	cs & Brand Name		
HSA	Employee Only	\$306.74	\$141.57	\$3,680.88
	Employee & Child(ren)	\$740.35	\$341.70	\$8,884.20
	Employee & Spouse	\$851.55	\$393.02	\$10,218.60
	Family	\$925.96	\$427.37	\$11,111.52

SB 40-1000 Rx-Generics Only			
Employee Only	\$434.86	\$200.70	\$5,218.32
Employee & Child(ren)	\$1,017.15	\$469.45	\$12,205.80
Employee & Spouse	\$1,158.57	\$534.72	\$13,902.84
Family	\$1,251.70	\$577.71	\$15,020.40
	Employee Only Employee & Child(ren) Employee & Spouse	Employee Only \$434.86 Employee & Child(ren) \$1,017.15 Employee & Spouse \$1,158.57	Employee Only \$434.86 \$200.70 Employee & Child(ren) \$1,017.15 \$469.45 Employee & Spouse \$1,158.57 \$534.72

Health Savings Accounts (HSA): 2025 Annual Limits: \$4,300 - Single, \$8,550 - Family Catch up Contribution (age 55+): \$1,000 additional

Flexible Spending Accounts (FSA): Annual Limits: \$3,300 - Medical FSA* \$5,000 Dependent Care FSA

*For those who are enrolled in Medicare and an HDHP medical plan, a Medical FSA can be utilized because of being ineligible for an HSA.

	Dental Insurance				
	2025 Monthly 2025 Bi-Weekly		2023 Annual		
	Employee Premium	Employee Premium	Employee Premium		
Excellus Dental - Low					
Employee Only	\$32.43	\$14.97	\$389.16		
Employee & Child(ren)	\$71.36	\$32.94	\$856.32		
Employee & Spouse	\$64.88	\$29.94	\$778.56		
Family	\$97.32	\$44.92	\$1,167.84		

Excellus Dental - High				
Employee Only	\$42.17	\$19.46	\$506.04	
Employee & Child(ren)	\$92.78	\$42.82	\$1,113.36	
Employee & Spouse	\$84.33	\$38.92	\$1,011.96	
Family	\$126.48	\$58.38	\$1,517.76	

	Vision Insurance		
EyeMed Vision Plan			
Employee Only	\$6.25	\$2.88	\$75.00
Employee & Child(ren)	\$11.86	\$5.47	\$142.32
Employee & Spouse	\$11.23	\$5.18	\$134.76
Family	\$18.74	\$8.65	\$224.88

	Life & AD&D Insurance		
Valuation 1 if a 0 A scient Death Income			
Voluntary Life & Accidental Dea	tn insurance		
Rate per \$1,000 elected	Depend	ls on Coverage Amt & Age	
Dependent Spouse Life Insurance			
\$5,000 or \$10,000 options \$0.79 or \$1.57			\$9.48 or \$18.84
Dependent Child(ren) Life Insurance			
\$2,000 or \$4,000 options	\$0.31 or \$0.63		\$3.72 or \$7.56

	Cancer Protection		
Aflac Classic Plan			
Employee/Emp & Child(ren)	\$32.89	\$15.18	\$394.68
Employee/Spouse or Family	\$56.29	\$25.98	\$675.48