

2025 Monthly Employee Contributions

The contribution amounts shown below are presented on a monthly basis. The amount of your payroll contributions will vary based on your pay cycle (weekly or semi-monthly).

CORE HSA MEDICAL PLAN OPTION

BASE PAY*	Monthly Contributions			
	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	FAMILY
< \$65,000	\$27.81	\$60.08	\$55.63	\$94.84
\$65,000 – \$84,999	\$71.28	\$153.97	\$142.56	\$243.07
\$85,000 – \$129,999	\$100.49	\$217.03	\$200.95	\$342.64
\$130,000 – \$199,999	\$129.26	\$279.20	\$258.53	\$440.79
≥ \$200,000	\$155.73	\$336.36	\$311.45	\$531.01

STANDARD HSA MEDICAL PLAN OPTION

BASE PAY*	Monthly Contributions			
	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	FAMILY
< \$65,000	\$49.71	\$107.37	\$99.42	\$169.51
\$65,000 – \$84,999	\$98.65	\$213.09	\$197.31	\$336.40
\$85,000 – \$129,999	\$133.32	\$287.99	\$266.64	\$454.64
\$130,000 – \$199,999	\$167.58	\$361.97	\$335.17	\$571.46
≥ \$200,000	\$199.52	\$430.95	\$399.03	\$680.35

STANDARD POS II MEDICAL PLAN OPTION

BASE PAY*	Monthly Contributions			
	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	FAMILY
< \$65,000	\$65.88	\$142.29	\$131.75	\$224.63
\$65,000 – \$84,999	\$111.03	\$239.80	\$222.04	\$378.59
\$85,000 – \$129,999	\$149.89	\$323.76	\$299.78	\$511.12
\$130,000 – \$199,999	\$188.01	\$406.07	\$375.99	\$641.07
≥ \$200,000	\$223.50	\$482.76	\$447.00	\$762.13

DENTAL COVERAGE

	Monthly Contributions			
	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	FAMILY
Dental DMO Option	\$12.10	\$24.20	\$20.90	\$36.30
Dental PPO Option	\$23.10	\$46.20	\$40.43	\$72.19

* Base pay is your annual salary as of August 31 of the current year. Base pay does not include bonus amounts or any other forms of compensation (e.g. overtime, commissions, etc.).

VISION PLAN

	<i>Monthly Contributions</i>			
	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	FAMILY
Vision Plan	\$9.26	\$17.58	\$19.44	\$31.46

LONG-TERM DISABILITY

	<i>Monthly Contribution</i>
Supplemental Long-Term Disability	\$0.207 per \$100 of monthly compensation

EMPLOYEE BASIC LIFE INSURANCE

Please access [IRS Publication 15-B](#) under section “Group-Term Life Insurance Coverage” for Basic Life rates to calculate imputed income.

EMPLOYEE SUPPLEMENTAL LIFE INSURANCE

AGE	RATE PER \$1,000 OF COVERAGE
< 30	\$0.036
30 – 34	\$0.048
35 – 39	\$0.055

AGE	RATE PER \$1,000 OF COVERAGE
40 – 44	\$0.060
45 – 49	\$0.090
50 – 54	\$0.136

AGE	RATE PER \$1,000 OF COVERAGE
55 – 59	\$0.255
60 – 64	\$0.456
65+	\$0.591

SPOUSAL LIFE INSURANCE

AGE	RATE PER \$1,000 OF COVERAGE
< 30	\$0.035
30 – 34	\$0.046
35 – 39	\$0.052

AGE	RATE PER \$1,000 OF COVERAGE
40 – 44	\$0.057
45 – 49	\$0.086
50 – 54	\$0.131

AGE	RATE PER \$1,000 OF COVERAGE
55 – 59	\$0.246
60 – 64	\$0.440
65+	\$0.567

CHILD LIFE INSURANCE

COVERAGE	RATE
\$5,000	\$0.273
\$10,000	\$0.546

EMPLOYEE AD&D

COVERAGE	RATE
Per \$10,000	\$0.120

SPOUSAL AD&D

COVERAGE	RATE
Per \$25,000	\$0.300

CHILD AD&D

COVERAGE	RATE
\$10,000	\$0.120
\$20,000	\$0.240

LEGAL PLAN

	<i>Monthly Contribution</i>
Legal Plan	\$14.84

ACCIDENT INSURANCE

	<i>Monthly Contributions</i>			
	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	FAMILY
Accident Plan	\$7.61	\$12.19	\$15.07	\$19.66

HOSPITAL INDEMNITY

	<i>Monthly Contributions</i>			
	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	FAMILY
Hospital Plan	\$17.96	\$37.88	\$26.93	\$46.85

CRITICAL ILLNESS

	Rates for \$10,000 of Coverage				Rates for \$10,000 of Coverage			
	<i>Non-Smoker</i>				<i>Smoker</i>			
ATTAINED AGE	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	FAMILY	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	FAMILY
< 25	\$2.95	\$4.50	\$2.95	\$4.50	\$3.93	\$6.00	\$3.93	\$6.00
25 – 29	\$2.95	\$4.50	\$2.95	\$4.50	\$3.93	\$6.00	\$3.93	\$6.00
30 – 34	\$3.75	\$5.70	\$3.75	\$5.70	\$5.10	\$7.80	\$5.10	\$7.80
35 – 39	\$4.65	\$7.05	\$4.65	\$7.05	\$6.80	\$10.35	\$6.80	\$10.35
40 – 44	\$6.30	\$9.60	\$6.30	\$9.60	\$10.95	\$16.65	\$10.95	\$16.65
45 – 49	\$8.75	\$13.35	\$8.75	\$13.35	\$19.15	\$29.10	\$19.15	\$29.10
50 – 54	\$12.60	\$19.20	\$12.60	\$19.20	\$28.30	\$42.90	\$28.30	\$42.90
55 – 59	\$17.50	\$26.55	\$17.50	\$26.55	\$37.25	\$56.25	\$37.25	\$56.25
60 – 64	\$25.25	\$38.10	\$25.25	\$38.10	\$48.20	\$72.60	\$48.20	\$72.60
65 – 69	\$37.80	\$56.70	\$37.80	\$56.70	\$54.40	\$81.60	\$54.40	\$81.60
70+	\$37.80	\$56.70	\$37.80	\$56.70	\$54.40	\$81.60	\$54.40	\$81.60

	Rates for \$20,000 of Coverage				Rates for \$20,000 of Coverage			
	<i>Non-Smoker</i>				<i>Smoker</i>			
ATTAINED AGE	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	FAMILY	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	FAMILY
< 25	\$4.73	\$8.10	\$4.73	\$8.10	\$5.87	\$10.15	\$5.87	\$10.15
25 – 29	\$4.73	\$8.10	\$4.73	\$8.10	\$5.87	\$10.15	\$5.87	\$10.15
30 – 34	\$6.43	\$11.30	\$6.43	\$11.30	\$9.05	\$14.95	\$9.05	\$14.95
35 – 39	\$8.83	\$14.10	\$8.83	\$14.10	\$13.75	\$20.70	\$13.75	\$20.70
40 – 44	\$12.73	\$19.20	\$12.73	\$19.20	\$22.08	\$33.03	\$22.08	\$33.03
45 – 49	\$17.63	\$26.70	\$17.63	\$26.70	\$35.58	\$53.55	\$35.58	\$53.55

50 – 54	\$25.48	\$38.40	\$25.48	\$38.40	\$53.80	\$79.95	\$53.80	\$79.95
55 – 59	\$35.28	\$53.10	\$35.28	\$53.10	\$74.88	\$110.68	\$74.88	\$110.68
60 – 64	\$50.63	\$76.20	\$50.63	\$76.20	\$96.70	\$145.20	\$96.70	\$145.20
65 – 69	\$75.40	\$113.40	\$75.40	\$113.40	\$108.80	\$163.20	\$108.80	\$163.20
70+	\$75.40	\$113.40	\$75.40	\$113.40	\$108.80	\$163.20	\$108.80	\$163.20

ATTAINED AGE	Rates for \$30,000 of Coverage Non-Smoker				Rates for \$30,000 of Coverage Smoker			
	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	FAMILY	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	FAMILY
< 25	\$6.50	\$11.70	\$6.50	\$11.70	\$7.80	\$14.30	\$7.80	\$14.30
25 – 29	\$6.50	\$11.70	\$6.50	\$11.70	\$7.80	\$14.30	\$7.80	\$14.30
30 – 34	\$9.10	\$16.90	\$9.10	\$16.90	\$13.00	\$22.10	\$13.00	\$22.10
35 – 39	\$13.00	\$21.15	\$13.00	\$21.15	\$20.70	\$31.05	\$20.70	\$31.05
40 – 44	\$19.15	\$28.80	\$19.15	\$28.80	\$33.20	\$49.40	\$33.20	\$49.40
45 – 49	\$26.50	\$40.05	\$26.50	\$40.05	\$52.00	\$78.00	\$52.00	\$78.00
50 – 54	\$38.35	\$57.60	\$38.35	\$57.60	\$79.30	\$117.00	\$79.30	\$117.00
55 – 59	\$53.05	\$79.65	\$53.05	\$79.65	\$112.50	\$165.10	\$112.50	\$165.10
60 – 64	\$76.00	\$114.30	\$76.00	\$114.30	\$145.20	\$217.80	\$145.20	\$217.80
65 – 69	\$113.00	\$170.10	\$113.00	\$170.10	\$163.20	\$244.80	\$163.20	\$244.80
70+	\$113.00	\$170.10	\$113.00	\$170.10	\$163.20	\$244.80	\$163.20	\$244.80

ATTAINED AGE	Rates for \$40,000 of Coverage Non-Smoker				Rates for \$40,000 of Coverage Smoker			
	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	FAMILY	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	FAMILY
< 25	\$8.28	\$15.30	\$8.28	\$15.30	\$9.74	\$18.45	\$9.74	\$18.45
25 – 29	\$8.28	\$15.30	\$8.28	\$15.30	\$9.74	\$18.45	\$9.74	\$18.45
30 – 34	\$11.78	\$22.50	\$11.78	\$22.50	\$16.95	\$29.25	\$16.95	\$29.25
35 – 39	\$17.18	\$28.20	\$17.18	\$28.20	\$27.65	\$41.40	\$27.65	\$41.40
40 – 44	\$25.58	\$38.40	\$25.58	\$38.40	\$44.33	\$65.78	\$44.33	\$65.78
45 – 49	\$35.38	\$53.40	\$35.38	\$53.40	\$68.43	\$102.45	\$68.43	\$102.45
50 – 54	\$51.23	\$76.80	\$51.23	\$76.80	\$104.80	\$154.05	\$104.80	\$154.05
55 – 59	\$70.83	\$106.20	\$70.83	\$106.20	\$150.13	\$219.53	\$150.13	\$219.53
60 – 64	\$101.38	\$152.40	\$101.38	\$152.40	\$193.70	\$290.40	\$193.70	\$290.40
65 – 69	\$150.60	\$226.80	\$150.60	\$226.80	\$217.60	\$326.40	\$217.60	\$326.40
70+	\$150.60	\$226.80	\$150.60	\$226.80	\$217.60	\$326.40	\$217.60	\$326.40