

FY25 ACTIVE EMPLOYEE RATES

	MEDICAL				DENTAL				VISION
Per Month	EPO	PPO	Consumer Choice	HDHP with HSA	DHMO	Base PPO	High PPO	Preventive Only	Davis Vision
Emp only	\$157.00	\$33.00	\$0.00	\$0.00	\$11.48	\$23.18	\$36.24	\$12.92	\$3.92
Emp + 1 adult	\$734.00	\$364.00	\$245.00	\$228.00	\$18.44	\$44.10	\$72.44	\$25.82	\$7.44
Emp + 1 child	\$337.00	\$107.00	\$33.00	\$18.00	\$18.44	\$44.10	\$72.44	\$25.82	\$7.44
Emp + 2 or more children	\$586.00	\$252.00	\$148.00	\$132.00	\$24.74	\$72.62	\$113.36	\$35.74	\$8.24
Emp + 1 adult + 1 child	\$1,011.00	\$537.00	\$380.00	\$364.00	\$24.74	\$72.62	\$113.36	\$35.74	\$8.82
Emp + 1 adult + 2 or more children	\$1,275.00	\$700.00	\$514.00	\$495.00	\$28.94	\$93.54	\$149.60	\$51.68	\$11.38

Per Pay Period	EPO	PPO	Consumer Choice	HDHP with HSA	DHMO	Base PPO	High PPO	Preventive Only	Davis Vision
Emp only	\$78.50	\$16.50	\$0.00	\$0.00	\$5.74	\$11.59	\$18.12	\$6.46	\$1.96
Emp + 1 adult	\$367.00	\$182.00	\$122.50	\$114.00	\$9.22	\$22.05	\$36.22	\$12.91	\$3.72
Emp + 1 child	\$168.50	\$53.50	\$16.50	\$9.00	\$9.22	\$22.05	\$36.22	\$12.91	\$3.72
Emp + 2 or more children	\$293.00	\$126.00	\$74.00	\$66.00	\$12.37	\$36.31	\$56.68	\$17.87	\$4.12
Emp + 1 adult + 1 child	\$505.50	\$268.50	\$190.00	\$182.00	\$12.37	\$36.31	\$56.68	\$17.87	\$4.41
Emp + 1 adult + 2 or more children	\$637.50	\$350.00	\$257.00	\$247.50	\$14.47	\$46.77	\$74.80	\$25.84	\$5.69