

Active Employee Cost - Calendar Year 2025

Healthcare Costs

Completed Neither Health Risk Assessment nor Biometric Health Screening

Base Employee Cost Share*

Effective January 1, 2025

| Medical Plans | Coverage Level | Employee Percentage | Biweekly 10-Month Employee | Biweekly 12-Month Employee |
|--|---|---------------------|----------------------------|----------------------------|
| Point of Service Plans | | | | |
| Cigna OAP | Individual | 17% | 81.83 | 62.94 |
| | Individual + Spouse | 17% | 163.65 | 125.88 |
| | Individual + Child | 17% | 163.65 | 125.88 |
| | Family (Individual + Spouse + Child(ren)) | 17% | 222.67 | 171.28 |
| | Family (Individual + Children) | 17% | 222.67 | 171.28 |
| Health Maintenance Organization Plans | | | | |
| Cigna HMO | Individual | 12% | 41.74 | 32.11 |
| | Individual + Spouse | 12% | 78.46 | 60.35 |
| | Individual + Child | 12% | 78.46 | 60.35 |
| | Family (Individual + Spouse + Child(ren)) | 12% | 128.54 | 98.88 |
| | Family (Individual + Children) | 12% | 128.54 | 98.88 |
| Kaiser Permanente HMO | Individual | 12% | 48.83 | 37.56 |
| | Individual + Spouse | 12% | 97.45 | 74.96 |
| | Individual + Child | 12% | 97.45 | 74.96 |
| | Family (Individual + Spouse + Child(ren)) | 12% | 141.20 | 108.61 |
| | Family (Individual + Children) | 12% | 141.20 | 108.61 |

| Supplemental Plans | Coverage Level | Employee Percentage | Biweekly 10-Month Employee | Biweekly 12-Month Employee |
|---------------------------------------|---|---------------------|----------------------------|----------------------------|
| Caremark Prescription | Individual | 17% | 22.26 | 17.12 |
| | Individual + Spouse | 17% | 44.47 | 34.21 |
| | Individual + Child | 17% | 44.47 | 34.21 |
| | Family (Individual + Spouse + Child(ren)) | 17% | 54.88 | 42.22 |
| | Family (Individual + Children) | 17% | 54.88 | 42.22 |
| Kaiser Permanente Prescription | Individual | 17% | 8.91 | 6.85 |
| | Individual + Spouse | 17% | 17.66 | 13.58 |
| | Individual + Child | 17% | 17.66 | 13.58 |
| | Family (Individual + Spouse + Child(ren)) | 17% | 25.53 | 19.64 |
| | Family (Individual + Children) | 17% | 25.53 | 19.64 |
| CareFirst Dental PPO | Individual | 17% | 3.80 | 2.92 |
| | Individual + Spouse | 17% | 7.60 | 5.85 |
| | Individual + Child | 17% | 7.60 | 5.85 |
| | Family (Individual + Spouse + Child(ren)) | 17% | 11.17 | 8.59 |
| | Family (Individual + Children) | 17% | 11.17 | 8.59 |
| Aetna Dental DMO | Individual | 17% | 2.20 | 1.69 |
| | Individual + Spouse | 17% | 4.40 | 3.38 |
| | Individual + Child | 17% | 4.40 | 3.38 |
| | Family (Individual + Spouse + Child(ren)) | 17% | 6.46 | 4.97 |
| | Family (Individual + Children) | 17% | 6.46 | 4.97 |
| Davis Vision | Individual | 17% | 0.19 | 0.14 |
| | Individual + Spouse | 17% | 0.34 | 0.26 |
| | Individual + Child | 17% | 0.34 | 0.26 |
| | Family (Individual + Spouse + Child(ren)) | 17% | 0.43 | 0.33 |
| | Family (Individual + Children) | 17% | 0.43 | 0.33 |

*Your rates may vary based on your participation in the Wellness Initiatives program. Visit the Employee Benefits web page to see all of the rate combinations. [Employee Benefits web page](#)

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| <p>Employee Life Insurance 100% rate = \$.068 per thousand of insurance per month Based on two times current salary rounded to the nearest \$1,000</p> |
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Active Employee Cost - Calendar Year 2025

Healthcare Costs

Completed Both Health Risk Assessment and Biometric Health Screening

2% Reduction in Employee Cost Share

Effective January 1, 2025

| Medical Plans | Coverage Level | Biweekly 10-Month Employee | Biweekly 12-Month Employee |
|--|---|----------------------------------|----------------------------------|
| Point of Service Plans | | | |
| Cigna OAP | Individual | 72.20 | 55.54 |
| | Individual + Spouse | 144.40 | 111.08 |
| | Individual + Child | 144.40 | 111.08 |
| | Family (Individual + Spouse + Child(ren)) | 196.48 | 151.14 |
| | Family (Individual + Children) | 196.48 | 151.14 |
| Health Maintenance Organization Plans | | | |
| Cigna HMO | Individual | 34.79 | 26.76 |
| | Individual + Spouse | 65.38 | 50.29 |
| | Individual + Child | 65.38 | 50.29 |
| | Family (Individual + Spouse + Child(ren)) | 107.12 | 82.40 |
| | Family (Individual + Children) | 107.12 | 82.40 |
| Kaiser Permanente HMO | Individual | 40.69 | 31.30 |
| | Individual + Spouse | 81.20 | 62.46 |
| | Individual + Child | 81.20 | 62.46 |
| | Family (Individual + Spouse + Child(ren)) | 117.66 | 90.51 |
| | Family (Individual + Children) | 117.66 | 90.51 |

| Supplemental Plans | Coverage Level | Biweekly 10-Month Employee | Biweekly 12-Month Employee |
|---------------------------------------|---|----------------------------------|----------------------------------|
| Caremark Prescription | Individual | 19.64 | 15.11 |
| | Individual + Spouse | 39.25 | 30.19 |
| | Individual + Child | 39.25 | 30.19 |
| | Family (Individual + Spouse + Child(ren)) | 48.43 | 37.26 |
| | Family (Individual + Children) | 48.43 | 37.26 |
| Kaiser Permanente Prescription | Individual | 7.86 | 6.05 |
| | Individual + Spouse | 15.58 | 11.98 |
| | Individual + Child | 15.58 | 11.98 |
| | Family (Individual + Spouse + Child(ren)) | 22.52 | 17.32 |
| | Family (Individual + Children) | 22.52 | 17.32 |
| CareFirst Dental PPO | Individual | 3.35 | 2.58 |
| | Individual + Spouse | 6.71 | 5.16 |
| | Individual + Child | 6.71 | 5.16 |
| | Family (Individual + Spouse + Child(ren)) | 9.85 | 7.58 |
| | Family (Individual + Children) | 9.85 | 7.58 |
| Aetna Dental DMO | Individual | 1.94 | 1.49 |
| | Individual + Spouse | 3.88 | 2.99 |
| | Individual + Child | 3.88 | 2.99 |
| | Family (Individual + Spouse + Child(ren)) | 5.69 | 4.38 |
| | Family (Individual + Children) | 5.69 | 4.38 |
| Davis Vision | Individual | 0.17 | 0.13 |
| | Individual + Spouse | 0.31 | 0.24 |
| | Individual + Child | 0.31 | 0.24 |
| | Family (Individual + Spouse + Child(ren)) | 0.39 | 0.30 |
| | Family (Individual + Children) | 0.39 | 0.30 |

Employee Life Insurance 100% rate = \$.068 per thousand of insurance per month
Based on two times current salary rounded to the nearest \$1,000

Active Employee Cost - Calendar Year 2025
Healthcare Costs
Completed Either Health Risk Assessment or Biometric Health Screening
1% Reduction in Employee Cost Share
Effective January 1, 2025

| Medical Plans | Coverage Level | Biweekly 10-Month Employee | Biweekly 12-Month Employee |
|--|---|----------------------------|----------------------------|
| Point of Service Plans | | | |
| Cigna OAP | Individual | 77.02 | 59.24 |
| | Individual + Spouse | 154.03 | 118.48 |
| | Individual + Child | 154.03 | 118.48 |
| | Family (Individual + Spouse + Child(ren)) | 209.57 | 161.21 |
| | Family (Individual + Children) | 209.57 | 161.21 |
| Health Maintenance Organization Plans | | | |
| Cigna HMO | Individual | 38.26 | 29.43 |
| | Individual + Spouse | 71.92 | 55.32 |
| | Individual + Child | 71.92 | 55.32 |
| | Family (Individual + Spouse + Child(ren)) | 117.82 | 90.63 |
| | Family (Individual + Children) | 117.82 | 90.63 |
| Kaiser Permanente HMO | Individual | 44.75 | 34.43 |
| | Individual + Spouse | 89.32 | 68.70 |
| | Individual + Child | 89.32 | 68.70 |
| | Family (Individual + Spouse + Child(ren)) | 129.42 | 99.55 |
| | Family (Individual + Children) | 129.42 | 99.55 |

| Supplemental Plans | Coverage Level | Biweekly 10-Month Employee | Biweekly 12-Month Employee |
|---------------------------------------|---|----------------------------|----------------------------|
| Caremark Prescription | Individual | 20.95 | 16.12 |
| | Individual + Spouse | 41.86 | 32.20 |
| | Individual + Child | 41.86 | 32.20 |
| | Family (Individual + Spouse + Child(ren)) | 51.66 | 39.74 |
| | Family (Individual + Children) | 51.66 | 39.74 |
| Kaiser Permanente Prescription | Individual | 8.39 | 6.45 |
| | Individual + Spouse | 16.62 | 12.78 |
| | Individual + Child | 16.62 | 12.78 |
| | Family (Individual + Spouse + Child(ren)) | 24.03 | 18.48 |
| | Family (Individual + Children) | 24.03 | 18.48 |
| CareFirst Dental PPO | Individual | 3.58 | 2.75 |
| | Individual + Spouse | 7.15 | 5.50 |
| | Individual + Child | 7.15 | 5.50 |
| | Family (Individual + Spouse + Child(ren)) | 10.51 | 8.08 |
| | Family (Individual + Children) | 10.51 | 8.08 |
| Aetna Dental DMO | Individual | 2.07 | 1.59 |
| | Individual + Spouse | 4.14 | 3.18 |
| | Individual + Child | 4.14 | 3.18 |
| | Family (Individual + Spouse + Child(ren)) | 6.08 | 4.68 |
| | Family (Individual + Children) | 6.08 | 4.68 |
| Davis Vision | Individual | 0.18 | 0.14 |
| | Individual + Spouse | 0.33 | 0.25 |
| | Individual + Child | 0.33 | 0.25 |
| | Family (Individual + Spouse + Child(ren)) | 0.42 | 0.32 |
| | Family (Individual + Children) | 0.42 | 0.32 |

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