

FY MONTHLY MEDICAL AND DENTAL RATES

For the plan year that runs July 1, 2024 – June 30, 2025

Full-Time Employee (30 – 40 hours per week)

Employer Medical: (No HSA): \$1,177.46

Employer Dental: \$14.50

Employer Medical (HSA Single): \$1,135.80 and \$41.66 HSA Contribution

Employer Medical (HSA Family): \$1,094.14 and \$83.32 HSA Contribution

	Employee Only	Employee And Spouse	Employee And Child	Employee And Children	Employee, Spouse and Child	Employee, Spouse, and Children
PPO	\$65.00	\$197.60	\$112.00	\$177.02	\$242.18	\$324.48
Traditional	\$90.00	\$279.00	\$155.18	\$249.68	\$342.56	\$459.84
High Deductible	\$0.00	\$47.94	\$16.54	\$40.50	\$64.06	\$93.82
Dental	\$11.82	\$37.88	\$36.76	\$73.16	\$62.80	\$107.04