

2025 Monthly Benefit Premiums

STANDARD SCA/CBA



If covering your spouse, you are subject to a Spousal Surcharge of \$100/month after tax deduction

Medical Premiums									
ANTHEM BCBS MEDICAL	STANDARD PLAN			HSA PLAN			PLUS PLAN		
Coverage Options	Employee Cost	Employer Cost (Paid by H&W)	Total Cost	Employee Cost	Employer Cost (Paid by H&W)	Total Cost	Employee Cost	Employer Cost (Paid by H&W)	Total Cost
Employee Only	\$0.00	\$812.44	\$812.44	\$45.37	\$812.44	\$857.81	\$126.62	\$812.44	\$939.06
Employee + Spouse	\$814.63	\$812.44	\$1,627.07	\$905.48	\$812.44	\$1,717.92	\$1,068.19	\$812.44	\$1,880.63
Employee + 1 Child	\$367.18	\$812.44	\$1,179.62	\$433.05	\$812.44	\$1,245.49	\$551.02	\$812.44	\$1,363.46
Employee + Children	\$692.60	\$812.44	\$1,505.04	\$776.64	\$812.44	\$1,589.08	\$927.14	\$812.44	\$1,739.58
Family	\$1,426.19	\$812.44	\$2,238.63	\$1,551.20	\$812.44	\$2,363.64	\$1,775.06	\$812.44	\$2,587.50

Dental Premiums		
DELTA DENTAL	CORE PLAN	BUY-UP PLAN
Coverage Options	Employee Cost	Employee Cost
Employee Only	\$28.16	\$38.35
Employee + Spouse	\$53.80	\$73.16
Employee + Child(ren)	\$77.02	\$104.07
Family	\$111.74	\$153.27

Vision Premiums		
VSP VISION	BASE PLAN	BUY-UP PLAN
Coverage Options	Employee Cost	Employee Cost
Employee Only	\$3.80	\$7.04
Employee + Spouse	\$7.60	\$14.08
Employee + Child(ren)	\$8.14	\$15.08
Family	\$12.58	\$23.31