

2025 Premium Deductions for Health, Dental & Vision

DEDUCTION RATES EFFECTIVE January 1, 2025

BENEFIT PLANS	ALL DEDUCTIONS		
BlueEdge High Deductible /HSA	12 Pav	20 Pav*	26 Pav
Employee Only	\$116.00	\$69.60	\$53.54
Employee/Children	\$269.00	\$161.40	\$124.15
Employee/Spouse	\$336.00	\$201.60	\$155.08
Employee/Family	\$488.00	\$292.80	\$225.23
Blue Choice Low Option PPO	12 Pay	20 Pay*	26 Pay
Employee Only	\$136.00	\$81.60	\$62.77
Employee/Children	\$307.00	\$184.20	\$141.69
Employee/Spouse	\$386.00	\$231.60	\$178.15
Employee/Family	\$557.00	\$334.20	\$257.08
Blue Choice High Option PPO	12 Pay	20 Pay*	26 Pay
Employee Only	\$344.00	\$206.40	\$158.77
Employee/Children	\$570.00	\$342.00	\$263.08
Employee/Spouse	\$687.00	\$412.20	\$317.08
Employee/Family	\$910.00	\$546.00	\$420.00
All Medical Plans	12 Pay	20 Pay*	26 Pay
Tobacco Surcharge	\$30.00	\$18.00	13.85
Dental Insurance High Option	12 Pay	20 Pay*	26 Pay
Employee Only	\$30.00	\$18.00	\$13.85
Employee/Children	\$70.00	\$42.00	\$32.31
Employee/Spouse	\$55.00	\$33.00	\$25.38
Employee/Family	\$93.00	\$55.80	\$42.92
Dental Insurance Low Option	12 Pay	20 Pay*	26 Pay
Employee Only	\$16.00	\$9.60	\$7.38
Employee/Children	\$37.00	\$22.20	\$17.08
Employee/Spouse	\$29.00	\$17.40	\$13.38
Employee/Family	\$55.00	\$33.00	\$25.38
Vision Insurance	12 Pay	20 Pay*	26 Pay
Employee Only	\$6.70	\$4.02	\$3.09
Employee/Children	\$14.66	\$8.80	\$6.77
Employee/Spouse	\$11.72	\$7.03	\$5.41
Employee/Family	\$17.40	\$10.44	\$8.03

^{*} Premium may differ due to rounding. 20 Pay - Biweekly employees who work less than 230 days per year (i.e. bus drivers, bus assistants, food service workers, and KIN) and Para-professionals who are pay-to-the-punch (PA10).