

## 2025 Employee Premium Deductions

Gold HDHP	Annual Employee Contribution	Employee Monthly Premium*	Employee Per Pay Premium	Notes
Employee:	\$2,460.00	\$205.00	\$102.50*/ \$132.50	* Employee AND eligible Spouse participating in the HI&P Program ** Employee OR eligible Spouse participating in the HI&P Program
Employee + spouse:	\$7,128.00	\$594.00	\$297.00*/ \$327.00**/ \$357.00	
Employee + child(ren):	\$5,460.00	\$455.00	\$227.50*/ \$257.50	
Employee + family:	\$8,340.00	\$695.00	\$347.50*/ \$377.50**/ \$407.50	
Silver HDHP	Annual Employee Contribution	Employee Monthly Premium*	Employee Per Pay Premium	Notes
Employee:	\$1,404.00	\$117.00	\$58.50*/ \$88.50	* Employee AND eligible Spouse participating in the HI&P Program ** Employee OR eligible Spouse participating in the HI&P Program
Employee + spouse:	\$4,812.00	\$401.00	\$200.50*/ \$230.50**/ \$260.50	
Employee + child(ren):	\$3,732.00	\$311.00	\$155.50*/ \$185.50	
Employee + family:	\$5,676.00	\$473.00	\$236.50*/ \$266.50**/ \$296.50	
Bronze HDHP	Annual Employee Contribution	Employee Monthly Premium*	Employee Per Pay Premium	Notes
Employee:	\$576.00	\$48.00	\$24.00*/ \$54.00	* Employee AND eligible Spouse participating in the HI&P Program ** Employee OR eligible Spouse participating in the HI&P Program
Employee + spouse:	\$3,072.00	\$256.00	\$128.00*/ \$158.00**/ \$188.00	
Employee + child(ren):	\$2,100.00	\$175.00	\$87.50*/ \$117.50	
Employee + family:	\$3,504.00	\$292.00	\$146.00*/ \$176.00**/ \$206.00	
Traditional PPO Plan	Annual Employee Contribution	Employee Monthly Premium*	Employee Per Pay Premium	Notes
Employee:	\$4,210.32	\$350.86	\$175.43*/\$205.43	* Employee AND eligible Spouse participating in the HI&P Program ** Employee OR eligible Spouse participating in the HI&P Program
Employee + spouse:	\$11,295.36	\$941.28	\$470.64*/\$500.64**/\$530.64	
Employee + child(ren):	\$8,357.04	\$696.42	\$348.21*/\$378.21	
Employee + family:	\$13,674.00	\$1,139.50	\$569.75*/ \$599.75**/\$629.75	
Dental	Annual Employee Contribution	Employee Monthly Premium*	Employee Per Pay Premium	Notes
Employee:	\$264.00	\$22.00	\$11.00	
Employee + 1:	\$528.00	\$44.00	\$22.00	
Employee + family:	\$792.00	\$66.00	\$33.00	
Signature Choice Standard Vision Plan	Annual Employee Contribution	Employee Monthly Premium*	Employee Per Pay Premium	Notes
Employee:	\$82.56	\$6.88	\$3.44	
Employee + spouse:	\$150.00	\$12.50	\$6.25	
Employee + child(ren):	\$157.68	\$13.14	\$6.57	
Employee + family:	\$243.12	\$20.26	\$10.13	

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Easy Options Vision Plan	Annual Employee Contribution	Employee Monthly Premium*	Employee Per Pay Premium	Notes
Employee:	\$177.60	\$14.80	\$7.40	
Employee + spouse:	\$323.04	\$26.92	\$13.46	
Employee + child(ren):	\$339.36	\$28.28	\$14.14	
Employee + family:	\$523.20	\$43.60	\$21.80	
Salary Continuation & Pregnancy Recovery Benefits****	Annual Employee Contribution	Employee Monthly Premium*	Employee Per Pay Premium	Notes
Must elect STD in order to have Salary Continuation	N/A	\$0.00	\$0.00	Maximum benefit = 120 hours per disability
Short Term Disability****	Annual Employee Contribution	Employee Monthly Premium*	Employee Per Pay Premium	Notes
Must elect STD in order to have Salary Continuation & Pregnancy Recovery Benefit up to \$5,000 per week	Variable	.175 per \$10 of weekly benefit up to \$5,000	divide monthly cost by 2	<b>**NEW**</b> $((\text{Annual Salary} * .70)/52) = \text{Weekly Benefit Amount}$ (Maximum weekly benefit amount is \$5,000) Divide Weekly Benefit Amount by \$10 and multiply by .175 = Monthly Rate
Long Term Disability****	Annual Employee Contribution	Employee Monthly Premium*	Employee Per Pay Premium	Notes
Age:		Cost per \$100 of coverage:		Monthly cost calculation:
<25	Variable	\$0.059	divide monthly cost by 2	annual salary divided by 12 = Monthly Covered Payroll (max covered payroll is \$18,750)
25-29	Variable	\$0.068	divide monthly cost by 2	Monthly Covered Payroll divided by 100
30-34	Variable	\$0.086	divide monthly cost by 2	then multiplied by age rate from table to the left
35-39	Variable	\$0.128	divide monthly cost by 2	
40-44	Variable	\$0.175	divide monthly cost by 2	
45-49	Variable	\$0.305	divide monthly cost by 2	Rate changes occur when one moves into a new age bracket
50-54	Variable	\$0.503	divide monthly cost by 2	Maximum benefit payment is \$12,500/month
55-59	Variable	\$0.668	divide monthly cost by 2	
60-64	Variable	\$0.665	divide monthly cost by 2	
65+	Variable	\$0.650	divide monthly cost by 2	
Basic Life & AD&D****	Annual Employee Contribution	Employee Monthly Premium*	Employee Per Pay Premium	Notes
Coverage= 2x annual salary (up to \$300,000)	Variable	\$.0485 per \$1,000 of coverage up to \$300,000	divide monthly cost by 2	Monthly cost calculation for employee premium: coverage amount (up to \$300,000) divided by 1,000, then multiplied by .0485

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Supplemental Life****	Annual Employee Contribution	Employee Monthly Premium*	Employee Per Pay Premium	Notes
Age:		Cost per \$1,000 of coverage:		Monthly cost calculation:
<30		\$0.060	divide monthly cost by 2	amount elected divided by 1,000
30-34		\$0.080	divide monthly cost by 2	then multiplied by age rate
35-39		\$0.090	divide monthly cost by 2	
40-44		\$0.145	divide monthly cost by 2	Rate changes occur when one moves into a new age
45-49		\$0.289	divide monthly cost by 2	bracket
50-54		\$0.391	divide monthly cost by 2	
55-59		\$0.646	divide monthly cost by 2	
60-64		\$0.918	divide monthly cost by 2	
65-69		\$1.590	divide monthly cost by 2	
70-74		\$2.729	divide monthly cost by 2	
75-79		\$4.990	divide monthly cost by 2	
Spouse Life****	Annual Employee Contribution	Employee Monthly Premium*	Employee Per Pay Premium	Notes
Age:		Cost per \$1,000 of coverage:		Monthly cost calculation:
<30		\$0.060	divide monthly cost by 2	amount elected divided by 1,000
30-34		\$0.080	divide monthly cost by 2	then multiplied by age rate
35-39		\$0.090	divide monthly cost by 2	
40-44		\$0.145	divide monthly cost by 2	Rate changes occur when spouse moves into a new age
45-49		\$0.289	divide monthly cost by 2	bracket
50-54		\$0.391	divide monthly cost by 2	
55-59		\$0.646	divide monthly cost by 2	
60-64		\$0.918	divide monthly cost by 2	
65-69		\$1.590	divide monthly cost by 2	
70-74		\$2.729	divide monthly cost by 2	
75-79		\$4.990	divide monthly cost by 2	
Child Life****	Annual Employee Contribution	Employee Monthly Premium*	Employee Per Pay Premium	Notes
	\$6.00	\$0.50	\$0.25	Cost for all eligible children (any number of children)
Legal Resources	Annual Employee Contribution	Employee Monthly Premium*	Employee Per Pay Premium	Notes
Offered only at Open Enrollment	\$216.00	\$18.00	\$9.00	Premium is paid one month in advance
Lifelock Benefit Elite Plus	Annual Employee Contribution	Employee Monthly Premium*	Employee Per Pay Premium	Notes
Employee:	\$107.88	\$8.99	\$4.50	
Employee + family:	\$215.76	\$17.98	\$8.99	
Lifelock Benefit Elite Premium	Annual Employee Contribution	Employee Monthly Premium*	Employee Per Pay Premium	Notes
Employee:	\$179.88	\$14.99	\$7.50	
Employee + family:	\$359.76	\$29.98	\$14.99	

## 2025 Employee Premium Deductions

AFLAC Critical Illness - Employee \$10,000	Annual Employee Contribution	Employee Monthly Premium*	Employee Per Pay Premium	Notes
Age:				
18-25	\$50.28	\$4.19	\$2.10	
26-30	\$65.16	\$5.43	\$2.72	
31-35	\$76.44	\$6.37	\$3.19	
36-40	\$99.36	\$8.28	\$4.14	
41-45	\$118.92	\$9.91	\$4.96	
46-50	\$141.12	\$11.76	\$5.88	
51-55	\$217.20	\$18.10	\$9.05	
56-60	\$214.32	\$17.86	\$8.93	
61-65	\$433.92	\$36.16	\$18.08	
66+	\$759.24	\$63.27	\$31.64	
AFLAC Critical Illness - Employee \$20,000	Annual Employee Contribution	Employee Monthly Premium*	Employee Per Pay Premium	Notes
Age:				
18-25	\$82.32	\$6.86	\$3.43	
26-30	\$112.08	\$9.34	\$4.67	
31-35	\$134.76	\$11.23	\$5.62	
36-40	\$180.48	\$15.04	\$7.52	
41-45	\$219.60	\$18.30	\$9.15	
46-50	\$264.00	\$22.00	\$11.00	
51-55	\$416.16	\$34.68	\$17.34	
56-60	\$410.40	\$34.20	\$17.10	
61-65	\$849.60	\$70.80	\$35.40	
66+	\$1,500.36	\$125.03	\$62.52	

## 2025 Employee Premium Deductions

AFLAC Critical Illness - Spouse \$5,000	Annual Employee Contribution	Employee Monthly Premium*	Employee Per Pay Premium	Notes
Age:				
18-25	\$34.20	\$2.85	\$1.43	
26-30	\$41.64	\$3.47	\$1.74	
31-35	\$47.40	\$3.95	\$1.98	
36-40	\$58.80	\$4.90	\$2.45	
41-45	\$68.52	\$5.71	\$2.86	
46-50	\$79.68	\$6.64	\$3.32	
51-55	\$117.72	\$9.81	\$4.91	
56-60	\$116.28	\$9.69	\$4.85	
61-65	\$226.08	\$18.84	\$9.42	
66+	\$388.80	\$32.40	\$16.20	
AFLAC Critical Illness - Spouse \$10,000	Annual Employee Contribution	Employee Monthly Premium*	Employee Per Pay Premium	Notes
Age:				
18-25	\$50.28	\$4.19	\$2.10	
26-30	\$65.16	\$5.43	\$2.72	
31-35	\$76.44	\$6.37	\$3.19	
36-40	\$99.36	\$8.28	\$4.14	
41-45	\$118.92	\$9.91	\$4.96	
46-50	\$141.12	\$11.76	\$5.88	
51-55	\$217.20	\$18.10	\$9.05	
56-60	\$214.32	\$17.86	\$8.93	
61-65	\$433.92	\$36.16	\$18.08	
66+	\$759.24	\$63.27	\$31.64	
AFLAC Group Accident	Annual Employee Contribution	Employee Monthly Premium*	Employee Per Pay Premium	Notes
Employee:	\$121.92	\$10.16	\$5.08	
Employee + spouse:	\$207.96	\$17.33	\$8.67	
Employee + child(ren):	\$292.68	\$24.39	\$12.20	
Employee + family:	\$378.72	\$31.56	\$15.78	

## 2025 Employee Premium Deductions

AFLAC Group Hospital Indemnity	Annual Employee Contribution	Employee Monthly Premium*	Employee Per Pay Premium	Notes
Employee:	\$238.20	\$19.85	\$9.93	
Employee + spouse:	\$468.60	\$39.05	\$19.53	
Employee + child(ren):	\$339.00	\$28.25	\$14.13	
Employee + family:	\$569.40	\$47.45	\$23.74	

\*\*\*\* Benefit only offered to full time regular employees (scheduled 40 hours per week)