

# 2025 Monthly Benefit Premiums

NON SCA/CBA/DBA



If covering your spouse, you are subject to a Spousal Surcharge

Medical Premiums <i>Pre-Tax Deduction</i>			
ANTHEM BCBS MEDICAL	STANDARD PLAN	HSA PLAN	PLUS PLAN
Coverage Options	Employee Cost	Employee Cost	Employee Cost
Employee Only	\$65.06	\$141.99	\$478.97
Employee + Spouse	\$198.31	\$396.60	\$1,001.86
Employee + 1 Child	\$139.44	\$306.74	\$743.42
Employee + Children	\$173.51	\$340.84	\$852.93
Family	\$274.21	\$560.82	\$1,376.13

Dental Premiums <i>Pre-Tax Deduction</i>		
DELTA DENTAL	CORE PLAN	BUY-UP PLAN
Coverage Options	Employee Cost	Employee Cost
Employee Only	\$16.52	\$26.99
Employee + Spouse	\$31.56	\$51.47
Employee + Child(ren)	\$45.17	\$72.98
Family	\$65.53	\$108.23

Vision Premiums <i>Pre-Tax Deduction</i>		
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