

Policy Beginning December 1, 2025

Blue Cross Blue Shield-HDHP

Major Medical Premiums:

Employee Pays	
Monthly	Weekly
\$185.16	\$46.29
\$463.61	\$115.91
\$1,048.80	\$262.20
\$1,332.96	\$333.24

Employee only
Employee & children
Employee & spouse
Employee & spouse & children

Policy Beginning January 1, 2024

Dental Premiums:

HIGH PLAN-ADULT&CHILD ORTHO

Employee only
Employee & children
Employee & spouse
Employee & spouse & children

\$61.05 \$15.27
\$147.39 \$36.85
\$121.48 \$30.37
\$218.20 \$54.55

LOW PLAN

Orthodontist-CHILD ONLY

Employee only
Employee & children
Employee & spouse
Employee & spouse & children

\$36.63 \$9.16
\$83.15 \$20.79
\$76.19 \$19.05
\$128.26 \$32.07

Vision Premiums:

Vision

Employee only
Employee & spouse
Employee & children
Employee & spouse & children

\$6.15 \$1.54
\$13.43 \$3.36
\$14.70 \$3.68
\$23.69 \$5.92