



TWOTHOUSANDTWENTYFIVE

OPEN ENROLLMENT

2025 Group Insurance Biweekly Rates

MEDICAL

| TIER LEVEL | FIRST CHOICE ADVANTAGE HMO | SELECT ADVANTAGE HMO | HMO ADVANTAGE | POS ADVANTAGE |
|-----------------------|----------------------------|----------------------|---------------|---------------|
| EMPLOYEE ONLY | \$0.00 | \$0.00 | \$75.00 | \$100.00 |
| EMPLOYEE + CHILD(REN) | \$112.02 | \$141.00 | \$180.17 | \$285.86 |
| EMPLOYEE + SPOUSE | \$134.71 | \$166.00 | \$208.35 | \$344.54 |
| EMPLOYEE + FAMILY | \$197.84 | \$236.00 | \$287.77 | \$595.59 |

DENTAL

| PLAN | EMPLOYEE ONLY | | EMPLOYEE + 1 | | EMPLOYEE + FAMILY | |
|-------------------|---------------|--------|--------------|---------|-------------------|---------|
| | STD | ENR | STD | ENR | STD | ENR |
| DELTACARE USA | \$0.00 | \$0.56 | \$3.00 | \$3.97 | \$7.04 | \$9.02 |
| DELTA DENTAL DPPO | \$0.00 | \$5.19 | \$12.46 | \$22.70 | \$27.86 | \$44.40 |

HUMANA VISION

| | | |
|-------------------|---------|---------|
| | STD | ENR |
| EMPLOYEE ONLY | \$3.40 | \$4.19 |
| EMPLOYEE + 1 | \$6.79 | \$8.38 |
| EMPLOYEE + FAMILY | \$12.20 | \$15.41 |

FLEXIBLE SPENDING ACCOUNTS (FSA)

| | |
|-------------------------|--------------------|
| | Contribution Limit |
| HEALTHCARE FSA ONLY | \$3,200 |
| DEPENDENT CARE FSA ONLY | \$5,000* |

*Healthcare FSA limit and admin fees for 2025 plan year to be determined

METLIFE SHORT TERM DISABILITY (STD)

PREMIUM PER \$100 WEEKLY BENEFIT

| | |
|---------------------------------------|--------|
| Low Opt (\$500 max weekly benefit) | \$1.45 |
| High Opt (\$1,000 max weekly benefit) | \$1.45 |

METLIFE LONG TERM DISABILITY (LTD)

PREMIUM PER \$100 OF COVERED MONTHLY PAYROLL

| | |
|--|--------|
| Low Opt (\$2,000 max monthly benefit) | \$1.75 |
| High Opt (\$4,000 max monthly benefit) | \$2.10 |
| Premier (\$7,000 max monthly benefit) | \$2.92 |

ARAG LEGAL INSURANCE

| | |
|-------------------|--------|
| EMPLOYEE ONLY | \$7.29 |
| EMPLOYEE + 1 | \$9.34 |
| EMPLOYEE + FAMILY | \$9.61 |

YOUR BENEFITS