



total rewards

2024 vs. 2025 PREMIUM SHARE RATES

Medical/RX Insurance

	Employee Cost per Month		Change
	2024	2025	
Aetna Deductible Plan			
Employee Only	\$90.22	\$98.20	\$7.98
Employee & Spouse/Partner	\$377.34	\$410.70	\$33.36
Employee & Child(ren)	\$333.52	\$363.00	\$29.48
Couple & Child(ren)	\$520.28	\$566.26	\$45.98
Aetna High Deductible Health Plan			
Employee Only	\$34.68	\$37.64	\$2.96
Employee & Spouse/Partner	\$154.40	\$167.50	\$13.10
Employee & Child(ren)	\$136.42	\$148.00	\$11.58
Couple & Child(ren)	\$212.80	\$230.88	\$18.08
Kaiser Permanente HMO			
Employee Only	\$65.60	\$65.60	-
Employee & Spouse/Partner	\$275.30	\$275.30	-
Employee & Child(ren)	\$257.56	\$257.56	-
Couple & Child(ren)	\$396.10	\$396.10	-

Dental and Vision Insurance

	Employee Cost per Month		Change
	2024	2025	
Delta Dental Legacy & Core			
Employee Only	\$3.18	\$3.18	-
Employee & Spouse/Partner	\$19.04	\$19.04	-
Employee & Child(ren)	\$16.20	\$16.20	-
Couple & Child(ren)	\$26.20	\$26.20	-
Delta Dental Enhanced			
Employee Only	\$25.52	\$25.52	-
Employee & Spouse/Partner	\$63.74	\$63.74	-
Employee & Child(ren)	\$54.18	\$54.18	-
Couple & Child(ren)	\$87.66	\$87.66	-
VSP Vision Core			
Employee Only	\$1.30	\$1.34	\$0.04
Employee & Spouse/Partner	\$3.98	\$4.12	\$0.14
Employee & Child(ren)	\$4.24	\$4.38	\$0.14
Couple & Child(ren)	\$6.68	\$6.92	\$0.24
VSP Vision Enhanced			
Employee Only	\$5.78	\$5.98	\$0.20
Employee & Spouse/Partner	\$12.96	\$13.44	\$0.48
Employee & Child(ren)	\$13.86	\$14.34	\$0.48
Couple & Child(ren)	\$22.02	\$22.82	\$0.80