



Employee Costs Plan Year 2025

Bi-weekly Rates

Effective January 1, 2025 - December 31, 2025

Coverage Level	Anthem Platinum Medical + VSP Vision	Anthem Gold Medical+ VSP Vision	Anthem Dental
Employee Only	\$107.93	\$55.09	\$4.39
Employee + Spouse/ Domestic Partner*	\$354.56	\$222.19	\$16.81
Employee + Child(ren)	\$264.34	\$161.22	\$18.10
Family	\$533.56	\$343.85	\$33.76

*A domestic partner and/or a domestic partner's child(ren) is not considered a legal tax dependent under federal law. As a result, if you elect to have your partner or their children covered under your health plan(s), you will pay income tax and Social Security payroll tax on the portion of the insurance premium that your employer contributes towards the portion of cost for their coverage (this is known as imputed income). In addition, your portion of cost for their coverage will be deducted from your paycheck on an after-tax basis.