



HALL Group 2025 Employee Contributions

Your **monthly** cost to participate in medical benefits is as follows:

BCBS TX EPO Plan

	Total Premium	Employer Cost	Employee Cost
Employee Only	\$948.93	\$770.42	\$178.52
Employee + Spouse	\$2,087.68	\$1,512.43	\$575.25
Employee + Child(ren)	\$1,897.89	\$1,451.58	\$446.31
Employee + Family	\$3,036.62	\$2,203.50	\$833.12

BCBS TX \$1500 Plan

	Total Premium	Employer Cost	Employee Cost
Employee Only	\$861.99	\$780.58	\$81.40
Employee + Spouse	\$1,895.98	\$1,546.64	\$349.34
Employee + Child(ren)	\$1,723.97	\$1,479.02	\$244.95
Employee + Family	\$2,758.38	\$2,264.41	\$493.97

BCBS TX HSA \$2800 Plan

	Total Premium	Employer Cost	Employee Cost
Employee Only	\$801.09	\$801.09	\$0.00
Employee + Spouse	\$1,762.42	\$1,565.60	\$196.82
Employee + Child(ren)	\$1,602.20	\$1,432.34	\$169.86
Employee + Family	\$2,563.47	\$2,291.39	\$272.08

Kaiser Plan (CA Only)

	Total Premium	Employer Cost	Employee Cost
Employee Only	\$895.66	\$717.14	\$178.52
Employee + Spouse	\$1,970.46	\$1,395.21	\$575.25
Employee + Child(ren)	\$1,791.32	\$1,345.01	\$446.31
Employee + Family	\$2,866.12	\$2,033.00	\$833.12

Your **monthly** cost to participate in dental benefits is as follows:

Cigna Dental

	Total Premium	Employer Cost	Employee Cost
Employee Only	\$46.63	\$33.43	\$13.20
Employee + Spouse	\$94.27	\$67.59	\$26.68
Employee + Child(ren)	\$128.63	\$92.23	\$36.40
Employee + Family	\$204.62	\$146.71	\$57.91

VSP Voluntary Vision - Paid 100% by Employees

	Total Monthly Premium
Employee Only	\$9.43
Employee + Spouse	\$15.26
Employee + Child(ren)	\$15.57
Employee + Family	\$25.11