

## **2025 Employee Premium** Contribution Per Paycheck Rates effective 10/1/2024

The below premiums apply to 24 semi-monthly pay periods:

	EE Only	EE + 1 or Spouse	EE + Child(ren)	EE + Family
Cigna - OAP PPO	\$0	\$225	\$222.50	\$390
Cigna - Standard "HMO"	\$30	\$265	\$262.50	\$440
Kaiser HMO	\$32.50	\$250	N/A*	\$442.50
Guardian Dental	\$22.67	\$42.71	\$50.60	\$70.86
Guardian VSP (Vision)	\$4.92	\$9.75	\$9.56	\$14.54
* Kaiser only has 3 rate tables: EE, EE+1 and EE+2 or more.				

\$225 medical insurance opt-out paid at \$112.50 per pay period can offset the following premium costs:



**Dental Premiums** 



Commuter FSA Contributions



Vision Premiums



Healthcare FSA Contributions



Dependent Care FSA Contributions



**Remaining Balance:** Taxable Cash Compensation