



# 2025 Employee Premium Contribution Per Paycheck

Rates effective 10/1/2024

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

	EE Only	EE + Spouse	EE + Child(ren)	EE + Family
Aultcare	\$0	\$205	\$202.50	\$387.50
Cigna - OAP PPO	\$0	\$225	\$222.50	\$390
Cigna - Standard "HMO"	\$30	\$265	\$262.50	\$440
Guardian Dental	\$22.67	\$42.71	\$50.60	\$70.86
Guardian VSP (Vision)	\$4.92	\$9.75	\$9.56	\$14.54

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



Dental Premiums



Vision Premiums



Healthcare FSA Contributions



Commuter FSA Contributions



Dependent Care FSA Contributions



Remaining Balance:  
Taxable Cash Compensation