



**Employee Contributions**  
**Effective 1/1/2025 - 12/31/2025**

|                             | <b>Employee<br/>Cost per pay Period</b> |
|-----------------------------|---|
| <b>Anthem PPO 500</b>       |   |
| Employee Only               | \$27.50                                 |
| Employee + Spouse           | \$206.91                                |
| Employee + Child(ren)       | \$147.11                                |
| Family                      | \$341.47                                |
| <b>Anthem PPO 1500</b>      |   |
| Employee Only               | \$0.00                                  |
| Employee + Spouse           | \$144.33                                |
| Employee + Child(ren)       | \$96.22                                 |
| Family                      | \$252.57                                |
| <b>Anthem HDHP/HSA 3300</b> |   |
| Employee Only               | \$0.00                                  |
| Employee + Spouse           | \$51.18                                 |
| Employee + Child(ren)       | \$34.12                                 |
| Family                      | \$89.56                                 |
| <b>Kaiser HMO 20 Plus</b>   |   |
| Employee Only               | \$27.50                                 |
| Employee + Spouse           | \$206.91                                |
| Employee + Child(ren)       | \$147.11                                |
| Family                      | \$341.47                                |
| <b>Kaiser HMO 20/1500</b>   |   |
| Employee Only               | \$0.00                                  |
| Employee + Spouse           | \$144.33                                |
| Employee + Child(ren)       | \$96.22                                 |
| Family                      | \$252.57                                |
| <b>Guardian Dental PPO</b>  |   |
| Employee Only               | \$0.00                                  |
| Employee + Spouse           | \$14.36                                 |
| Employee + Child(ren)       | \$16.40                                 |
| Family                      | \$33.12                                 |
| <b>Guardian Dental HMO</b>  |   |
| Employee Only               | \$0.00                                  |
| Employee + Spouse           | \$1.94                                  |
| Employee + Child(ren)       | \$2.23                                  |
| Family                      | \$4.69                                  |
| <b>VSP Vision</b>           |   |
| Employee Only               | \$0.00                                  |
| Employee + Spouse           | \$1.02                                  |
| Employee + Child(ren)       | \$1.19                                  |
| Family                      | \$2.05                                  |