

2025

M O N T H L Y

**TOTAL
PREMIUM**

**COLLEGE
CONTRIB.**

**EMPLOYEE
CONTRIB.**

ACTIVES- CAPITAL BLUE CROSS

Standard PPO

INDIVIDUAL	\$795.48	\$725.37	\$70.11
EMPL+SP	2,184.44	1,549.39	635.05
EMPL/CHILD	1,858.76	1,508.20	350.56
EMPL/CHILDREN	1,954.09	1,580.36	373.73
FAMILY	2,279.76	1,620.21	659.55

High Deductible/HSA

INDIVIDUAL	\$750.40	\$725.37	\$25.03
EMPL+SP	1,971.29	1,549.39	421.90
EMPL/CHILD	1,714.07	1,508.20	205.87
EMPL/CHILDREN	1,789.36	1,580.36	209.00
FAMILY	2,046.51	1,620.21	426.30

Low Deductible

INDIVIDUAL	\$1,015.42	\$725.37	\$290.05
EMPL+SP	2,887.29	1,549.39	1,337.90
EMPL/CHILD	2,456.85	1,508.20	948.65
EMPL/CHILDREN	2,582.80	1,580.36	1,002.44
FAMILY	3,013.31	1,620.21	1,393.10

Delta Dental PPO

SINGLE COVERAGE	\$33.60	-	\$33.60
TWO-PARTY	67.22	-	67.22
THREE OR MORE	86.92	-	86.92