

**NEW HEALTH BENEFIT RATES FOR FY25
BI-WEEKLY CONTRIBUTION**

EMPLOYEE ONLY COVERAGE							
Plan	GROSS RATE	Salary Tier A Less than \$50k		Salary Tier B \$50K to \$59,999K		Salary Tier C \$60K and Over	
		Employee	State	Employee	State	Employee	State
		<u>20%</u>	<u>80%</u>	<u>30%</u>	<u>70%</u>	<u>40%</u>	<u>60%</u>
Presbyterian - HMO	\$ 300.06	\$ 60.01	\$ 240.05	\$ 90.02	\$ 210.04	\$ 120.02	\$ 180.04
BCBS - HMO	\$ 300.06	\$ 60.01	\$ 240.05	\$ 90.02	\$ 210.04	\$ 120.02	\$ 180.04
Cigna-HMO	\$ 297.06	\$ 59.41	\$ 237.65	\$ 89.12	\$ 207.94	\$ 118.82	\$ 178.24
BCBS - PPO	\$ 348.95	\$ 69.79	\$ 279.16	\$ 104.69	\$ 244.27	\$ 139.58	\$ 209.37
Cigna-PPO	\$ 345.47	\$ 69.09	\$ 276.38	\$ 103.64	\$ 241.83	\$ 138.19	\$ 207.28
Delta Dental	\$ 18.05	\$ 3.61	\$ 14.44	\$ 5.42	\$ 12.64	\$ 7.22	\$ 10.83
EyeMed	\$ 3.36	\$ 0.67	\$ 2.69	\$ 1.01	\$ 2.35	\$ 1.34	\$ 2.02

EMPLOYEE PLUS SPOUSE COVERAGE							
Plan	GROSS RATE	Salary Tier A Less than \$50k		Salary Tier B \$50K to \$59,999K		Salary Tier C \$60K and Over	
		Employee	State	Employee	State	Employee	State
		<u>20%</u>	<u>80%</u>	<u>30%</u>	<u>70%</u>	<u>40%</u>	<u>60%</u>
Presbyterian - HMO	\$ 675.14	\$ 135.03	\$ 540.11	\$ 202.54	\$ 472.60	\$ 270.06	\$ 405.08
BCBS - HMO	\$ 675.14	\$ 135.03	\$ 540.11	\$ 202.54	\$ 472.60	\$ 270.06	\$ 405.08
Cigna-HMO	\$ 668.38	\$ 133.68	\$ 534.70	\$ 200.51	\$ 467.87	\$ 267.35	\$ 401.03
BCBS - PPO	\$ 785.20	\$ 157.04	\$ 628.16	\$ 235.56	\$ 549.64	\$ 314.08	\$ 471.12
Cigna-PPO	\$ 777.35	\$ 155.47	\$ 621.88	\$ 233.21	\$ 544.15	\$ 310.94	\$ 466.41
Delta Dental	\$ 36.08	\$ 7.22	\$ 28.86	\$ 10.82	\$ 25.26	\$ 14.43	\$ 21.65
EyeMed	\$ 6.31	\$ 1.26	\$ 5.05	\$ 1.89	\$ 4.42	\$ 2.52	\$ 3.79

EMPLOYEE PLUS CHILD/CHILDREN COVERAGE							
Plan	GROSS RATE	Salary Tier A Less than \$50k		Salary Tier B \$50K to \$59,999K		Salary Tier C \$60K and Over	
		Employee	State	Employee	State	Employee	State
		<u>20%</u>	<u>80%</u>	<u>30%</u>	<u>70%</u>	<u>40%</u>	<u>60%</u>
Presbyterian - HMO	\$ 540.11	\$ 108.02	\$ 432.09	\$ 162.03	\$ 378.08	\$ 216.04	\$ 324.07
BCBS - HMO	\$ 540.11	\$ 108.02	\$ 432.09	\$ 162.03	\$ 378.08	\$ 216.04	\$ 324.07
Cigna-HMO	\$ 534.71	\$ 106.94	\$ 427.77	\$ 160.41	\$ 374.30	\$ 213.88	\$ 320.83
BCBS - PPO	\$ 628.14	\$ 125.63	\$ 502.51	\$ 188.44	\$ 439.70	\$ 251.26	\$ 376.88
Cigna-PPO	\$ 621.86	\$ 124.37	\$ 497.49	\$ 186.56	\$ 435.30	\$ 248.74	\$ 373.12
Delta Dental	\$ 41.51	\$ 8.30	\$ 33.21	\$ 12.45	\$ 29.06	\$ 16.60	\$ 24.91
EyeMed	\$ 7.35	\$ 1.47	\$ 5.88	\$ 2.21	\$ 5.15	\$ 2.94	\$ 4.41

EMPLOYEE PLUS DOMESTIC PARTNER PLUS CHILDREN (FAMILY)

Plan	GROSS RATE	Salary Tier A Less than \$50k			Salary Tier B \$50K to \$59,999K			Salary Tier C \$60K and Over		
		EE Pre 20%	EE After	State 80%	EE Pre 30%	EE After	State 70%	EE Pre 40%	EE After	State 60%
Pres- HMO	\$ 885.16	\$ 108.02	\$ 69.01	\$ 708.13	\$ 162.03	\$ 103.52	\$ 619.61	\$ 216.04	\$ 138.02	\$ 531.10
BCBS - HMO	\$ 885.16	\$ 108.02	\$ 69.01	\$ 708.13	\$ 162.03	\$ 103.52	\$ 619.61	\$ 216.04	\$ 138.02	\$ 531.10
Cigna-HMO	\$ 876.30	\$ 106.94	\$ 68.32	\$ 701.04	\$ 160.41	\$ 102.48	\$ 613.41	\$ 213.88	\$ 136.64	\$ 525.78
BCBS - PPO	\$ 1,029.50	\$ 125.63	\$ 80.27	\$ 823.60	\$ 188.44	\$ 120.41	\$ 720.65	\$ 251.26	\$ 160.54	\$ 617.70
Cigna-PPO	\$ 1,019.21	\$ 124.37	\$ 79.47	\$ 815.37	\$ 186.56	\$ 119.21	\$ 713.45	\$ 248.74	\$ 158.94	\$ 611.53
Delta Dental	\$ 54.13	\$ 8.30	\$ 2.52	\$ 43.30	\$ 12.45	\$ 3.79	\$ 37.89	\$ 16.60	\$ 5.05	\$ 32.48
EyeMed	\$ 9.31	\$ 1.47	\$ 0.39	\$ 7.45	\$ 2.21	\$ 0.59	\$ 6.52	\$ 2.94	\$ 0.78	\$ 5.59

FAMILY COVERAGE

Plan	GROSS RATE	Salary Tier A Less than \$50k		Salary Tier B \$50K to \$59,999K		Salary Tier C \$60K and Over	
		Employee 20%	State 80%	Employee 30%	State 70%	Employee 40%	State 60%
Presbyterian - HMO	\$ 885.16	\$ 177.03	\$ 708.13	\$ 265.55	\$ 619.61	\$ 354.06	\$ 531.10
BCBS - HMO	\$ 885.16	\$ 177.03	\$ 708.13	\$ 265.55	\$ 619.61	\$ 354.06	\$ 531.10
Cigna-HMO	\$ 876.30	\$ 175.26	\$ 701.04	\$ 262.89	\$ 613.41	\$ 350.52	\$ 525.78
BCBS - PPO	\$ 1,029.50	\$ 205.90	\$ 823.60	\$ 308.85	\$ 720.65	\$ 411.80	\$ 617.70
Cigna-PPO	\$ 1,019.21	\$ 203.84	\$ 815.37	\$ 305.76	\$ 713.45	\$ 407.68	\$ 611.53
Delta Dental	\$ 54.13	\$ 10.83	\$ 43.30	\$ 16.24	\$ 37.89	\$ 21.65	\$ 32.48
EyeMed	\$ 9.31	\$ 1.86	\$ 7.45	\$ 2.79	\$ 6.52	\$ 3.72	\$ 5.59

EMPLOYEE PLUS DOMESTIC PARTNER (EMPLOYEE + SPOUSE)

Plan	GROSS RATE	Salary Tier A Less than \$50k			Salary Tier B \$50K to \$59,999K			Salary Tier C \$60K and Over		
		EE Pre 20%	EE After	State 80%	EE Pre 30%	EE After	State 70%	EE Pre 40%	EE After	State 60%
Pres - HMO	\$ 675.14	\$ 60.01	\$ 75.02	\$ 540.11	\$ 90.02	\$ 112.52	\$ 472.60	\$ 120.02	\$ 150.03	\$ 405.08
BCBS - HMO	\$ 675.14	\$ 60.01	\$ 75.02	\$ 540.11	\$ 90.02	\$ 112.52	\$ 472.60	\$ 120.02	\$ 150.03	\$ 405.08
Cigna-HMO	\$ 668.38	\$ 59.41	\$ 74.26	\$ 534.70	\$ 89.12	\$ 111.40	\$ 467.87	\$ 118.82	\$ 148.53	\$ 401.03
BCBS - PPO	\$ 785.20	\$ 69.79	\$ 87.25	\$ 628.16	\$ 104.69	\$ 130.88	\$ 549.64	\$ 139.58	\$ 174.50	\$ 471.12
Cigna-PPO	\$ 777.35	\$ 69.09	\$ 86.38	\$ 621.88	\$ 103.64	\$ 129.56	\$ 544.15	\$ 138.19	\$ 172.75	\$ 466.41
Delta Dent	\$ 36.08	\$ 3.61	\$ 3.61	\$ 28.86	\$ 5.42	\$ 5.41	\$ 25.26	\$ 7.22	\$ 7.21	\$ 21.65
EyeMed	\$ 6.31	\$ 0.67	\$ 0.59	\$ 5.05	\$ 1.01	\$ 0.89	\$ 4.42	\$ 1.34	\$ 1.18	\$ 3.79