

2025 Group 2 & 3**COST SUMMARY**

	Monthly	Employee Bi-weekly Cost	Employer Bi-weekly Contribution
Medical Plan A			
EMPLOYEE	\$677.00	\$94.00	\$218.48
EMPLOYEE/SPOUSE	\$1,293.00	\$378.00	\$218.64
EMPLOYEE/CHILD(REN)	\$1,146.00	\$310.00	\$218.96
FAMILY	\$1,977.00	\$694.00	\$218.48
Medical Plan B			
EMPLOYEE	\$422.00	\$29.00	\$165.88
EMPLOYEE/SPOUSE	\$808.00	\$207.00	\$165.96
EMPLOYEE/CHILD(REN)	\$716.00	\$164.00	\$166.24
FAMILY	\$1,237.00	\$405.00	\$165.72
Dental			
EMPLOYEE	\$26.02	\$12.01	
EMPLOYEE/SPOUSE	\$52.05	\$24.02	
EMPLOYEE/CHILD(REN)	\$56.17	\$25.92	
FAMILY	\$70.64	\$32.60	
Vision			
EMPLOYEE	\$10.45	\$4.82	
EMPLOYEE/SPOUSE	\$18.82	\$8.69	
EMPLOYEE/CHILD(REN)	\$20.38	\$9.41	
FAMILY	\$28.21	\$13.02	
Employee, Spouse & Child Life			
BASED ON AGE, AMOUNT, AND TOBACCO USE			
Short-Term Disability			
BASED ON INCOME OF INSURED			
Long-Term Disability			
BASED ON INCOME OF INSURED			
Cancer			
EMPLOYEE	\$26.87	\$12.40	
EMPLOYEE/SPOUSE	\$45.24	\$20.88	
EMPLOYEE/CHILD(REN)	\$26.87	\$12.40	
FAMILY	\$45.24	\$20.88	
Critical Illness			
BASED ON AGE AND AMOUNT OF COVERAGE			
Hospital Indemnity			
EMPLOYEE	\$23.46	\$10.83	
EMPLOYEE/SPOUSE	\$51.26	\$23.66	
EMPLOYEE/CHILD(REN)	\$32.60	\$15.05	
FAMILY	\$60.39	\$27.87	
Accident			
EMPLOYEE	\$12.09	\$5.58	
EMPLOYEE/SPOUSE	\$19.16	\$8.84	
EMPLOYEE/CHILD(REN)	\$25.36	\$11.70	
FAMILY	\$32.60	\$15.05	
401k			
EMPLOYER MATCH UP TO 4% BASED ON EMPLOYEE CONTRIBUTION			