



2025 MEDICAL RATES 01-01-2025 – 12-31-2025

Blue Cross HMO	Total Monthly Carrier Premium	RFND Max Monthly Employer Contribution	Employee Out-of-Pocket per Month
Blue Cross HMO EE Only	\$827.50	\$827.50	\$0.00
Blue Cross HMO EE +1	\$1,653.50	\$1,653.50	\$0.00
Blue Cross HMO EE +2	\$2,342.50	\$2,342.50	\$0.00

Kaiser HMO	Total Monthly Carrier Premium	RFND Max Monthly Employer Contribution	Employee Out-of-Pocket per Month
Kaiser EE Only	\$660.50	\$660.50	\$0.00
Kaiser EE +1	\$1,361.50	\$1,361.50	\$0.00
Kaiser EE +2	\$1,779.50	\$1,779.50	\$0.00

Blue Cross PPO	Total Monthly Carrier Premium	RFND Max Monthly Employer Contribution	Employee Out-of-Pocket per Month
Blue Cross PPO EE Only	\$1,032.50	\$1,032.50	\$0.00
Blue Cross PPO EE +1	\$2,068.50	\$2,039.00	\$29.50
Blue Cross PPO EE +2	\$2,925.50	\$2,551.00	\$374.50

2025 DENTAL RATES 01-01-2025 – 12-31-2025

Delta (Dental)	Total Monthly Carrier Premium	RFND Max Monthly Contribution	Employee Out-of-Pocket per Month
Delta EE Only	\$43.10	\$43.10	\$0.00
Delta EE +1	\$86.10	\$64.60	\$21.50
Delta EE +2	\$133.30	\$88.20	\$45.10

2025 VISION RATES 01-01-2025 – 12-31-2025

VSP (Vision)	Total Monthly Carrier Premium	RFND Max Monthly Contribution	Employee Out-of-Pocket per Month
VSP EE Only	\$11.20	\$11.20	\$0.00
VSP EE +1	\$14.80	\$13.00	\$1.80
VSP EE +2	\$24.10	\$17.66	\$6.44

For Vision and Dental, Research Foundation Contribution is: Single Rate + 50% of Dependent Rate  
Some Rates are rounded to nearest \$0.01

09-16-2024