2025 Per Pay Deductions

(24 pays/year)

Medical	Plan	Rates
MEGICAL	riaii	Rates

	PPC	\$400	HDHP \$2000
	With Wellness	Without Wellness	
Salary <\$40,000			
Single	\$102.68	\$114.08	\$24.63
Parent & Child	\$296.16	\$318.94	\$136.79
Parent and Children	\$344.06	\$366.85	\$171.24
Employee & Spouse	\$400.56	\$423.35	\$210.41
Family	\$439.92	\$462.72	\$245.92
Salary \$40,000 < \$62,00	00		
Single	\$103.70	\$115.22	\$24.88
Parent & Child	\$299.12	\$322.13	\$138.16
Parent and Children	\$347.51	\$370.52	\$172.95
Employee & Spouse	\$404.57	\$427.58	\$212.51
Family	\$444.32	\$467.35	\$248.38
Salary \$62,000 < \$100,0	000		
Single	\$104.22	\$115.79	\$25.00
Parent & Child	\$300.60	\$323.73	\$138.84
Parent and Children	\$349.23	\$372.35	\$173.81
Employee & Spouse	\$406.57	\$429.70	\$213.57
Family	\$446.52	\$469.66	\$249.61
Salary \$100,000 or grea	ater		
Single	\$105.24	\$116.93	\$25.25
Parent & Child	\$303.56	\$326.92	\$140.21
Parent and Children	\$352.67	\$376.02	\$175.52
Employee & Spouse	\$410.57	\$433.93	\$215.67
Family	\$450.92	\$474.29	\$252.07

Dental Plan Rates

Tier	Basic Plan	Enhanced Plan
Employee Only	\$10.77	\$15.78
Employee + 1	\$22.72	\$33.29
Family	\$28.90	42.25

Vision Plan Rates

Tier	NVA Plan
Employee Only	\$2.78
Employee + 1	\$5.29
Family	\$7.24