



total rewards

2025 MEDICAL/DENTAL/VISION PREMIUM SHARE RATES

Medical/RX Insurance

| | Employee Cost per Month | Employee Cost per Pay Period | Port Cost per Month | Port Cost per Pay Period | Total Cost per Month |
|---|-------------------------|------------------------------|---------------------|--------------------------|----------------------|
| Aetna Deductible Plan | | | | | |
| Employee Only | \$98.20 | \$49.10 | \$992.84 | \$496.42 | \$1,091.04 |
| Employee & Spouse/Partner | \$410.70 | \$205.35 | \$1,750.84 | \$875.42 | \$2,161.54 |
| Employee & Child(ren) | \$363.00 | \$181.50 | \$1,547.48 | \$773.74 | \$1,910.48 |
| Couple & Child(ren) | \$566.26 | \$283.13 | \$2,414.08 | \$1,207.04 | \$2,980.34 |
| Aetna High Deductible Health Plan* | | | | | |
| Employee Only | \$37.64 | \$18.82 | \$903.08 | \$451.54 | \$940.72 |
| Employee & Spouse/Partner | \$167.50 | \$83.75 | \$1,693.60 | \$846.80 | \$1,861.10 |
| Employee & Child(ren) | \$148.00 | \$74.00 | \$1,496.42 | \$748.21 | \$1,644.42 |
| Couple & Child(ren) | \$230.88 | \$115.44 | \$2,334.38 | \$1,167.19 | \$2,565.26 |
| Kaiser Permanente Plan | | | | | |
| Employee Only | \$65.60 | \$32.80 | \$663.28 | \$331.64 | \$728.88 |
| Employee & Spouse/Partner | \$275.30 | \$137.65 | \$1,173.62 | \$586.81 | \$1,448.92 |
| Employee & Child(ren) | \$257.56 | \$128.78 | \$1,097.98 | \$548.99 | \$1,355.54 |
| Couple & Child(ren) | \$396.10 | \$198.05 | \$1,688.56 | \$844.28 | \$2,084.66 |

* HDHP members will receive a \$500 (employee only coverage) or \$1,000 (employee & family coverage) HSA contribution if they elect to participate in the HSA program.



Dental Insurance

| | Employee Cost per Month | Employee Cost per Pay Period | Port Cost per Month | Port Cost per Pay Period | Total Cost per Month |
|---------------------------------|-------------------------|------------------------------|---------------------|--------------------------|----------------------|
| Delta Dental WA Legacy | | | | | |
| Employee Only | \$3.18 | \$1.59 | \$60.36 | \$30.18 | \$63.54 |
| Employee & Spouse/Partner | \$19.04 | \$9.52 | \$108.02 | \$54.01 | \$127.06 |
| Employee & Child(ren) | \$16.20 | \$8.10 | \$91.82 | \$45.91 | \$108.02 |
| Couple & Child(ren) | \$26.20 | \$13.10 | \$148.52 | \$74.26 | \$174.72 |
| Delta Dental WA Core | | | | | |
| Employee Only | \$3.18 | \$1.59 | \$60.36 | \$30.18 | \$63.54 |
| Employee & Spouse/Partner | \$19.04 | \$9.52 | \$108.02 | \$54.01 | \$127.06 |
| Employee & Child(ren) | \$16.20 | \$8.10 | \$91.82 | \$45.91 | \$108.02 |
| Couple & Child(ren) | \$26.20 | \$13.10 | \$148.52 | \$74.26 | \$174.72 |
| Delta Dental WA Enhanced | | | | | |
| Employee Only | \$25.52 | \$12.76 | \$60.36 | \$30.18 | \$85.88 |
| Employee & Spouse/Partner | \$63.74 | \$31.87 | \$108.02 | \$54.01 | \$171.76 |
| Employee & Child(ren) | \$54.18 | \$27.09 | \$91.82 | \$45.91 | \$146.00 |
| Couple & Child(ren) | \$87.66 | \$43.83 | \$148.52 | \$74.26 | \$236.18 |



Vision Insurance

| | Employee Cost per Month | Employee Cost per Pay Period | Port Cost per Month | Port Cost per Pay Period | Total Cost per Month |
|---------------------------|-------------------------|------------------------------|---------------------|--------------------------|----------------------|
| VSP Core | | | | | |
| Employee Only | \$1.34 | \$0.67 | \$6.62 | \$3.31 | \$7.96 |
| Employee & Spouse/Partner | \$4.12 | \$2.06 | \$11.14 | \$5.57 | \$15.26 |
| Employee & Child(ren) | \$4.38 | \$2.19 | \$11.90 | \$5.95 | \$16.28 |
| Couple & Child(ren) | \$6.92 | \$3.46 | \$18.72 | \$9.36 | \$25.64 |
| VSP Enhanced | | | | | |
| Employee Only | \$5.98 | \$2.99 | \$6.62 | \$3.31 | \$12.60 |
| Employee & Spouse/Partner | \$13.44 | \$6.72 | \$11.14 | \$5.57 | \$24.58 |
| Employee & Child(ren) | \$14.34 | \$7.17 | \$11.90 | \$5.95 | \$26.24 |
| Couple & Child(ren) | \$22.82 | \$11.41 | \$18.72 | \$9.36 | \$41.54 |