

2025 Health, Dental, Vision and Accident Plan Premiums

(Effective January 1, 2025)



Non-High Deductible Health Plans	Single (monthly)	Single (biweekly)	Family (monthly)	Family (biweekly)
IYC Plan with Dental	\$124.00	\$62.00	\$307.00	\$153.50
IYC Plan without Dental	\$120.00	\$60.00	\$297.00	\$148.50
Access with Dental	\$296.00	\$148.00	\$734.00	\$367.00
Access without Dental	\$292.00	\$146.00	\$724.00	\$362.00
Access with Dental (required to work out of state)	\$187.00	\$93.50	\$470.00	\$235.00
Access without Dental (required to work out of state)	\$183.00	\$91.50	\$460.00	\$230.00

High Deductible Health Plans	Single (monthly)	Single (biweekly)	Family (monthly)	Family (biweekly)
HDHP Plan with Dental	\$46.00	\$23.00	\$114.00	\$57.00
HDHP Plan without Dental	\$42.00	\$21.00	\$104.00	\$52.00
HDHP Access with Dental	\$218.00	\$109.00	\$541.00	\$270.50
HDHP Access without Dental	\$214.00	\$107.00	\$531.00	\$265.50
HDHP Access with Dental (required to work out of state)	\$109.00	\$54.50	\$277.00	\$138.50
HDHP Access without Dental (required to work out of state)	\$105.00	\$52.50	\$267.00	\$133.50

2025 Premiums	Employee (monthly)	Employee (biweekly)	Employee + Spouse (monthly)	Employee + Spouse (biweekly)	Employee + Child(ren) (monthly)	Employee + Child(ren) (biweekly)	Family (monthly)	Family (biweekly)
Delta Dental PPO – Select Plan	\$9.08	\$4.54	\$18.16	\$9.08	\$12.24	\$6.12	\$21.76	\$10.88
Delta Dental PPO – Select Plus Plan	\$21.60	\$10.80	\$43.22	\$21.61	\$40.12	\$20.06	\$66.20	\$33.10
Delta Dental – Preventive (no health)	\$36.10	\$18.05	n/a	n/a	n/a	n/a	\$90.28	\$45.14
DeltaVision	\$5.72	\$2.86	\$11.42	\$5.71	\$12.88	\$6.44	\$20.58	\$10.29
Accident Plan	\$3.72	\$1.86	\$5.32	\$2.66	\$7.16	\$3.58	\$10.46	\$5.23