

BENEFIT PLAN MONTHLY RATES

January 1, 2025 - December 31, 2025 Active Employees - 90/10 Cost Share

Highmark Comp 80	Employee	Employee + Spouse	Employee + Child(ren)	Family
Employee Contribution	\$0.00	\$0.00	\$0.00	\$0.00
Employer Contribution (100%)	\$953.44	\$1,685.65	\$1,428.23	\$2,667.72
Total Monthly Premium	\$953.44	\$1,685.65	\$1,428.23	\$2,667.72
Highmark PPO	Employee	Employee + Spouse	Employee + Child(ren)	Family
Employee Contribution (10%)	\$114.39	\$202.81	\$171.58	\$320.29
Employer Contribution (90%)	\$1,176.22	\$2,085.48	\$1,764.37	\$3,293.47
Total Monthly Premium	\$1,290.61	\$2,288.29	\$1,935.95	\$3,613.76
Highmark EPO	Employee	Employee + Spouse	Employee + Child(ren)	Family
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Employee Contribution (10%)	\$112.18	\$198.89	\$168.26	\$314.08
Employer Contribution (90%)	\$1,153.49	\$2,045.11	\$1,730.19	\$3,229.73
Total Monthly Premium	\$1,265.67	\$2,244.00	\$1,898.45	\$3,543.81
Aetna Select	Employee	Employee + Spouse	Employee + Child(ren)	Family
	Employee	Employee - Spouse		· •
Employee Contribution (10%)	\$92.13	\$163.06	\$138.18	\$257.95
Employee Contribution (10%) Employer Contribution (90%)	\$92.13 \$947.28	\$163.06 \$1,676.67	\$138.18 \$1,420.92	\$257.95 \$2,652.37
Employee Contribution (10%)	\$92.13	\$163.06	\$138.18	\$257.95
Employee Contribution (10%) Employer Contribution (90%)	\$92.13 \$947.28	\$163.06 \$1,676.67	\$138.18 \$1,420.92	\$257.95 \$2,652.37
Employee Contribution (10%) Employer Contribution (90%) Total Monthly Premium Dental Plans	\$92.13 \$947.28 \$1,039.41 Employee	\$163.06 \$1,676.67 \$1,839.73 Employee + 1	\$138.18 \$1,420.92 \$1,559.10 Family	\$257.95 \$2,652.37
Employee Contribution (10%) Employer Contribution (90%) Total Monthly Premium Dental Plans MetLife Low	\$92.13 \$947.28 \$1,039.41 Employee \$27.91	\$163.06 \$1,676.67 \$1,839.73 Employee + 1 \$52.88	\$138.18 \$1,420.92 \$1,559.10 Family \$79.60	\$257.95 \$2,652.37
Employee Contribution (10%) Employer Contribution (90%) Total Monthly Premium Dental Plans	\$92.13 \$947.28 \$1,039.41 Employee	\$163.06 \$1,676.67 \$1,839.73 Employee + 1	\$138.18 \$1,420.92 \$1,559.10 Family	\$257.95 \$2,652.37
Employee Contribution (10%) Employer Contribution (90%) Total Monthly Premium Dental Plans MetLife Low	\$92.13 \$947.28 \$1,039.41 Employee \$27.91	\$163.06 \$1,676.67 \$1,839.73 Employee + 1 \$52.88	\$138.18 \$1,420.92 \$1,559.10 Family \$79.60	\$257.95 \$2,652.37
Employee Contribution (10%) Employer Contribution (90%) Total Monthly Premium Dental Plans MetLife Low MetLife Medium	\$92.13 \$947.28 \$1,039.41 Employee \$27.91 \$37.54	\$163.06 \$1,676.67 \$1,839.73 Employee + 1 \$52.88 \$71.19	\$138.18 \$1,420.92 \$1,559.10 Family \$79.60 \$107.16	\$257.95 \$2,652.37
Employee Contribution (10%) Employer Contribution (90%) Total Monthly Premium Dental Plans MetLife Low MetLife Medium MetLife High	\$92.13 \$947.28 \$1,039.41 Employee \$27.91 \$37.54 \$46.04	\$163.06 \$1,676.67 \$1,839.73 Employee + 1 \$52.88 \$71.19 \$87.31	\$138.18 \$1,420.92 \$1,559.10 Family \$79.60 \$107.16 \$131.43	\$257.95 \$2,652.37

Note: Participating in the Wellness Program (90% - 10% Cost Share - PPO ONLY)