

**ATTACHMENT I**

2025 Plan Year  
Prices listed are "total" monthly employee costs

<b>Medical/Rx</b>			
<b>HMO BA</b>	<b>2024</b>	<b>2025</b>	<b>Difference</b>
Employee	\$130.00	\$130.00	\$0.00
Employee + Spouse	\$288.09	\$288.09	\$0.00
Employee + Children	\$305.19	\$305.19	\$0.00
Employee + Family	\$420.56	\$420.56	\$0.00
<b>PPO 1</b>	<b>2024</b>	<b>2025</b>	<b>Difference</b>
Employee	\$284.52	\$284.52	\$0.00
Employee + Spouse	\$840.75	\$840.75	\$0.00
Employee + Children	\$806.46	\$806.46	\$0.00
Employee + Family	\$1,236.88	\$1,236.88	\$0.00
<b>Blue Choice PPO</b>	<b>2024</b>	<b>2025</b>	<b>Difference</b>
Employee	\$269.79	\$269.79	\$0.00
Employee + Spouse	\$794.84	\$794.84	\$0.00
Employee + Children	\$762.48	\$762.48	\$0.00
Employee + Family	\$1,168.76	\$1,168.76	\$0.00
<b>PPO HSA</b>	<b>2024</b>	<b>2025</b>	<b>Difference</b>
Employee	\$234.02	\$234.02	\$0.00
Employee + Spouse	\$592.08	\$592.08	\$0.00
Employee + Children	\$568.22	\$568.22	\$0.00
Employee + Family	\$867.93	\$867.93	\$0.00

<b>Dental</b>			
<b>Dental</b>	<b>2024</b>	<b>2025</b>	<b>Difference</b>
Employee	\$22.01	\$22.01	\$0.00
Employee + Family	\$60.52	\$60.52	\$0.00

<b>Vision</b>			
<b>Vision</b>	<b>2024</b>	<b>2025</b>	<b>Difference</b>
Employee	\$3.96	\$3.96	\$0.00
Employee + Family	\$9.47	\$9.47	\$0.00

<b>Surcharge Programs</b>			
<b>Surcharges</b>	<b>2024</b>	<b>2025</b>	<b>Difference</b>
Tobacco Surcharge	\$75.00	\$75.00	\$0.00
Spousal Surcharge	\$150.00	\$150.00	\$0.00