

PY2025 Benefits Coverage

Per Pay

Period

\$1.90

EE Pays

\$3.80

10/01/2024 - 09/30/2025

		Medical Co	verage	
	Medical/Rx Coverage	Premium	EE Pays	Per Par Period
Plan 1100NGS	EE only	\$1,108.80	\$0.00	\$0.
Deductible \$750/\$2250	EE + Child	\$1,308.02	\$0.00	\$0.
Office Visit Copay	EE + Children	\$1,687.70	\$281.06	\$140.
\$25/Physician or	EE + Spouse	\$2,327.80	\$886.36	\$443.
\$35/Specialist	EE + Family	\$2,562.84	\$1,001.78	\$500.
Colnsurance 80/20				
Virtual Visit \$10	** Plan does include out-of-network benefits.			
ER \$150				
Urgent Care/Outpatient ER				
\$25/\$35				
Rx \$10/\$25/\$40				
	Dental			
	Premium	EE Pays	Per Pay	
		_	Period	
EE only	\$29.20	\$0.00	\$0.00	
EE + Spouse	\$58.44	\$29.24	\$14.62	
EE + Child(ren)	\$81.06	\$51.86	\$25.93	
EE + Family	\$110.30	\$81.10	\$40.55	
	Voluntary Vision			
	Voluntary Vision Premium	EE Pays	Per Pay Period	
EE only		EE Pays \$4.58		
EE only EE + Spouse	Premium	-	Period	
	Premium \$4.58	\$4.58	Period \$2.29	
EE + Spouse	Premium \$4.58 \$8.72	\$4.58 \$8.72	\$2.29 \$4.36	
EE + Spouse EE + Child(ren) EE + Family	\$4.58 \$8.72 \$9.18	\$4.58 \$8.72 \$9.18 \$13.52	\$2.29 \$4.36 \$4.59 \$6.76	
EE + Spouse EE + Child(ren) EE + Family	\$4.58 \$8.72 \$9.18 \$13.52 sic Term Life Insur	\$4.58 \$8.72 \$9.18 \$13.52 Fance / AD&	\$2.29 \$4.36 \$4.59 \$6.76 \$D	
EE + Spouse EE + Child(ren) EE + Family Employee Ba	\$4.58 \$8.72 \$9.18 \$13.52 sic Term Life Insur	\$4.58 \$8.72 \$9.18 \$13.52 Fance / AD& EE Pays	\$2.29 \$4.36 \$4.59 \$6.76 \$D Per Pay Period	
EE + Spouse EE + Child(ren) EE + Family Employee Ba EE only	\$4.58 \$8.72 \$9.18 \$13.52 sic Term Life Insur	\$4.58 \$8.72 \$9.18 \$13.52 Fance / AD& EE Pays \$0.00	\$2.29 \$4.36 \$4.59 \$6.76 \$D	

Medical, Dental and Vision with Blue Cross Blue Shield. Employee Life and Dependent Life with Voya Financial.

Premium

\$3.80

\$10,000 coverage

Spouse / Child(ren)