2025 Medical plan monthly premium rates											
	Employee		Employee &		Employee &		Employee				
	Tier		spouse/partner	COST to the	children tier	COST to the	& family	COST to the			
		<b>COST to Employee</b>	tier	Employee		Employee	tier	Employee			
Kaiser Traditional	\$1,023.11	\$51.16	\$2,046.22	\$102.31	\$1,739.28	\$86.96	\$2,762.39	\$138.12			
Kaiser Deductible	\$886.58	\$44.33	\$1,773.16	\$88.66	\$1,507.19	\$75.36	\$2,393.77	\$119.69			
Moda Synergy	\$898.58	\$26.96	\$1,797.16	\$53.91	\$1,527.59	\$76.38	\$2,393.77	\$71.81			
Providence Statewide	\$998.42	\$49.92	\$1,996.84	\$99.84	\$1,697.32	\$84.87	\$2,695.77	\$134.79			
Providence Choice	\$898.58	\$26.96	\$1,797.16	\$53.91	\$1,527.59	\$76.38	\$2,426.20	\$72.79			
Kaiser Traditional Part-Time	\$863.58	Refer to Online Calculator	\$1,727.16		\$1,468.11		\$2,331.69				
Kaiser Deductible Part-Time	\$728.61	Refer to Online Calculator	\$1,457.22		\$1,238.64		\$1,967.25				
Moda Synergy Part-Time	\$898.58	Refer to Online Calculator	\$1,797.16		\$1,527.59		\$2,426.20				
Provident Statewide Part-Time	\$811.06	Refer to Online Calculator	\$1,622.13		\$1,378.83		\$2,189.91				
Providence Choice Part-Time	\$729.96	Refer to Online Calculator	\$1,459.92		\$1,240.95		\$1,970.92				

Providence Choice & Moda are the 3% Premium Plan for 2025

Employee premium cost is based on the medical plan choice. If you choose a 5% plan you pay 5% of the premium if you choose the 3% plan you pay 3% of the premium.

Employee pays the additional cost for VSP Plus

		Elliployee pays	the additional cost f	IOI VOF FIUS							
2025 Vision plan monthly premium rates											
	Employee		Employee &		Employee &		Employee				
	Tier		spouse/partner	COST to the	children tier	COST to the	& family	COST to the			
		<b>COST to Employee</b>	tier	Employee		Employee	tier	Employee			
				Based on 5%		Based on 5%		Based on 5%			
		Based on 5% Premium		Premium		Premium		Premium			
VSP	\$8.05	\$0.40	\$16.10	\$0.81	\$13.69	\$0.68	\$21.75	\$1.09			
VSP Plus	\$15.20	\$7.15	\$30.42	\$14.32	\$25.85	\$12.16	\$41.04	\$19.29			
2025 Dental plan monthly premium rates											
			, p.								
					- ' 0		- '				
	Employee		Employee &	_	Employee &		Employee				
	Employee Tier		Employee & spouse/partner	COST to the	Employee & children tier	COST to the	& family	COST to the			
	. ,	COST to Employee		Employee		COST to the Employee	& family tier	Employee			
	. ,		spouse/partner			COST to the	& family tier				
	. ,	COST to Employee  Based on 5% Premium	spouse/partner	Employee		COST to the Employee	& family tier	Employee			
Kaiser Permanente	. ,		spouse/partner tier	Employee Based on 5%	children tier	COST to the Employee Based on 5% Premium	& family tier	Employee Based on 5%			
Kaiser Permanente Delta Dental Premier	Tier	Based on 5% Premium	spouse/partner tier \$130.81	Employee Based on 5% Premium	children tier \$111.19	COST to the Employee Based on 5% Premium \$5.56	& family tier \$176.60	Employee Based on 5% Premium			
	Tier \$65.40	Based on 5% Premium \$3.27	spouse/partner tier \$130.81 \$134.14	Employee Based on 5% Premium \$6.54	\$111.19 \$114.02	COST to the Employee Based on 5% Premium \$5.56 \$5.70	& family tier \$176.60 \$181.11	Employee Based on 5% Premium \$8.83			
Delta Dental Premier	\$65.40 \$67.07	Based on 5% Premium \$3.27 \$3.35	\$130.81 \$134.14 \$123.94	Employee Based on 5% Premium \$6.54 \$6.71 \$6.20	\$111.19 \$114.02 \$105.36	COST to the Employee Based on 5% Premium \$5.56 \$5.70 \$5.27	& family tier \$176.60 \$181.11 \$167.33	Employee Based on 5% Premium \$8.83 \$9.06			
Delta Dental Premier Delta Dental PPO	\$65.40 \$67.07 \$61.97	Based on 5% Premium \$3.27 \$3.35 \$3.10	\$130.81 \$134.14 \$123.94	Employee Based on 5% Premium \$6.54 \$6.71 \$6.20	\$111.19 \$114.02 \$105.36	COST to the Employee Based on 5% Premium \$5.56 \$5.70 \$5.27 \$4.76	& family tier \$176.60 \$181.11 \$167.33	Employee Based on 5% Premium \$8.83 \$9.06 \$8.37			