

# 2025 Rates



Part-Time  
(10 months)



## Health Insurance

Anthem Blue Cross and Blue Shield

### TOTAL COST

### YOUR MONTHLY COST

#### BlueAdvantage Point of Service Plan (HMO/POS) and Prime Blue Priority PPO Plan

Employee Only	\$1,030.80	\$206.16
Employee + Spouse	\$2,475.60	\$495.12
Employee + Child(ren)	\$2,269.20	\$453.84
Employee + Family	\$2,844.00	\$568.80

#### 2500 HDHP Plan

Employee Only	\$861.60	\$172.32
Employee + Spouse	\$2,070.00	\$414.00
Employee + Child(ren)	\$1,897.20	\$379.44
Employee + Family	\$2,378.40	\$475.68



## Health Savings Account

WEX

Savings Account	\$1.62	\$1.62
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## Dental Insurance

Anthem Blue Cross and Blue Shield

#### Anthem Dental Essential Choice PPO

Employee Only	\$53.28	\$10.66
Employee + Spouse	\$120.49	\$24.10
Employee + Child(ren)	\$115.43	\$23.10
Employee + Family	\$138.26	\$27.66



## Vision Insurance

Anthem Blue Cross and Blue Shield

#### Blue View Voluntary Vision Plan

Employee Only	\$9.47	\$9.47
Employee + Spouse	\$17.75	\$17.75
Employee + Child(ren)	\$17.75	\$17.75
Employee + Family	\$25.78	\$25.78



## Basic Term Life Insurance (Life and AD&D)

*Anthem Life (premiums per \$10,000 of coverage)*

Active Employees

\$0.28/\$1,000

\$0.00



## Group Long Term Disability

*Sun Life (Paid to a maximum salary of \$10,500 per month)*

Active Employees

\$0.240/\$100

\$0.00



## Flexible Benefit Plan Administrative Fee

*Alerus*

One or Both Spending Accounts

\$2.95

\$0.00



## Voluntary Term Life Insurance (Employee and/or Spouse)

*Sun Life (per \$1,000 of coverage)*



## Voluntary Critical Illness Insurance (Employee and/or Spouse)

*Sun Life (per \$1,000 of coverage)*

### Attained Age

### Uni- Smoker

<25

\$0.039

25-29

\$0.042

30-34

\$0.053

35-39

\$0.063

40-44

\$0.076

45-49

\$0.135

50-54

\$0.213

55-59

\$0.388

60-64

\$0.524

65-69

\$0.912

70-74

\$1.463

75-79

\$2.880

80-84

\$4.168

85-99

\$7.325

Child Term Life

\$0.90 per \$5,000 per month

### Attained Age

### Uni- Smoker

<25

\$0.340

25-29

\$0.390

30-34

\$0.510

35-39

\$0.710

40-44

\$1.090

45-49

\$1.610

50-54

\$2.310

55-59

\$3.230

60-64

\$4.000

65-69

\$4.630

70-74

\$5.940

75+

\$8.110

Child Benefit

\$0.200



## Accident Insurance

*Sun Life*

Employee Only

\$5.60

Employee + Spouse

\$9.29

Employee + Child(ren)

\$10.20

Employee + Family

\$13.89



## Accidental Death & Dismemberment

*Sun Life (per \$1,000 of coverage)*

Employee

\$0.014

Spouse

\$0.018

Child

\$0.024



## Hospital Insurance

*Sun Life*

Employee Only

\$14.75

Employee + Spouse

\$31.11

Employee + Child(ren)

\$24.96

Employee + Family

\$41.32



## BeneCenter Login

*User ID: cheiba*

*Password: csmine*

