

2025 HEALTH BENEFIT RATES

COBRA

Blue Shield Medical Full Network HMO 15/100 (High HMO)	
TIER	PREMIUM
Emp Only	\$ 902.87
Emp + Spouse	\$ 1,701.90
Emp + Child(ren)	\$ 1,543.59
Emp + Family	\$ 2,399.29
Blue Shield Trio HMO 15/100 (Low HMO)	
TIER	PREMIUM
Emp Only	\$ 682.78
Emp + Spouse	\$ 1,502.10
Emp + Child(ren)	\$ 1,229.00
Emp + Family	\$ 2,116.60
Blue Shield Traditional PPO 250/750 (High PPO)	
TIER	PREMIUM
Emp Only	\$ 998.62
Emp + Spouse	\$ 2,196.99
Emp + Child(ren)	\$ 1,797.53
Emp + Family	\$ 3,095.76
Blue Shield HDHP/HSA PPO 2800/3200/5200 (Low PPO)	
TIER	PREMIUM
Emp Only	\$ 698.97
Emp + Spouse	\$ 1,542.16
Emp + Child(ren)	\$ 1,261.06
Emp + Family	\$ 2,174.54
MetLife Dental - DPPO	
Emp Only	\$ 64.48
Emp + Spouse	\$ 127.07
Emp + Child(ren)	\$ 155.63
Emp + Family	\$ 237.42
MetLife Dental - DMO	
Emp Only	\$ 16.68
Emp + Spouse	\$ 31.69
Emp + Child(ren)	\$ 33.35
Emp + Family	\$ 47.53
EyeMed Vision Plan	
Emp Only	\$ 11.59
Emp + 1 Dep	\$ 20.87
Emp + 2 or more Dep	\$ 29.90

