

Your 2025 Health Plan Premium Rates



Health Plan Rates – Per Pay Period

Coverage Level	Total Bi-weekly Premium	Full-Time Team Members		Part-Time Team Members	
		Employer Contribution	Team Member Cost	Employer Contribution	Team Member Cost
Traditional Plan					
Team Member Only	\$302.63	\$211.25	\$91.38	\$141.09	\$161.54
Team Member + Spouse	\$847.37	\$599.99	\$247.38	\$501.22	\$346.15
Team Member + Child(ren)	\$696.05	\$506.36	\$189.69	\$419.13	\$276.92
Team Member + Family	\$1,119.73	\$763.42	\$356.31	\$612.04	\$507.69
Health Savings Plan					
Team Member Only	\$288.39	\$259.77	\$28.62	\$241.31	\$47.08
Team Member + Spouse	\$922.85	\$817.16	\$105.69	\$692.08	\$230.77
Team Member + Child(ren)	\$749.81	\$675.50	\$74.31	\$565.19	\$184.62
Team Member + Family	\$1,211.23	\$1,048.31	\$162.92	\$888.15	\$323.08

Bi-weekly, non-tobacco rates are shown above. Tobacco users are subject to an additional \$600 annual surcharge. Attestation required in order to receive non-tobacco user rate.