Coverage edical PPO Plan (Preferred C	Total Monthly	County Monthly	Associa	te Cost		
edical PPO Plan (Preferred C	Total Monthly	County Monthly		Associate Cost		
edical PPO Plan (Preferred C	Total Monthly	County Monthly	Monthly	Per Pay Period		
	Total Monthly	Contribution	Premium	(PPP) Premium		
1' '1 1	Care Blue)					
dividual	\$1,234.32	\$1,117.62	\$116.70	\$58.35		
ssociate + 1	\$2,712.17	\$2,364.80	\$347.37	\$173.68		
amily	\$3,389.51	\$2,857.99	\$531.52	\$265.76		
edical QHDHP PPO HSA Pla	ın (Preferred Car	e Blue)				
dividual	\$1,154.34	\$1,065.67	\$88.67	\$44.34		
ssociate + 1	\$2,536.22	\$2,229.87	\$306.35	\$153.17		
amily	\$3,169.58	\$2,673.81	\$495.77	\$247.89		
edical EPO Plan (BlueSelect	Plus)	·				
dividual	\$1,118.53	\$1,040.34	\$78.20	\$39.10		
ssociate + 1	\$2,457.44	\$2,190.15	\$267.29	\$133.65		
amily	\$3,071.11	\$2,631.98	\$439.13	\$219.56		
•	an (BlueSelect Pl					
dividual	\$986.78	\$910.56	\$76.21	\$38.11		
ssociate + 1	\$2,167.56	\$1,903.90	\$263.66	\$131.83		
amily	\$2,708.77	· ·	\$426.42	\$213.21		
s Dental PPO Base Plan	. ,	. ,	·	·		
dividual	\$25.00	\$2.50	\$22.50	\$11.25		
ssociate + 1		\$6.94	\$39.34	\$19.67		
amily	\$83.28	\$16.66	\$66.62	\$33.31		
dividual	\$39.48	\$2.50	\$36.98	\$18.49		
ssociate + 1	\$77.88	\$6.94	\$70.94	\$35.47		
amily	\$129.92	\$16.66	\$113.26	\$56.63		
S Vision Plan (EyeMed or VSI	?)	•				
dividual	\$5.92	\$0.00	\$5.92	\$2.96		
ssociate + Spouse	\$11.24	\$0.00	\$11.24	\$5.62		
ssociate + Children	\$11.84	\$0.00	\$11.84	\$5.92		
amily	\$17.32	\$0.00	\$17.32	\$8.66		
		· ·				
		Per Pay Period	IRS Maximums	50 and above		
· •		· · · · · · · · · · · · · · · · · · ·		\$5,400.00		
	· · · · · · · · · · · · · · · · · · ·		·	\$9,750.00		
amily				\$9,750.00		
				<u> </u>		
2 2		1 . 3	<b>9</b> 7	, ,,,,,,,		
		Associate may roll forward up to \$680 to the following				
• •		1				
		2025 claims deadline is March 31st. 2026.				
		MUST RE-ENROLL IN FSA EACH YEAR!				
	edical QHDHP Spira HSA Pl dividual ssociate + 1 mily  Dental PPO Base Plan dividual ssociate + 1 mily  Dental PPO Buy-Up Plan dividual ssociate + 1 mily  Vision Plan (EyeMed or VSI dividual ssociate + Spouse ssociate + Children mily  Ith Savings Account (HSA) CSA Employer Contributions dividual ssociate + 1 mily contributions will be distributed to employer contribution. IRS MACOUNT MEDITALLOWED WITH ME	edical QHDHP Spira HSA Plan (BlueSelect Pladividual \$986.78  ssociate + 1 \$2,167.56  mily \$2,708.77  Dental PPO Base Plan dividual \$25.00  ssociate + 1 \$46.28  mily \$83.28  Dental PPO Buy-Up Plan dividual \$39.48  ssociate + 1 \$77.88  mily \$129.92  Vision Plan (EyeMed or VSP)  dividual \$5.92  ssociate + Spouse \$11.24  ssociate + Children \$11.84  mily \$17.32  Ith Savings Account (HSA) Contributions  SA Employer Contributions Annual dividual \$1,300  ssociate + 1 \$1,800  mily \$2,300  contributions will be distributed on a per pay per employer contribution. IRS Maximum includes (OT ALLOWED WITH MEDICAL FSA!)  ible Spending Account (FSA)  SA IRS Maximums Annual edical \$3,400	Sedical QHDHP Spira HSA Plan (BlueSelect Plus)	Secondary   Spira HSA Plan (BlueSelect Plus)		

Rev. 10/16/2025