

2025 PREMIUMS for 22 Pay Scale				2025 PREMIUMS for 26 Pay Scale				
Consociate- Health Insurance - Bronze Plan NPPE3K36				Consociate- Health Insurance - Bronze Plan NPPE3K36				
ANNUALLY	Annual Premium	Board Paid Amount	Net Employee Cost	MONTHLY	ANNUALLY	Annual Premium	Board Paid Amount	Net Employee Cost
Employee	\$8,155.68	\$7,255.68	\$900.00	\$679.64	Employee	\$8,155.68	\$7,255.68	\$900.00
Employee + Spouse	\$17,941.20	\$7,255.68	\$10,685.52	\$1,495.10	Employee + Spouse	\$17,941.20	\$7,255.68	\$10,685.52
Employee + Child(ren)	\$15,766.44	\$7,255.68	\$8,510.76	\$1,313.87	Employee + Child(ren)	\$15,766.44	\$7,255.68	\$8,510.76
Family	\$26,307.84	\$7,255.68	\$19,052.16	\$2,169.82	Family	\$26,307.84	\$7,255.68	\$19,052.16
<b>PER PAY</b>				<b>PER PAY</b>				
<b>22 PAYS</b>				<b>26 PAYS</b>				
Type of Coverage	Per Pay Premium	Board Paid Amount	Net Employee Cost	Type of Coverage	Per Pay Premium	Board Paid Amount	Net Employee Cost	
Employee	\$370.72	\$329.81	\$40.91	Employee	\$313.69	\$279.07	\$34.62	
Employee + Spouse	\$815.51	\$329.81	\$485.70	Employee + Spouse	\$690.05	\$279.07	\$410.98	
Employee + Child(ren)	\$716.66	\$329.81	\$386.85	Employee + Child(ren)	\$606.41	\$279.07	\$327.34	
Family	\$1,195.81	\$329.81	\$866.00	Family	\$1,011.84	\$279.07	\$732.77	
Consociate - Health Insurance - Silver Plan - MPETTIV07				Consociate - Health Insurance - Silver Plan - MPETTIV07				
ANNUALLY	Annual Premium	Board Paid Amount	Net Employee Cost	MONTHLY	ANNUALLY	Annual Premium	Board Paid Amount	Net Employee Cost
Employee	\$8,155.68	\$7,255.68	\$900.00	\$679.64	Employee	\$8,155.68	\$7,255.68	\$900.00
Employee + Spouse	\$17,041.68	\$7,255.68	\$9,786.00	\$1,420.14	Employee + Spouse	\$17,041.68	\$7,255.68	\$9,786.00
Employee + Child(ren)	\$15,607.80	\$7,255.68	\$8,352.12	\$1,300.65	Employee + Child(ren)	\$15,607.80	\$7,255.68	\$8,352.12
Family	\$24,990.12	\$7,255.68	\$17,734.44	\$2,082.51	Family	\$24,990.12	\$7,255.68	\$17,734.44
<b>PER PAY</b>				<b>PER PAY</b>				
<b>22 PAYS</b>				<b>26 PAYS</b>				
Type of Coverage	Per Pay Premium	Board Paid Amount	Net Employee Cost	Type of Coverage	Per Pay Premium	Board Paid Amount	Net Employee Cost	
Employee	\$370.72	\$329.81	\$40.91	Employee	\$313.69	\$279.07	\$34.62	
Employee + Spouse	\$774.62	\$329.81	\$444.81	Employee + Spouse	\$655.45	\$279.07	\$376.38	
Employee + Child(ren)	\$709.45	\$329.81	\$379.64	Employee + Child(ren)	\$600.30	\$279.07	\$321.23	
Family	\$1,135.91	\$329.81	\$806.10	Family	\$961.16	\$279.07	\$682.09	

2025 PREMIUMS for 22 Pay Scale				2025 PREMIUMS for 26 Pay Scale				
Consociate- Health Insurance - Bronze Plan NPPE3K36				Consociate- Health Insurance - Bronze Plan NPPE3K36				
ANNUALLY	Annual Premium	Board Paid Amount	Net Employee Cost	MONTHLY	ANNUALLY	Annual Premium	Board Paid Amount	Net Employee Cost
Type of Coverage					Type of Coverage			
Employee	\$8,155.68	\$5,755.68	\$2,400.00	\$679.64	Employee	\$8,155.68	\$5,755.68	\$2,400.00
Employee + Spouse	\$17,941.20	\$5,755.68	\$12,185.52	\$1,495.10	Employee + Spouse	\$17,941.20	\$5,755.68	\$12,185.52
Employee + Child(ren)	\$15,766.44	\$5,755.68	\$10,010.76	\$1,313.87	Employee + Child(ren)	\$15,766.44	\$5,755.68	\$10,010.76
Family	\$26,307.84	\$5,755.68	\$20,552.16	\$2,169.82	Family	\$26,307.84	\$5,755.68	\$20,552.16
PER PAY			22 PAYS		PER PAY			26 PAYS
Type of Coverage	Per Pay Premium	Board Paid Amount	Net Employee Cost		Type of Coverage	Per Pay Premium	Board Paid Amount	Net Employee Cost
Employee	\$370.72	\$261.63	\$109.09		Employee	\$313.69	\$221.38	\$92.31
Employee + Spouse	\$815.51	\$261.63	\$553.88		Employee + Spouse	\$690.05	\$221.38	\$468.67
Employee + Child(ren)	\$716.66	\$261.63	\$455.03		Employee + Child(ren)	\$606.41	\$221.38	\$385.03
Family	\$1,195.81	\$261.63	\$934.18		Family	\$1,011.84	\$221.38	\$790.46
Consociate - Health Insurance - Silver Plan - MPETTIV07					Consociate - Health Insurance - Silver Plan - MPETTIV07			
ANNUALLY	Annual Premium	Board Paid Amount	Net Employee Cost	MONTHLY	ANNUALLY	Annual Premium	Board Paid Amount	Net Employee Cost
Type of Coverage					Type of Coverage			
Employee	\$8,155.68	\$5,755.68	\$2,400.00	\$679.64	Employee	\$8,155.68	\$5,755.68	\$2,400.00
Employee + Spouse	\$17,041.68	\$5,755.68	\$11,286.00	\$1,420.14	Employee + Spouse	\$17,041.68	\$5,755.68	\$11,286.00
Employee + Child(ren)	\$15,607.80	\$5,755.68	\$9,852.12	\$1,300.65	Employee + Child(ren)	\$15,607.80	\$5,755.68	\$9,852.12
Family	\$24,990.12	\$5,755.68	\$19,234.44	\$2,082.51	Family	\$24,990.12	\$5,755.68	\$19,234.44
PER PAY			22 PAYS		PER PAY			26 PAYS
Type of Coverage	Per Pay Premium	Board Paid Amount	Net Employee Cost		Type of Coverage	Per Pay Premium	Board Paid Amount	Net Employee Cost
Employee	\$370.72	\$261.63	\$109.09		Employee	\$313.69	\$221.38	\$92.31
Employee + Spouse	\$774.62	\$261.63	\$512.99		Employee + Spouse	\$655.45	\$221.38	\$434.07
Employee + Child(ren)	\$709.45	\$261.63	\$447.82		Employee + Child(ren)	\$600.30	\$221.38	\$378.92
Family	\$1,135.91	\$261.63	\$874.28		Family	\$961.16	\$221.38	\$739.78

**2025 PREMIUMS for 22 Pay Scale**

**2025 PREMIUMS for 26 Pay Scale**

UHC - Dental Insurance DPPD					UHC - Dental Insurance DPPD				
ANNUALLY					MONTHLY				
Type of Coverage	Annual Premium	Board Paid Amount	Net Employee Cost		Type of Coverage	Annual Premium	Board Paid Amount	Net Employee Cost	
Employee	\$573.72	\$573.72	\$0.00		Employee	\$573.72	\$573.72	\$0.00	
Employee +1	\$1,152.00	\$573.72	\$578.28		Employee +1	\$1,152.00	\$573.72	\$578.28	
Employee + Children	\$1,576.68	\$573.72	\$1,002.96		Employee + Child(ren)	\$1,576.68	\$573.72	\$1,002.96	
Family	\$1,576.68	\$573.72	\$1,002.96		Family	\$1,576.68	\$573.72	\$1,002.96	
<b>PER PAY</b>					<b>PER PAY</b>				
Type of Coverage	Per Pay Premium	Board Paid Amount	Net Employee Cost		Type of Coverage	Per Pay Premium	Board Paid Amount	Net Employee Cost	
Employee	\$26.08	\$26.08	\$0.00		Employee	\$22.07	\$22.07	\$0.00	
Employee +1	\$52.37	\$26.08	\$26.29		Employee +1	\$44.31	\$22.07	\$22.24	
Employee + Children	\$71.67	\$26.08	\$45.59		Employee + Child(ren)	\$60.65	\$22.07	\$38.58	
Family	\$71.67	\$26.08	\$45.59		Family	\$60.65	\$22.07	\$38.58	
<b>Humana - Vision Insurance</b>					<b>Humana - Vision Insurance</b>				
ANNUALLY					MONTHLY				
Type of Coverage	Annual Premium	Board Paid Amount	Net Employee Cost		Type of Coverage	Annual Premium	Board Paid Amount	Net Employee Cost	
Employee	\$177.12	\$0.00	\$177.12		Employee	\$177.12	\$0.00	\$177.12	
Employee + Spouse	\$298.68	\$0.00	\$298.68		Employee + Spouse	\$298.68	\$0.00	\$298.68	
Employee + Child(ren)	\$304.68	\$0.00	\$304.68		Employee + Child(ren)	\$304.68	\$0.00	\$304.68	
Family	\$481.92	\$0.00	\$481.92		Family	\$481.92	\$0.00	\$481.92	
<b>PER PAY</b>					<b>PER PAY</b>				
Type of Coverage	Per Pay Premium	Board Paid Amount	Net Employee Cost		Type of Coverage	Per Pay Premium	Board Paid Amount	Net Employee Cost	
Employee	\$8.05	\$0.00	\$7.75		Employee	\$6.82	\$0.00	\$6.82	
Employee + Spouse	\$13.58	\$0.00	\$13.07		Employee + Spouse	\$11.49	\$0.00	\$11.49	
Employee + Child(ren)	\$13.85	\$0.00	\$13.33		Employee + Child(ren)	\$11.72	\$0.00	\$11.72	
Family	\$21.91	\$0.00	\$21.08		Family	\$18.84	\$0.00	\$18.84	
<b>UHC - Life and AD&amp;D Insurance</b>					<b>UHC - Life and AD&amp;D Insurance</b>				
ANNUALLY					MONTHLY				
Type of Coverage	Annual Premium	Board Paid Amount	Net Employee Cost		Type of Coverage	Annual Premium	Board Paid Amount	Net Employee Cost	
Employee	\$24.00	\$24.00	\$0.00		Employee	\$24.00	\$24.00	\$0.00	
<b>PER PAY</b>					<b>PER PAY</b>				
Type of Coverage	Per Pay Premium	Board Paid Amount	Net Employee Cost		Type of Coverage	Per Pay Premium	Board Paid Amount	Net Employee Cost	
Employee	\$1.09	\$1.09	\$0.00		Employee	\$0.92	\$0.92	\$0.00	