



PY2025 Benefits Coverage

10/01/2024 - 09/30/2025

Medical Coverage				
	Medical/Rx Coverage	Premium	EE Pays	Per Pay Period
Plan 1100NGS Deductible \$750/\$2250 Office Visit Copay \$25/Physician or \$35/Specialist CoInsurance 80/20 Virtual Visit \$10 ER \$150 Urgent Care/Outpatient ER \$25/\$35 Rx \$10/\$25/\$40	<i>EE only</i>	\$1,108.80	\$0.00	\$0.00
	<i>EE + Child</i>	\$1,308.02	\$0.00	\$0.00
	<i>EE + Children</i>	\$1,687.70	\$281.06	\$140.53
	<i>EE + Spouse</i>	\$2,327.80	\$886.36	\$443.18
	<i>EE + Family</i>	\$2,562.84	\$1,001.78	\$500.89
	** Plan does include out-of-network benefits.			
Dental				
	Premium	EE Pays	Per Pay Period	
<i>EE only</i>	\$29.20	\$0.00	\$0.00	
<i>EE + Spouse</i>	\$58.44	\$29.24	\$14.62	
<i>EE + Child(ren)</i>	\$81.06	\$51.86	\$25.93	
<i>EE + Family</i>	\$110.30	\$81.10	\$40.55	
Voluntary Vision				
	Premium	EE Pays	Per Pay Period	
<i>EE only</i>	\$4.58	\$4.58	\$2.29	
<i>EE + Spouse</i>	\$8.72	\$8.72	\$4.36	
<i>EE + Child(ren)</i>	\$9.18	\$9.18	\$4.59	
<i>EE + Family</i>	\$13.52	\$13.52	\$6.76	
Employee Basic Term Life Insurance / AD&D				
	Premium	EE Pays	Per Pay Period	
<i>EE only</i>	\$3.52	\$0.00	\$0.00	
Voluntary Dependent Life				
\$10,000 coverage	Premium	EE Pays	Per Pay Period	
<i>Spouse / Child(ren)</i>	\$3.80	\$3.80	\$1.90	

Medical, Dental and Vision with Blue Cross Blue Shield.
 Employee Life and Dependent Life with Voya Financial.