



**2025 Medical/Dental/Vision Plans Monthly Premium Rate Schedule
Retirees and Long-Term Disability Recipients**

	Retirees	Long-Term Disability		
	Monthly Premium	Total Cost	University Subsidy	Monthly Premium
Delta Dental				
Single	\$45.27	\$45.27	\$0.00	\$45.27
Two Person	\$87.57	\$87.57	\$0.00	\$87.57
Family	\$145.64	\$145.64	\$0.00	\$145.64
EyeMed Vision - Basic				
Single	\$8.46	\$8.46	\$0.00	\$8.46
Two Person	\$16.02	\$16.02	\$0.00	\$16.02
Family	\$23.58	\$23.58	\$0.00	\$23.58
EyeMed Vision - Enhanced				
Single	\$14.92	\$14.92	\$0.00	\$14.92
Two Person	\$28.24	\$28.24	\$0.00	\$28.24
Family	\$41.56	\$41.56	\$0.00	\$41.56
Blue Cross and Blue Shield				
Single without Medicare A&B	\$1,705.52	\$1,705.52	\$522.81	\$1,182.71
Single with Medicare A&B	\$1,108.58	\$1,108.58	\$522.81	\$585.78
2 Person both without Medicare A&B	\$3,752.13	\$3,752.13	\$1,132.82	\$2,619.31
2 Person 1 with 1 without Medicare A&B	\$2,814.10	\$2,814.10	\$1,132.82	\$1,681.28
2 Person both with Medicare A&B	\$2,217.17	\$2,217.17	\$1,132.83	\$1,084.34
Family (1 with 2 without Medicare A&B)	\$4,860.72	\$4,860.72	\$1,263.79	\$3,596.93
Family (All without Medicare A&B)	\$4,604.89	\$4,604.89	\$1,286.88	\$3,318.01
Family (2 with and 1 without Medicare A&B)	\$3,922.68	\$3,922.68	\$1,287.52	\$2,635.17
Blue Care Network (HMO)				
Single without Medicare A&B	\$916.08	\$916.08	\$806.15	\$109.93
Single with Medicare A&B	\$1,167.85	\$1,167.85	\$770.78	\$397.07
2 Person both without Medicare A&B	\$2,106.99	\$2,106.99	\$1,854.15	\$252.84
2 Person 1 with 1 without Medicare A&B	\$2,083.93	\$2,083.93	\$1,813.02	\$270.91
2 Person both with Medicare A&B	\$2,335.70	\$2,335.70	\$1,775.13	\$560.57
Family (1 with 2 without Medicare A&B)	\$3,274.84	\$3,274.84	\$1,866.66	\$1,408.18
Family (All without Medicare A&B)	\$2,290.20	\$2,290.20	\$2,015.37	\$274.83
Health Alliance Plan (HMO)				
Single w/out Medicare	\$1,763.90	\$1,763.90	\$813.84	\$950.06
Single with Medicare	\$1,069.22	\$1,069.22	\$685.10	\$384.12
2 Person both w/out Medicare	\$4,092.26	\$4,092.26	\$1,874.60	\$2,217.66
2 Person Sub w/out Medicare, Sp w/ Medicare	\$2,833.12	\$2,833.12	\$1,748.90	\$1,084.22
2 Person Sub w/ Medicare, Sp w/out Medicare	\$3,397.58	\$3,397.58	\$1,766.74	\$1,630.84
2 Person Sub w/ Medicare, Child w/out Medicare	\$3,397.58	\$3,397.58	\$1,766.74	\$1,630.84
2 Person both with Medicare	\$2,138.45	\$2,138.45	\$1,576.65	\$561.80
Family all w/out Medicare	\$4,268.65	\$4,268.65	\$2,004.61	\$2,264.04
Family Sub, Spouse (Medicare) & Child	\$5,161.48	\$5,161.48	\$1,909.75	\$3,251.73
Family Sub, Spouse (Medicare) & Children	\$5,337.88	\$5,337.88	\$1,921.64	\$3,416.24
Family Sub (Medicare), Sp (Medicare) & Child	\$4,466.81	\$4,466.81	\$1,801.22	\$2,665.59
Family Sub (Medicare), Sp (Medicare) & Children	\$4,643.20	\$4,643.20	\$1,857.28	\$2,785.92
Family Sub (Medicare) & Children	\$3,573.98	\$3,573.98	\$1,903.34	\$1,670.64
Family Sub (Medicare), Spouse & Children	\$3,573.98	\$3,573.98	\$1,903.34	\$1,670.64
Family Sub, Spouse & Child (all w/ Medicare)	\$3,207.66	\$3,207.66	\$1,635.91	\$1,571.75
Health Alliance Plan Senior Plus - Medicare Advantage (HMO)				
Single with Medicare A&B	\$752.53	\$752.53	\$413.89	\$338.64
2 Person both with Medicare A&B	\$1,505.06	\$1,505.06	\$827.78	\$677.28
Family all with Medicare A&B	\$2,257.59	\$2,257.59	\$903.04	\$1,354.55
Aetna - Medicare Advantage (PPO)				
Single with Medicare A&B	\$492.58	\$492.58	\$270.92	\$221.66
2 Person both with Medicare A&B	\$985.16	\$985.16	\$541.84	\$443.32
Family all with Medicare A&B	\$1,477.74	\$1,477.74	\$591.10	\$886.64