

DENTAL AND VISION RATES



2024 -2025 Delta Dental Contributions

The monthly employer contribution toward dental insurance is **\$23.43**

Dental Base Plan	Total Premium	Employer Contribution	Employee Contribution	COBRA Rates
Employee Only	\$31.24	\$23.43	\$7.81	\$31.86
Employee + Spouse	\$64.59	\$23.43	\$41.16	\$65.88
Employee + Child(ren)	\$80.25	\$23.43	\$56.82	\$81.86
Family	\$107.49	\$23.43	\$84.06	\$109.64

Dental Buy-Up Plan	Total Premium	Employer Contribution	Employee Contribution	COBRA Rates
Employee Only	\$40.02	\$23.43	\$16.59	\$40.82
Employee + Spouse	\$82.76	\$23.43	\$59.33	\$84.42
Employee + Child(ren)	\$102.82	\$23.43	\$79.39	\$104.87
Family	\$137.69	\$23.43	\$114.26	\$140.44



2024 -2025 Vision Contributions

Vision Rates: There is no (\$0.00) employer contribution for EyeMed Vision Plans.

Eye Med Vision Single Option Plan	Monthly Premium Employee Pays	COBRA Rates
Employee Only	\$4.90	\$5.00
Employee + Spouse	\$9.29	\$9.48
Employee + Child(ren)	\$10.89	\$11.11
Family	\$15.32	\$15.63

MEDICAL RATES



2024 -2025 Kaiser Rates and Contributions

The monthly employee contribution toward medical insurance is \$622.88

Kaiser \$1,000 DHMO Plan	Total Premium	Employer Contribution	Employee Contribution	COBRA Rates
Employee Only	\$758.90	\$622.88	\$136.02	\$774.08
Employee + Spouse	\$1,669.57	\$622.88	\$1,046.69	\$1,702.96
Employee + Child(ren)	\$1,366.02	\$622.88	\$743.14	\$1,393.34
Family	\$2,124.91	\$622.88	\$1,502.03	\$2,167.41
Kaiser \$2,500 DHMO Plan	Total Premium	Employer Contribution	Employee Contribution	COBRA Rates
Employee Only	\$633.84	\$622.88	\$10.96	\$646.52
Employee + Spouse	\$1,394.45	\$622.88	\$771.57	\$1,422.34
Employee + Child(ren)	\$1,140.91	\$622.88	\$518.03	\$1,163.73
Family	\$1,774.75	\$622.88	\$1,151.87	\$1,810.25
Kaiser \$1,600 HDHP Plan	Total Premium	Employer Contribution	Employee Contribution	COBRA Rates
Employee Only	\$718.53	\$622.88	\$95.65	\$732.90
Employee + Spouse	\$1,580.76	\$622.88	\$957.88	\$1,612.38
Employee + Child(ren)	\$1,293.35	\$622.88	\$670.47	\$1,319.22
Family	\$2,011.88	\$622.88	\$1,389.00	\$2,052.12
Kaiser \$3,200 HDHP Plan	Total Premium	Employer Contribution	Employee Contribution	COBRA Rates
Employee Only	\$602.03	\$622.88	-\$20.85	\$614.07
Employee + Spouse	\$1,324.47	\$622.88	\$701.59	\$1,350.96
Employee + Child(ren)	\$1,083.66	\$622.88	\$460.78	\$1,105.33
Family	\$1,685.69	\$622.88	\$1,062.81	\$1,719.40

CONTRIBUTIONS

APS provides a monthly defined medical contribution of \$622.88 for fulltime classified*, APT, and licensed employees.

Employees who enroll in a medical plan with a monthly premium that is less than the employer contribution of \$622.88 per month may use the remaining dollars to offset the cost of dental or vision coverage or may be applied to the HSA for those who choose a high deductible plan.



*Fulltime for classified staff is a minimum of 6-hr a day.

Kaiser DHMO \$1,000

HOURS	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
6.0	\$136.02	\$1,046.69	\$743.14	\$1,502.03
5.75	\$162.18	\$1,072.85	\$769.30	\$1,528.19
5.5	\$187.72	\$1,098.39	\$794.84	\$1,553.73
5.25	\$213.88	\$1,124.55	\$821.00	\$1,579.89
5.0	\$240.04	\$1,150.71	\$847.16	\$1,606.05
4.75	\$265.58	\$1,176.25	\$872.70	\$1,631.59
4.5	\$291.74	\$1,202.41	\$898.86	\$1,657.75
4.25	\$317.90	\$1,228.57	\$925.02	\$1,683.91
4.0	\$343.44	\$1,254.11	\$950.56	\$1,709.45

Kaiser DHMO \$2,500

HOURS	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
6.0	\$10.96	\$771.57	\$518.03	\$1,151.87
5.75	\$37.12	\$797.73	\$544.19	\$1,178.03
5.5	\$62.66	\$823.27	\$569.73	\$1,203.57
5.25	\$88.82	\$849.43	\$595.89	\$1,229.73
5.0	\$114.98	\$875.59	\$622.05	\$1,255.89
4.75	\$140.52	\$901.13	\$647.59	\$1,281.43
4.5	\$166.68	\$927.29	\$673.75	\$1,307.59
4.25	\$192.84	\$953.45	\$699.91	\$1,333.75
4.0	\$218.38	\$978.99	\$725.45	\$1,359.29

Kaiser HDHP HSA \$1,600

HOURS	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
6.0	\$95.65	\$957.88	\$670.47	\$1,389.00
5.75	\$121.81	\$984.04	\$696.63	\$1,415.16
5.5	\$147.35	\$1,009.58	\$722.17	\$1,440.70
5.25	\$173.51	\$1,035.74	\$748.33	\$1,466.86
5.0	\$199.67	\$1,061.90	\$774.49	\$1,493.02
4.75	\$225.21	\$1,087.44	\$800.03	\$1,518.56
4.5	\$251.37	\$1,113.60	\$826.19	\$1,544.72
4.25	\$277.53	\$1,139.76	\$852.35	\$1,570.88
4.0	\$303.07	\$1,165.30	\$877.89	\$1,596.42

Kaiser HDHP HSA \$3,200

HOURS	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
6.0	-\$20.85	\$701.59	\$460.78	\$1,062.81
5.75	\$5.31	\$727.75	\$486.94	\$1,088.97
5.5	\$30.85	\$753.29	\$512.48	\$1,114.51
5.25	\$57.01	\$779.45	\$538.64	\$1,140.67
5.0	\$83.17	\$805.61	\$564.80	\$1,166.83
4.75	\$108.71	\$831.15	\$590.34	\$1,192.37
4.5	\$134.87	\$857.31	\$616.50	\$1,218.53
4.25	\$161.03	\$883.47	\$642.66	\$1,244.69
4.0	\$186.57	\$909.01	\$668.20	\$1,270.23

MEDICAL RATES



2024 UHC Rates and Contributions

The monthly employee contribution toward medical insurance is \$622.88

UHC CO Doctors \$1,000	Total Premium	Employer Contribution	Employee Contribution	COBRA Rates
Employee Only	\$677.81	\$622.88	\$54.93	\$691.37
Employee + Spouse	\$1,491.17	\$622.88	\$868.29	\$1,520.99
Employee + Child(ren)	\$1,220.05	\$622.88	\$597.17	\$1,244.45
Family	\$1,897.86	\$622.88	\$1,274.98	\$1,935.82
UHC CO Doctors \$2,500	Total Premium	Employer Contribution	Employee Contribution	COBRA Rates
Employee Only	\$615.56	\$622.88	-\$7.32	\$627.87
Employee + Spouse	\$1,354.22	\$622.88	\$731.34	\$1,381.30
Employee + Child(ren)	\$1,108.00	\$622.88	\$485.12	\$1,130.16
Family	\$1,723.56	\$622.88	\$1,100.68	\$1,758.03
UHC CO Doctors \$1,600 HDHP	Total Premium	Employer Contribution	Employee Contribution	COBRA Rates
Employee Only	\$653.99	\$622.88	\$31.11	\$667.07
Employee + Spouse	\$1,438.77	\$622.88	\$815.89	\$1,467.55
Employee + Child(ren)	\$1,177.17	\$622.88	\$554.29	\$1,200.71
Family	\$1,831.16	\$622.88	\$1,208.28	\$1,867.78
UHC CO Doctors \$3,200 HDHP	Total Premium	Employer Contribution	Employee Contribution	COBRA Rates
Employee Only	\$584.64	\$622.88	-\$38.24	\$596.33
Employee + Spouse	\$1,286.20	\$622.88	\$663.32	\$1,311.92
Employee + Child(ren)	\$1,052.34	\$622.88	\$429.46	\$1,073.39
Family	\$1,636.98	\$622.88	\$1,014.10	\$1,669.72

CONTRIBUTIONS

APS provides a monthly defined medical contribution of \$622.88 for fulltime classified*, APT, and licensed employees.

Employees who enroll in a medical plan with a monthly premium that is less than the employer contribution of \$622.88 per month may use the remaining dollars to offset the cost of dental or vision coverage or may be applied to the HSA for those who choose a high deductible plan.



*Fulltime for classified staff is a minimum of 6-hr a day.

UHC CO Doctors \$1,000

HOURS	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
6.0	\$54.93	\$868.29	\$597.17	\$1,274.98
5.75	\$81.09	\$894.45	\$623.33	\$1,301.14
5.5	\$106.63	\$919.99	\$648.87	\$1,326.68
5.25	\$132.79	\$946.15	\$675.03	\$1,352.84
5.0	\$158.95	\$972.31	\$701.19	\$1,379.00
4.75	\$184.49	\$997.85	\$726.73	\$1,404.54
4.5	\$210.65	\$1,024.01	\$752.89	\$1,430.70
4.25	\$236.81	\$1,050.17	\$779.05	\$1,456.86
4.0	\$262.35	\$1,075.71	\$804.59	\$1,482.40

UHC CO Doctors \$2,500

HOURS	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
6.0	-\$7.32	\$731.34	\$485.12	\$1,100.68
5.75	\$18.84	\$757.50	\$511.28	\$1,126.84
5.5	\$44.38	\$783.04	\$536.82	\$1,152.38
5.25	\$70.54	\$809.20	\$562.98	\$1,178.54
5.0	\$96.70	\$835.36	\$589.14	\$1,204.70
4.75	\$122.24	\$860.90	\$614.68	\$1,230.24
4.5	\$148.40	\$887.06	\$640.84	\$1,256.40
4.25	\$174.56	\$913.22	\$667.00	\$1,282.56
4.0	\$200.10	\$938.76	\$692.54	\$1,308.10

UHC CO Doctors HDHP \$1,600

HOURS	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
6.0	\$31.11	\$815.89	\$554.29	\$1,208.28
5.75	\$57.27	\$842.05	\$580.45	\$1,234.44
5.5	\$82.81	\$867.59	\$605.99	\$1,259.98
5.25	\$108.97	\$893.75	\$632.15	\$1,286.14
5.0	\$135.13	\$919.91	\$658.31	\$1,312.30
4.75	\$160.67	\$945.45	\$683.85	\$1,337.84
4.5	\$186.83	\$971.61	\$710.01	\$1,364.00
4.25	\$212.99	\$997.77	\$736.17	\$1,390.16
4.0	\$238.53	\$1,023.31	\$761.71	\$1,415.70

UHC CO Doctors HDHP \$3,200

HOURS	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
6.0	-\$38.24	\$663.32	\$429.46	\$1,014.10
5.75	-\$12.08	\$689.48	\$455.62	\$1,040.26
5.5	\$13.46	\$715.02	\$481.16	\$1,065.80
5.25	\$39.62	\$741.18	\$507.32	\$1,091.96
5.0	\$65.78	\$767.34	\$533.48	\$1,118.12
4.75	\$91.32	\$792.88	\$559.02	\$1,143.66
4.5	\$117.48	\$819.04	\$585.18	\$1,169.82
4.25	\$143.64	\$845.20	\$611.34	\$1,195.98
4.0	\$169.18	\$870.74	\$636.88	\$1,221.52