Final

Plan Year 2025 Monthly Rates for Non State Employees							
Employee Category	Plan A	Plan C	Plan J	Plan N	Dental	Vision	
	Aetna/BCBS	Aetna/BCBS	Aetna/BCBS	Aetna/BCBS	Delta	2025 Basic	2025 Enhanced
Full-Time							
Employee Only	$82.22	$70.72	$111.92	$49.72	$0.00	$3.87	$7.76
Employee + Spouse	$478.52	$262.18	$326.98	$180.96	$19.98	$7.98	$15.78
Employee + Children	$256.56	$136.68	$194.56	$94.16	$16.00	$7.21	$14.23
Employee + Family	$854.26	$451.52	$560.44	$322.62	$35.98	$11.13	$22.07
Part-Time							
Employee Only	$247.70	$110.02	$139.62	$74.34	$0.00	$3.87	$7.76
Employee + Spouse	$745.06	$340.60	$383.18	$231.46	$25.18	$7.98	$15.78
Employee + Children	$418.84	$187.72	$231.86	$127.90	$20.12	$7.21	$14.23
Employee + Family	$1,189.82	$543.04	$638.96	$389.04	$45.44	$11.13	$22.07

** Base rate is non discounted

Plan A - no HSA/HRA allowed
Plan C - requires a $50 hsa monthly contribution from Employee, the employer will contribute $83.33/month for single plan.
Plan N - no employee hsa contribution required, the employer will contribute $41.66/month for single plan.

The employer also provides a $15K life insurance policy for the employee.

KPERS Retirement 6% of pay contribution is required by the employee. Kpers provides a one time death benefit of $6k and Long term Disabilty insurance at no cost to employee.

Additional insurances offered include cancer, accident, medical transport, life insurance for self, spouse and children, critical illness, hospital indemnity, and identity theft.

Additional retirements offered include 403b and Kpers 457 with company match to one account.

**Check out page 41 of Benefit guide to learn about the $20-$40/monthly discount you can earn and extra HSA dollars to earn!

MetLife

Accident Insurance

Type	Monthly (12)
Employee Only	$2.46
Employee + Spouse	$3.86
Employee + Children	$4.11
Employee + Spouse and Children	$6.47

Hospital Insurance - Low Plan

Type	Monthly (12)
Employee Only	$4.61
Employee + Spouse	$9.53
Employee + Children	$8.79
Employee + Spouse and Children	$14.34

Hospital Insurance – High Plan

Type	Monthly (12)
Employee Only	$9.21
Employee + Spouse	$19.06
Employee + Children	$17.57
Employee + Spouse and Children	$28.68

Critical Illness
Premium per $10,000 of Coverage

Attained Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Spouse and Child(ren)
<25	$0.70	$1.00	$1.10	$1.50
25 - 29	$0.80	$1.20	$1.20	$1.60
30 - 34	$1.30	$1.90	$1.70	$2.30
35 - 39	$2.00	$3.00	$2.50	$3.50
40 - 44	$3.30	$5.00	$3.80	$5.50
45 - 49	$5.40	$8.00	$5.70	$8.40
50 - 54	$8.00	$12.10	$8.20	$12.40
55 - 59	$11.50	$17.40	$11.60	$17.70
60 - 64	$16.90	$25.50	$16.80	$25.70
65 - 69	$25.70	$39.10	$25.40	$39.10
70 - 74	$39.30	$59.50	$38.70	$59.20
75 - 79	$39.30	$59.50	$38.70	$59.20
80+	$42.00	$64.10	$42.40	$64.50

Critical Illness
Premium per $20,000 of Coverage

Attained Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Spouse and Child(ren)
<25	$1.40	$2.00	$2.20	$3.00
25 - 29	$1.60	$2.40	$2.40	$3.20
30 - 34	$2.60	$3.80	$3.40	$4.60
35 - 39	$4.00	$6.00	$5.00	$7.00
40 - 44	$6.60	$10.00	$7.60	$11.00
45 - 49	$10.80	$16.00	$11.40	$16.80
50 - 54	$16.00	$24.20	$16.40	$24.80
55 - 59	$23.00	$34.80	$23.20	$35.40
60 - 64	$33.80	$51.00	$33.60	$51.40
65 - 69	$51.40	$78.20	$50.80	$78.20
70 - 74	$78.60	$119.00	$77.40	$118.40
75 - 79	$78.60	$119.00	$77.40	$118.40
80+	$84.00	$128.20	$84.80	$129.00