

# Employee Rate Worksheet

Use this worksheet to provide a general estimate of your benefits costs for the upcoming plan year. This is a great place to start planning for your, and your family's health and wellness for the next year.

## MONTHLY INSURANCE RATES FOR 2025-2026 PLAN YEAR

	HDHP	PPO 2 (1000)	PPO 1 (750)	Dental	Vision
Employee Only	\$ -	\$ 231.66	\$ 457.75	\$ -	\$ -
Employee & Spouse	\$ 689.32	\$ 1,286.02	\$ 1,733.66	\$ 38.61	\$ 4.80
Employee & Child(ren)	\$ 604.12	\$ 1,167.66	\$ 1,590.44	\$ 33.70	\$ 5.37
Employee & Family	\$ 1,053.33	\$ 1,791.68	\$ 2,345.57	\$ 57.09	\$ 10.10
<b>NEW Discounted Rates for Employee + Employee (both must be benefited)</b>					
Employee + Employee	\$ -	\$ 441.80	\$ 889.44	*	*
Employee + Employee + Family	\$ 209.11	\$ 947.46	\$ 1,501.35	*	*
<b>*(Dental &amp; Vision rates remain the same for the Employee + Employee)</b>					

<b>COST CALCULATOR</b>	
Medical Plan Rate	
Dental Plan Rate	
Vision Plan Rate	
<b>TOTAL MONTHLY COST</b>	
	X 12 MONTHS
ANNUAL COST	
Divide by number of paychecks	/ 20, 21 OR 26 PAYCHECKS
<b>Approximate COST PER PAYCHECK</b>	