

2025 Benefits cost for coverage

\$150,000+ annual salary

	Employee Bi-Weekly Payroll Deduction	Employee Monthly Payroll Deduction	AU Monthly Contribution	AU + Employee Total Monthly Cost
CareFirst PPO				
Employee only	\$121.05	\$242.09	\$689.03	\$931.12
Employee + child(ren)	\$295.86	\$591.72	\$851.51	\$1,443.23
Employee + spouse	\$429.48	\$858.96	\$1,236.06	\$2,095.02
Family	\$552.92	\$1,105.84	\$1,591.34	\$2,697.18
CareFirst HDHP				
Employee only	\$90.79	\$181.57	\$516.77	\$698.34
Employee + child(ren)	\$221.90	\$443.80	\$638.63	\$1,082.43
Employee + spouse	\$322.11	\$644.22	\$927.04	\$1,571.26
Family	\$414.69	\$829.38	\$1,193.50	\$2,022.88
Kaiser HMO				
Employee only	\$84.27	\$168.53	\$479.68	\$648.21
Employee + child(ren)	\$244.34	\$488.68	\$703.23	\$1,191.91
Employee + spouse	\$304.01	\$608.01	\$874.95	\$1,482.96
Family	\$386.69	\$773.37	\$1,112.91	\$1,886.28
Delta Dental Basic				
Employee only	\$10.87	\$21.74	\$7.25	\$28.98
Employee + child(ren)	\$18.51	\$37.02	\$9.25	\$46.27
Employee + spouse	\$26.87	\$53.73	\$13.43	\$67.16
Family	\$33.61	\$67.22	\$16.80	\$84.02
Delta Dental Comprehensive				
Employee only	\$13.68	\$27.35	\$9.12	\$36.46
Employee + child(ren)	\$23.29	\$46.57	\$11.64	\$58.21
Employee + spouse	\$33.80	\$67.60	\$16.90	\$84.50
Family	\$42.29	\$84.58	\$21.14	\$105.72
CareFirst Vision Basic				
Employee only	\$1.99	\$3.98	\$0.00	\$3.98
Employee + child(ren)	\$4.18	\$8.36	\$0.00	\$8.36
Employee + spouse	\$3.98	\$7.96	\$0.00	\$7.96
Family	\$5.82	\$11.64	\$0.00	\$11.64
CareFirst Vision Enhanced				
Employee only	\$3.38	\$6.76	\$0.00	\$6.76
Employee + child(ren)	\$7.11	\$14.21	\$0.00	\$14.21
Employee + spouse	\$6.77	\$13.53	\$0.00	\$13.53
Family	\$9.90	\$19.79	\$0.00	\$19.79
Metlife Legal Plans	\$8.25	\$16.50	\$0.00	\$16.50
FSA Administrative Fee	\$0.72	\$1.45	\$1.50	\$2.95
HSA Administrative Fee	\$0.55	\$1.10	\$1.10	\$2.20
Optional Life Insurance	Varies	Varies	\$0.00	\$0.00