

# 2024/2025

## Monthly Premiums

July 1, 2024 Through June 30, 2025

Medical Plans	Employee	Employee +1	Family
Quality First Select Access	\$1,033.72	\$2,274.19	\$2,791.04
Primary Access (POE-G)	\$1,105.55	\$2,432.21	\$2,984.98
Standard Access (POE)	\$1,124.13	\$2,473.09	\$3,035.15
Expanded Access (POS)	\$1,124.79	\$2,474.54	\$3,036.93
State Preferred POS*	\$1,516.91	\$3,337.21	\$4,095.66
Out of Area	\$1,516.91	\$3,337.21	\$4,095.66

Dental Plans	Employee	Employee +1	Family
Basic	\$40.83	\$124.53	\$124.53
Enhanced	\$34.49	\$105.19	\$105.19
DHMO	\$22.73	\$50.01	\$61.37
Total Care DHMO	\$28.36	\$62.39	\$76.57

\* Closed to new enrollment