



Effective January 1, 2025

PLAN NAME	FAMILY STATUS			
	Individual	Individual + Spouse	Individual + Children	Family
MEDICAL				
BCBS High Deductible Plan	\$578.09	\$1776.75	\$1057.55	\$2136.35
BCBS In-Network Only Plan	\$594.86	\$1784.58	\$1070.76	\$2141.51
BCBS No Deductible Plan	\$584.93	\$1754.77	\$1052.86	\$2105.73
BCBS PPO Core Plan	\$595.62	\$1786.86	\$1072.09	\$2144.23
Kaiser California Core Deductible	\$573.05	\$1289.36	\$1174.75	\$1661.85
Kaiser California Premium Traditional	\$691.16	\$1555.12	\$1416.88	\$2004.37
Kaiser Georgia Core Deductible Plan	\$556.19	\$1251.41	\$1140.17	\$1612.93
Kaiser Georgia Premium Traditional	\$646.89	\$1455.50	\$1326.12	\$1875.98
DENTAL				
MetLife Dental Plan I	\$23.03	\$44.88	\$49.26	\$70.42
MetLife Dental Plan II	\$29.66	\$57.84	\$129.64	\$157.30
VISION				
VSP Vision I	\$6.42	\$10.27	\$10.47	\$16.90
VSP Vision II	\$8.69	\$13.88	\$14.18	\$22.88

Note: Rates include a 2% administration fee



If you have questions, please call OPTUM at (855) 687-2021.