Final

Plan Year 2025 Monthly Rates for Non State Employees								Jan 1 2025 (FY 25)	July 1 2025 (FY 26)
Employee Category	Plan A	Plan C	Plan J	Plan N	Dental	Vision		Employer	Employer
	Aetna/BCBS	Aetna/BCBS	Aetna/BCBS	Aetna/BCBS	Delta	2025 Basic	2025 Enhanced	Monthly	Monthly
Full-Time									
Employee Only	$82.22	$70.72	$111.92	$49.72	$0.00	$3.87	$7.76	$960.12	$1,029.18
Employee + Spouse	$478.52	$262.18	$326.98	$180.96	$19.98	$7.98	$15.78	$1,671.50	$1,792.28
Employee + Children	$256.56	$136.68	$194.56	$94.16	$16.00	$7.21	$14.23	$1,671.50	$1,792.28
Employee + Family	$854.26	$451.52	$560.44	$322.62	$35.98	$11.13	$22.07	$1,671.50	$1,792.28
Part-Time									
Employee Only	$247.70	$110.02	$139.62	$74.34	$0.00	$3.87	$7.76	$763.70	$818.12
Employee + Spouse	$745.06	$340.60	$383.18	$231.46	$25.18	$7.98	$15.78	$1,321.64	$1,416.66
Employee + Children	$418.84	$187.72	$231.86	$127.90	$20.12	$7.21	$14.23	$1,321.64	$1,416.66
Employee + Family	$1,189.82	$543.04	$638.96	$389.04	$45.44	$11.13	$22.07	$1,321.64	$1,416.66

** Base rate is non discounted