



2025 team member bi-weekly coverage costs

Option	Team Member Only	Team Member + Spouse	Team Member + Child(ren)	Team Member + Family
Network Only Plan	\$100.57	\$223.36	\$199.27	\$333.16
Balanced Choice Plan	\$41.48	\$93.32	\$87.47	\$144.49
Consumer Health Plan	\$15.28	\$35.86	\$37.82	\$61.06
Basic Dental PPO	\$4.06	\$8.11	\$8.92	\$12.98
Enhanced Dental PPO	\$7.49	\$14.98	\$16.48	\$23.97
Vision	\$3.28	\$5.20	\$5.32	\$8.54

In accordance with federal law, all premiums for domestic partner coverage are deducted on an after-tax basis.

To see your coverage costs for supplemental life insurance, AD&D and disability, visit our [new benefits website](#).