

2025 BI-WEEKLY MEDICAL RATE SCHEDULE

Aetna - HMO

EMPLOYEE ONLY		EE + SPOUSE/DP		EE + CHILD(REN)		EE + FAMILY	
EE Pays	ECH Pays	EE Pays	ECH Pays	EE Pays	ECH Pays	EE Pays	ECH Pays
\$0.00	\$585.24	\$0.00	\$1,410.79	\$0.00	\$1,013.09	\$0.00	\$1,754.53

Aetna - High Deductible Health Plan (HDHP) PPO w/ HSA

EMPLOYEE ONLY		EE + SPOUSE/DP		EE + CHILD(REN)		EE + FAMILY	
EE Pays	ECH Pays	EE Pays	ECH Pays	EE Pays	ECH Pays	EE Pays	ECH Pays
\$289.15	\$585.24	\$687.74	\$1,410.79	\$517.10	\$1,013.09	\$912.36	\$1,754.53

MEDICAL WAIVE CREDIT

Hours	FTE%	NCE, PRN, L39	SEIU-UHW
80	1.0	\$50.00	\$75.00
72	0.9	\$45.00	\$67.50
64	0.8	\$40.00	\$60.00
60	0.75	\$37.50	\$56.25
56	0.7	\$35.00	\$52.50
48	0.6	\$30.00	\$45.00
40	0.5	\$25.00	\$37.50

2025 BI-WEEKLY DENTAL RATE SCHEDULE

DeltaCare USA - Dental HMO

EMPLOYEE ONLY		EE + SPOUSE/DP		EE + CHILD(REN)		EE + FAMILY	
EE Pays	ECH Pays	EE Pays	ECH Pays	EE Pays	ECH Pays	EE Pays	ECH Pays
\$0.00	\$7.80	\$0.00	\$13.09	\$0.00	\$13.09	\$0.00	\$19.28

MetLife - Dental PPO 1000

EMPLOYEE ONLY		EE + SPOUSE/DP		EE + CHILD(REN)		EE + FAMILY	
EE Pays	ECH Pays	EE Pays	ECH Pays	EE Pays	ECH Pays	EE Pays	ECH Pays
\$16.06	\$7.80	\$34.61	\$13.09	\$35.81	\$13.09	\$53.47	\$19.28

MetLife - Dental PPO 1500

EMPLOYEE ONLY		EE + SPOUSE/DP		EE + CHILD(REN)		EE + FAMILY	
EE Pays	ECH Pays	EE Pays	ECH Pays	EE Pays	ECH Pays	EE Pays	ECH Pays
\$24.07	\$7.80	\$50.63	\$13.09	\$52.24	\$13.09	\$77.89	\$19.28

MetLife - Dental PPO 2000

EMPLOYEE ONLY		EE + SPOUSE/DP		EE + CHILD(REN)		EE + FAMILY	
EE Pays	ECH Pays	EE Pays	ECH Pays	EE Pays	ECH Pays	EE Pays	ECH Pays
\$27.58	\$7.80	\$57.63	\$13.09	\$59.43	\$13.09	\$88.57	\$19.28

2025 BI-WEEKLY VISION RATE SCHEDULE

VSP - Vision PPO Standard

EMPLOYEE ONLY		EE + SPOUSE/DP		EE + CHILD(REN)		EE + FAMILY	
EE Pays	ECH Pays	EE Pays	ECH Pays	EE Pays	ECH Pays	EE Pays	ECH Pays
\$0.00	\$3.60	\$0.00	\$5.72	\$0.00	\$5.84	\$0.00	\$9.87

VSP - Vision PPO Enhanced

EMPLOYEE ONLY		EE + SPOUSE/DP		EE + CHILD(REN)		EE + FAMILY	
EE Pays	ECH Pays	EE Pays	ECH Pays	EE Pays	ECH Pays	EE Pays	ECH Pays
\$1.93	\$3.60	\$3.07	\$5.72	\$3.14	\$5.84	\$5.30	\$9.87

2025 BI-WEEKLY VOLUNTARY LIFE INSURANCE RATE SCHEDULE

SEIU, PRN & Local 39 - up to \$490,000
Non-contractual - up to \$450,000

Employee Voluntary Life Insurance

(This is a post-tax deduction)

	AGE	<30	30-39	40-44	45-49	50-54	55-59	60-64	65-69	70 & above*
A	\$10,000	\$0.30	\$0.35	\$0.62	\$0.81	\$0.95	\$1.36	\$1.73	\$4.27	\$2.14
B	\$20,000	\$0.60	\$0.69	\$1.25	\$1.62	\$1.89	\$2.72	\$3.46	\$8.54	\$4.27
C	\$30,000	\$0.90	\$1.04	\$1.87	\$2.42	\$2.84	\$4.08	\$5.19	\$12.81	\$6.41
D	\$40,000	\$1.20	\$1.38	\$2.49	\$3.23	\$3.78	\$5.45	\$6.92	\$17.08	\$8.54
E	\$50,000	\$1.50	\$1.73	\$3.12	\$4.04	\$4.73	\$6.81	\$8.65	\$21.35	\$10.68
F	\$60,000	\$1.80	\$2.08	\$3.74	\$4.85	\$5.68	\$8.17	\$10.38	\$25.62	\$12.81
G	\$70,000	\$2.10	\$2.42	\$4.36	\$5.65	\$6.62	\$9.53	\$12.12	\$29.88	\$14.94
H	\$80,000	\$2.40	\$2.77	\$4.98	\$6.46	\$7.57	\$10.89	\$13.85	\$34.15	\$17.08
I	\$90,000	\$2.70	\$3.12	\$5.61	\$7.27	\$8.52	\$12.25	\$15.58	\$38.42	\$19.21
J	\$100,000	\$3.00	\$3.46	\$6.23	\$8.08	\$9.46	\$13.62	\$17.31	\$42.69	\$21.35
K	\$110,000	\$3.30	\$3.81	\$6.85	\$8.88	\$10.41	\$14.98	\$19.04	\$46.96	\$23.48
L	\$120,000	\$3.60	\$4.15	\$7.48	\$9.69	\$11.35	\$16.34	\$20.77	\$51.23	\$25.62
M	\$130,000	\$3.90	\$4.50	\$8.10	\$10.50	\$12.30	\$17.70	\$22.50	\$55.50	\$27.75
N	\$140,000	\$4.20	\$4.85	\$8.72	\$11.31	\$13.25	\$19.06	\$24.23	\$59.77	\$29.89
O	\$150,000	\$4.50	\$5.19	\$9.35	\$12.12	\$14.19	\$20.42	\$25.96	\$64.04	\$32.02
P	\$160,000	\$4.80	\$5.54	\$9.97	\$12.92	\$15.14	\$21.78	\$27.69	\$68.31	\$34.16
Q	\$170,000	\$5.10	\$5.88	\$10.59	\$13.73	\$16.08	\$23.15	\$29.42	\$72.58	\$36.29
R	\$180,000	\$5.40	\$6.23	\$11.22	\$14.54	\$17.03	\$24.51	\$31.15	\$76.85	\$38.43
S	\$190,000	\$5.70	\$6.58	\$11.84	\$15.35	\$17.98	\$25.87	\$32.88	\$81.12	\$40.56
T	\$200,000	\$6.00	\$6.92	\$12.46	\$16.15	\$18.92	\$27.23	\$34.62	\$85.38	\$42.69
U	\$210,000	\$6.30	\$7.27	\$13.08	\$16.96	\$19.87	\$28.59	\$36.35	\$89.65	\$44.83
V	\$220,000	\$6.60	\$7.62	\$13.71	\$17.77	\$20.82	\$29.95	\$38.08	\$93.92	\$46.96
W	\$230,000	\$6.90	\$7.96	\$14.33	\$18.58	\$21.76	\$31.32	\$39.81	\$98.19	\$49.10
X	\$240,000	\$7.20	\$8.31	\$14.95	\$19.38	\$22.71	\$32.68	\$41.54	\$102.46	\$51.23
Y	\$250,000	\$7.50	\$8.65	\$15.58	\$20.19	\$23.65	\$34.04	\$43.27	\$106.73	\$53.37
Z	\$260,000	\$7.80	\$9.00	\$16.20	\$21.00	\$24.60	\$35.40	\$45.00	\$111.00	\$55.50
AA	\$270,000	\$8.10	\$9.35	\$16.82	\$21.81	\$25.55	\$36.76	\$46.73	\$115.27	\$57.64
BB	\$280,000	\$8.40	\$9.69	\$17.45	\$22.62	\$26.49	\$38.12	\$48.46	\$119.54	\$59.77
CC	\$290,000	\$8.70	\$10.04	\$18.07	\$23.42	\$27.44	\$39.48	\$50.19	\$123.81	\$61.91
DD	\$300,000	\$9.00	\$10.38	\$18.69	\$24.23	\$28.38	\$40.85	\$51.92	\$128.08	\$64.04
EE	\$310,000	\$9.30	\$10.73	\$19.32	\$25.04	\$29.33	\$42.21	\$53.65	\$132.35	\$66.18
FF	\$320,000	\$9.60	\$11.08	\$19.94	\$25.85	\$30.28	\$43.57	\$55.38	\$136.62	\$68.31
GG	\$330,000	\$9.90	\$11.42	\$20.56	\$26.65	\$31.22	\$44.93	\$57.12	\$140.88	\$70.44
HH	\$340,000	\$10.20	\$11.77	\$21.18	\$27.46	\$32.17	\$46.29	\$58.85	\$145.15	\$72.58
II	\$350,000	\$10.50	\$12.12	\$21.81	\$28.27	\$33.12	\$47.65	\$60.58	\$149.42	\$74.71
JJ	\$360,000	\$10.80	\$12.46	\$22.43	\$29.08	\$34.06	\$49.02	\$62.31	\$153.69	\$76.85
KK	\$370,000	\$11.10	\$12.81	\$23.05	\$29.88	\$35.01	\$50.38	\$64.04	\$157.96	\$78.98
LL	\$380,000	\$11.40	\$13.15	\$23.68	\$30.69	\$35.95	\$51.74	\$65.77	\$162.23	\$81.12
MM	\$390,000	\$11.70	\$13.50	\$24.30	\$31.50	\$36.90	\$53.10	\$67.50	\$166.50	\$83.25
NN	\$400,000	\$12.00	\$13.85	\$24.92	\$32.31	\$37.85	\$54.46	\$69.23	\$170.77	\$85.39
OO	\$410,000	\$12.30	\$14.19	\$25.55	\$33.12	\$38.79	\$55.82	\$70.96	\$175.04	\$87.52
PP	\$420,000	\$12.60	\$14.54	\$26.17	\$33.92	\$39.74	\$57.18	\$72.69	\$179.31	\$89.66
QQ	\$430,000	\$12.90	\$14.88	\$26.79	\$34.73	\$40.68	\$58.55	\$74.42	\$183.58	\$91.79
RR	\$440,000	\$13.20	\$15.23	\$27.42	\$35.54	\$41.63	\$59.91	\$76.15	\$187.85	\$93.93
SS	\$450,000	\$13.50	\$15.58	\$28.04	\$36.35	\$42.58	\$61.27	\$77.88	\$192.12	\$96.06
TT	\$460,000	\$13.80	\$15.92	\$28.66	\$37.15	\$43.52	\$62.63	\$79.62	\$196.38	\$98.19
UU	\$470,000	\$14.10	\$16.27	\$29.28	\$37.96	\$44.47	\$63.99	\$81.35	\$200.65	\$100.33
VV	\$480,000	\$14.40	\$16.62	\$29.91	\$38.77	\$45.42	\$65.35	\$83.08	\$204.92	\$102.46
WW	\$490,000	\$14.70	\$16.96	\$30.53	\$39.58	\$46.36	\$66.72	\$84.81	\$209.19	\$104.60

*At age 70, employee voluntary life coverage amount is reduced by 50%.

Spouse/State Registered DP Voluntary Life Insurance***
(Coverage cannot exceed 50% of employee coverage)

	AGE	<30	30-39	40-44	45-49	50-54	55-59	60-64	65-69
A	\$10,000	\$0.30	\$0.35	\$0.62	\$0.81	\$0.95	\$1.36	\$1.73	\$4.27
B	\$20,000	\$0.60	\$0.69	\$1.25	\$1.62	\$1.89	\$2.72	\$3.46	\$8.54
C	\$30,000	\$0.90	\$1.04	\$1.87	\$2.42	\$2.84	\$4.08	\$5.19	\$12.81
D	\$40,000	\$1.20	\$1.38	\$2.49	\$3.23	\$3.78	\$5.45	\$6.92	\$17.08
E	\$50,000	\$1.50	\$1.73	\$3.12	\$4.04	\$4.73	\$6.81	\$8.65	\$21.35
F	\$60,000	\$1.80	\$2.08	\$3.74	\$4.85	\$5.68	\$8.17	\$10.38	\$25.62
G	\$70,000	\$2.10	\$2.42	\$4.36	\$5.65	\$6.62	\$9.53	\$12.12	\$29.88
H	\$80,000	\$2.40	\$2.77	\$4.98	\$6.46	\$7.57	\$10.89	\$13.85	\$34.15
I	\$90,000	\$2.70	\$3.12	\$5.61	\$7.27	\$8.52	\$12.25	\$15.58	\$38.42
J	\$100,000	\$3.00	\$3.46	\$6.23	\$8.08	\$9.46	\$13.62	\$17.31	\$42.69
K	\$110,000	\$3.30	\$3.81	\$6.85	\$8.88	\$10.41	\$14.98	\$19.04	\$46.96
L	\$120,000	\$3.60	\$4.15	\$7.48	\$9.69	\$11.35	\$16.34	\$20.77	\$51.23
M	\$130,000	\$3.90	\$4.50	\$8.10	\$10.50	\$12.30	\$17.70	\$22.50	\$55.50
N	\$140,000	\$4.20	\$4.85	\$8.72	\$11.31	\$13.25	\$19.06	\$24.23	\$59.77
O	\$150,000	\$4.50	\$5.19	\$9.35	\$12.12	\$14.19	\$20.42	\$25.96	\$64.04
P	\$160,000	\$4.80	\$5.54	\$9.97	\$12.92	\$15.14	\$21.78	\$27.69	\$68.31
Q	\$170,000	\$5.10	\$5.88	\$10.59	\$13.73	\$16.08	\$23.15	\$29.42	\$72.58
R	\$180,000	\$5.40	\$6.23	\$11.22	\$14.54	\$17.03	\$24.51	\$31.15	\$76.85
S	\$190,000	\$5.70	\$6.58	\$11.84	\$15.35	\$17.98	\$25.87	\$32.88	\$81.12
T	\$200,000	\$6.00	\$6.92	\$12.46	\$16.15	\$18.92	\$27.23	\$34.62	\$85.38
U	\$210,000	\$6.30	\$7.27	\$13.08	\$16.96	\$19.87	\$28.59	\$36.35	\$89.65
V	\$220,000	\$6.60	\$7.62	\$13.71	\$17.77	\$20.82	\$29.95	\$38.08	\$93.92
W	\$230,000	\$6.90	\$7.96	\$14.33	\$18.58	\$21.76	\$31.32	\$39.81	\$98.19
X	\$240,000	\$7.20	\$8.31	\$14.95	\$19.38	\$22.71	\$32.68	\$41.54	\$102.46
Y	\$250,000	\$7.50	\$8.65	\$15.58	\$20.19	\$23.65	\$34.04	\$43.27	\$106.73

**When the employee reaches age 70, Spouse/State Registered DP coverage terminates as Spouse/State Registered DP is no longer eligible. Spouse/State Registered DP rates are based upon employee's age.

Dependent

Voluntary Life*

A	\$2,500	\$0.23
B	\$5,000	\$0.46
C	\$7,500	\$0.69
D	\$10,000	\$0.92

Voluntary Accidental Death and Dismemberment (AD&D)*

Employee Only			Employee + Family		
A	\$20,000	\$0.27	H	\$20,000	\$0.42
B	\$25,000	\$0.33	I	\$25,000	\$0.53
C	\$50,000	\$0.67	J	\$50,000	\$1.06
D	\$100,000	\$1.34	K	\$100,000	\$2.12
E	\$150,000	\$2.01	L	\$150,000	\$3.18
F	\$200,000	\$2.68	M	\$200,000	\$4.25
G	\$250,000	\$3.35	N	\$250,000	\$5.31

*Voluntary deductions are post-tax.

2025 BI-WEEKLY LTD INSURANCE AND FSA RATE SCHEDULES

Long Term Disability (This is a post-tax deduction)		
ECH Pays for the amount equal to the deduction for the 90-day waiting period		
		BI-WEEKLY Premium Calculation
Base Plan	60% Benefit / 90 Day Waiting	Paid by ECH
Buy-Up Plan	60% Benefit / 30 Day Waiting	\$0.287 per \$100 of current monthly salary x 12 / 26
Monthly maximum benefit is \$10,000 (Local 39, PRN, SEIU-UHW represented employees) or \$15,000 (non-contractual employees)		

Flexible Spending Accounts	
Health Care Flexible Spending Account (This is a pre-tax deduction)	
Minimum contribution per year*	\$260
Maximum contribution per year**	\$3,300

**FSA Carryover Provision - maximum carry over of \$660 of your unused balance to the following year.

Dependent Care Flexible Spending Account (This is a pre-tax deduction)	
Minimum contribution per year*	\$260
Maximum contribution per year	\$5,000

Transit/Commuter Account (This is a pre-tax deduction)	
Maximum contribution per month	\$325
Maximum contribution per year	\$3,900

Adoption Assistance Account (This is a pre-tax deduction)	
Minimum contribution per year*	\$260
Maximum contribution per year	\$17,280

Health Savings Account (This is a pre-tax deduction available only to employees enrolling on the Aetna HDHP PPO Plan)	
Minimum contribution per year*	\$260
Maximum contribution per year (individual)	\$4,300
Maximum contribution per year (family)	\$8,550
Age 55 & Over Catch Up Contribution	\$1,000

*Minimum contribution per pay period is \$10.00.