



YMCA OF NORTHERN ROCK COUNTY BENEFIT RATES Effective January 1, 2025

Health & Vision Plan

<u>HDHP 4000</u>	<u>Total Monthly Premium</u>	<u>70% paid by YMCA</u>	<u>30% paid by Employee</u>	<u>\$ per paycheck</u>
Family	1541.00	1078.70	462.30	231.15
Employee / Spouse	1128.70	790.09	338.61	169.31
Employee / Child (ren)	927.50	649.25	278.25	139.13
Employee Only	515.20	360.64	154.56	77.28

Dental Plan

<u>CIGNA Dental</u>	<u>Total Monthly Premium</u>	<u>70% paid by YMCA</u>	<u>30% paid by Employee</u>	<u>\$ per paycheck</u>
Family	112.90	79.03	33.87	16.94
Employee / Spouse	82.50	57.75	24.75	12.38
Employee / Child (ren)	68.30	47.81	20.49	10.25
Employee Only	37.90	26.53	11.37	5.69

Optional Life Insurance

<u>Age</u>	<u>Premium Rate per \$1,000 of coverage (2 times salary)</u>
< 25	0.05
25 – 39	0.06
40 – 44	0.08
45 – 49	0.12
50 – 54	0.18
55 – 59	0.29
60 – 64	0.48
65 – 69	0.89
70	1.90