

## Monthly Insurance Rates

NOVEMBER 1, 2025 - OCTOBER 31, 2026

<b>MEDICAL</b>		<b>Employee Contribution</b>
<b>PERSONAL CHOICE PPO HIGH DEDUCTIBLE</b>		
EMPLOYEE COVERAGE	\$	30.00
EMPLOYEE/CHILD(REN) COVERAGE	\$	100.00
EMPLOYEE/SPOUSE COVERAGE	\$	150.00
FAMILY COVERAGE	\$	220.00
<b>KEYSTONE HMO</b>		
EMPLOYEE COVERAGE	\$	17.06
EMPLOYEE/CHILD(REN) COVERAGE	\$	43.28
EMPLOYEE/SPOUSE COVERAGE	\$	278.46
FAMILY COVERAGE	\$	695.09
<b>KEYSTONE POS</b>		
EMPLOYEE COVERAGE	\$	51.13
EMPLOYEE/CHILD(REN) COVERAGE	\$	104.10
EMPLOYEE/SPOUSE COVERAGE	\$	356.97
FAMILY COVERAGE	\$	795.22
<b>PERSONAL CHOICE PPO</b>		
EMPLOYEE COVERAGE	\$	145.56
EMPLOYEE/CHILD(REN) COVERAGE	\$	276.92
EMPLOYEE/SPOUSE COVERAGE	\$	577.48
FAMILY COVERAGE	\$	1,073.63

<b>DENTAL</b>	<b>Employee Contribution</b>	
	<b>Core Plan</b>	<b>Buy-Up Plan</b>
EMPLOYEE COVERAGE	\$ -	\$ 7.30
EMPLOYEE/CHILD COVERAGE	\$ 32.15	\$ 47.75
EMPLOYEE/SPOUSE COVERAGE	\$ 32.15	\$ 47.75
EMPLOYEE/CHILDREN COVERAGE	\$ 66.22	\$ 90.61
FAMILY COVERAGE	\$ 66.22	\$ 90.61

<b>VISION</b>		<b>Employee Contribution</b>
EMPLOYEE COVERAGE	\$	8.61
EMPLOYEE/CHILD(REN) COVERAGE	\$	17.22
EMPLOYEE/SPOUSE COVERAGE	\$	16.36
FAMILY COVERAGE	\$	25.31

<b>SUPPLEMENTAL LIFE (for employees or spouses)</b>		
<b>Age as of November 1, 2025</b>	<b>Rates per \$10,000 of coverage per month</b>	
Under 30	\$	0.72
30-34	\$	0.83
35-39	\$	1.12
40-44	\$	1.78
45-49	\$	2.99
50-54	\$	4.77
55-59	\$	7.57
60-64	\$	9.54
65-69	\$	15.24
70-74	\$	26.93
Over 74	\$	45.63

<b>DEPENDENT CHILD LIFE (for children ages 15 days to 26 years old)</b>		
<b>Benefit Amount</b>	<b>Rate per month</b>	
\$5,000	\$	0.60
\$10,000	\$	1.20