



FULL-TIME EMPLOYEES 2025 FLEXPLAN RATE SHEET

THE STANDARD SHORT-TERM DISABILITY

Determine your premium by choosing a payroll cycle and inputting the number of deductions into the formula below

10-Months	20 Deductions	$ \begin{aligned} & \$[\text{Your Annual Salary}] \div 52 \text{ weeks} \times .60 \text{ (60\% of eligible earnings)} \\ & \div \$10 \times \$0.108 \times 12 \div [\# \text{ of Deductions}] = \$ \underline{\hspace{2cm}} \end{aligned} $
11-Months	24 Deductions	
12-Months	26 Deductions	

THE STANDARD LONG-TERM DISABILITY

Determine your premium by choosing a payroll cycle and inputting the number of deductions into the formula below

10-Months	20 Deductions	$ \begin{aligned} & \$[\text{Your Annual Salary}] \div 100 \times \$0.6736 \\ & \div [\# \text{ of Deductions}] = \$ \underline{\hspace{2cm}} \end{aligned} $
11-Months	24 Deductions	
12-Months	26 Deductions	

	10-MONTH (20 Deductions)		11-MONTH (24 Deductions)		12-MONTH (26 Deductions)	
	HIGH	STANDARD	HIGH	STANDARD	HIGH	STANDARD

DELTACARE USA DHMO PLANS

Employee Only	\$ 8.62	\$ 5.32	\$ 7.18	\$ 4.44	\$ 6.63	\$ 4.09
Employee & Family	\$ 21.99	\$ 13.55	\$ 18.33	\$ 11.29	\$ 16.92	\$ 10.42

DELTA DENTAL INDEMNITY PPO PLANS

Employee Only	\$ 20.71	\$ 12.85	\$ 17.26	\$ 10.71	\$ 15.93	\$ 9.88
Employee & Family	\$ 61.92	\$ 39.34	\$ 51.60	\$ 32.79	\$ 47.63	\$ 30.26

UNITEDHEALTHCARE SOLSTICE DHMO PLANS

NOTE: Not offered to employees represented by Fraternal Order of Police (FOP)

Employee Only	\$ 6.10	\$ 4.55	\$ 5.09	\$ 3.80	\$ 4.69	\$ 3.50
Employee & Family	\$ 15.68	\$ 11.67	\$ 13.07	\$ 9.73	\$ 12.06	\$ 8.98

UNITEDHEALTHCARE INDEMNITY PPO PLANS

NOTE: Not offered to employees represented by Fraternal Order of Police (FOP)

Employee Only	\$ 21.89	\$ 11.43	\$ 18.25	\$ 9.83	\$ 16.84	\$ 8.79
Employee & Family	\$ 66.85	\$ 35.02	\$ 55.71	\$ 29.18	\$ 51.42	\$ 26.94

EYEMED VISION CARE

Employee Only	\$ 3.63	\$ 3.03	\$ 2.79
Employee & Family	\$ 9.07	\$ 7.56	\$ 6.97

ID WATCHDOG ID THEFT PROTECTION (Note: These premiums will be deducted on a post-tax basis).

Employee Only	\$ 3.36	\$ 2.80	\$ 2.58
Employee & Family	\$ 5.64	\$ 4.70	\$ 4.34

METLIFE HOSPITAL INDEMNITY COVERAGE

\$50 / DAY

Employee Only	\$ 1.09	\$ 0.91	\$ 0.84
Employee & Family	\$ 2.74	\$ 2.29	\$ 2.11

\$150 / DAY

Employee Only	\$ 3.22	\$ 2.69	\$ 2.48
Employee & Family	\$ 8.13	\$ 6.78	\$ 6.25

ARAG LEGAL PLAN

NOTE: These premiums will be deducted on a post-tax basis

Employee & Family	\$ 8.16	\$ 6.80	\$ 6.28
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METLIFE LEGAL PLAN

NOTE: These premiums will be deducted on a post-tax basis

Employee & Family	\$ 8.58	\$ 7.15	\$ 6.60
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FULL-TIME EMPLOYEES 2025 FLEXPAN RATE SHEET

METLIFE LIFE INSURANCE (EMPLOYEE ONLY)

UNDER AGE 65 -100% OF ORIGINAL POLICY

AMOUNTS	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
10-Months	\$ 1.20	\$ 2.40	\$ 3.60	\$ 4.80	\$ 6.00	\$ 7.20	\$ 8.40	\$ 9.60	\$ 10.80	\$ 12.00
11-Months	\$ 1.00	\$ 2.00	\$ 3.00	\$ 4.00	\$ 5.00	\$ 6.00	\$ 7.00	\$ 8.00	\$ 9.00	\$ 10.00
12-Months	\$ 0.92	\$ 1.85	\$ 2.77	\$ 3.69	\$ 4.62	\$ 5.54	\$ 6.46	\$ 7.38	\$ 8.31	\$ 9.23

AGE 65-69 - 65% REDUCTION OF ORIGINAL POLICY

AMOUNTS	\$6,500	\$13,000	\$19,500	\$26,000	\$32,500	\$39,000	\$45,500	\$52,000	\$58,500	\$65,000
10-Months	\$ 0.78	\$ 1.56	\$ 2.34	\$ 3.12	\$ 3.90	\$ 4.68	\$ 5.46	\$ 6.24	\$ 7.02	\$ 7.80
11-Months	\$ 0.65	\$ 1.30	\$ 1.95	\$ 2.60	\$ 3.25	\$ 3.90	\$ 4.55	\$ 5.20	\$ 5.85	\$ 6.50
12-Months	\$ 0.60	\$ 1.20	\$ 1.80	\$ 2.40	\$ 3.00	\$ 3.60	\$ 4.20	\$ 4.80	\$ 5.40	\$ 6.00

AGE 70+ - 50% REDUCTION OF ORIGINAL POLICY

AMOUNTS	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
10-Months	\$ 0.60	\$ 1.20	\$ 1.80	\$ 2.40	\$ 3.00	\$ 3.60	\$ 4.20	\$ 4.80	\$ 5.40	\$ 6.00
11-Months	\$ 0.50	\$ 1.00	\$ 1.50	\$ 2.00	\$ 2.50	\$ 3.00	\$ 3.50	\$ 4.00	\$ 4.50	\$ 5.00
12-Months	\$ 0.46	\$ 0.92	\$ 1.38	\$ 1.85	\$ 2.31	\$ 2.77	\$ 3.23	\$ 3.69	\$ 4.15	\$ 4.62

METLIFE - ACCIDENTAL DEATH & DISMEMBERMENT (EMPLOYEE ONLY)

NOTE: Not offered to employees represented by AFSCME

UNDER AGE 65 -100% OF ORIGINAL POLICY

AMOUNTS	\$25,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000	\$225,000	\$250,000
10-Months	\$ 0.20	\$ 0.39	\$ 0.59	\$ 0.78	\$ 0.98	\$ 1.17	\$ 1.37	\$ 1.56	\$ 1.76	\$ 1.95
11-Months	\$ 0.16	\$ 0.33	\$ 0.49	\$ 0.65	\$ 0.81	\$ 0.98	\$ 1.14	\$ 1.30	\$ 1.46	\$ 1.63
12-Months	\$ 0.15	\$ 0.30	\$ 0.45	\$ 0.60	\$ 0.75	\$ 0.90	\$ 1.05	\$ 1.20	\$ 1.35	\$ 1.50

AMOUNTS	\$275,000	\$300,000	\$325,000	\$350,000	\$375,000	\$400,000	\$425,000	\$450,000	\$475,000	\$500,000
10-Months	\$ 2.15	\$ 2.34	\$ 2.54	\$ 2.73	\$ 2.93	\$ 3.12	\$ 3.32	\$ 3.51	\$ 3.71	\$ 3.90
11-Months	\$ 1.79	\$ 1.95	\$ 2.11	\$ 2.28	\$ 2.44	\$ 2.60	\$ 2.76	\$ 2.93	\$ 3.09	\$ 3.25
12-Months	\$ 1.65	\$ 1.80	\$ 1.95	\$ 2.10	\$ 2.25	\$ 2.40	\$ 2.55	\$ 2.70	\$ 2.85	\$ 3.00

AGE 65-69 - 65% REDUCTION OF ORIGINAL POLICY

AMOUNTS	\$16,250	\$32,500	\$48,750	\$65,000	\$81,250	\$97,500	\$113,750	\$130,000	\$146,250	\$162,500
10-Months	\$ 0.13	\$ 0.25	\$ 0.38	\$ 0.51	\$ 0.63	\$ 0.76	\$ 0.89	\$ 1.01	\$ 1.14	\$ 1.27
11-Months	\$ 0.11	\$ 0.21	\$ 0.32	\$ 0.42	\$ 0.53	\$ 0.63	\$ 0.74	\$ 0.85	\$ 0.95	\$ 1.06
12-Months	\$ 0.10	\$ 0.20	\$ 0.29	\$ 0.39	\$ 0.49	\$ 0.59	\$ 0.68	\$ 0.78	\$ 0.88	\$ 0.98

AMOUNTS	\$178,750	\$195,000	\$211,250	\$227,500	\$243,750	\$260,000	\$276,250	\$292,500	\$308,750	\$325,000
10-Months	\$ 1.39	\$ 1.52	\$ 1.65	\$ 1.77	\$ 1.90	\$ 2.03	\$ 2.15	\$ 2.28	\$ 2.41	\$ 2.54
11-Months	\$ 1.16	\$ 1.27	\$ 1.37	\$ 1.48	\$ 1.58	\$ 1.69	\$ 1.80	\$ 1.90	\$ 2.01	\$ 2.11
12-Months	\$ 1.07	\$ 1.17	\$ 1.27	\$ 1.37	\$ 1.46	\$ 1.56	\$ 1.66	\$ 1.76	\$ 1.85	\$ 1.95

AGE 70+ - 50% REDUCTION OF ORIGINAL POLICY

AMOUNTS	\$12,500	\$25,000	\$37,500	\$50,000	\$62,500	\$75,000	\$87,500	\$100,000	\$112,500	\$125,000
10-Months	\$ 0.10	\$ 0.20	\$ 0.29	\$ 0.39	\$ 0.49	\$ 0.59	\$ 0.68	\$ 0.78	\$ 0.88	\$ 0.98
11-Months	\$ 0.08	\$ 0.16	\$ 0.24	\$ 0.33	\$ 0.41	\$ 0.49	\$ 0.57	\$ 0.65	\$ 0.73	\$ 0.81
12-Months	\$ 0.08	\$ 0.15	\$ 0.23	\$ 0.30	\$ 0.38	\$ 0.45	\$ 0.53	\$ 0.60	\$ 0.68	\$ 0.75

AMOUNTS	\$137,500	\$150,000	\$162,500	\$175,000	\$187,500	\$200,000	\$212,500	\$225,000	\$237,500	\$250,000
10-Months	\$ 1.07	\$ 1.17	\$ 1.27	\$ 1.37	\$ 1.46	\$ 1.56	\$ 1.66	\$ 1.76	\$ 1.85	\$ 1.95
11-Months	\$ 0.89	\$ 0.98	\$ 1.06	\$ 1.14	\$ 1.22	\$ 1.30	\$ 1.38	\$ 1.46	\$ 1.54	\$ 1.63
12-Months	\$ 0.83	\$ 0.90	\$ 0.98	\$ 1.05	\$ 1.13	\$ 1.20	\$ 1.28	\$ 1.35	\$ 1.43	\$ 1.50



FULL-TIME EMPLOYEES 2025 FLEXPLAN RATE SHEET

METLIFE - ACCIDENTAL DEATH & DISMEMBERMENT (EMPLOYEE + FAMILY ONLY)

NOTE: Not offered to employees represented by AFSCME

UNDER AGE 65 - 100% OF ORIGINAL POLICY

AMOUNTS	\$25,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000	\$225,000	\$250,000
10-Months	\$ 0.39	\$ 0.78	\$ 1.17	\$ 1.56	\$ 1.95	\$ 2.34	\$ 2.73	\$ 3.12	\$ 3.51	\$ 3.90
11-Months	\$ 0.33	\$ 0.65	\$ 0.98	\$ 1.30	\$ 1.63	\$ 1.95	\$ 2.28	\$ 2.60	\$ 2.93	\$ 3.25
12-Months	\$ 0.30	\$ 0.60	\$ 0.90	\$ 1.20	\$ 1.50	\$ 1.80	\$ 2.10	\$ 2.40	\$ 2.70	\$ 3.00
AMOUNTS	\$275,000	\$300,000	\$325,000	\$350,000	\$375,000	\$400,000	\$425,000	\$450,000	\$475,000	\$500,000
10-Months	\$ 4.29	\$ 4.68	\$ 5.07	\$ 5.46	\$ 5.85	\$ 6.24	\$ 6.63	\$ 7.02	\$ 7.41	\$ 7.80
11-Months	\$ 3.58	\$ 3.90	\$ 4.23	\$ 4.55	\$ 4.88	\$ 5.20	\$ 5.53	\$ 5.85	\$ 6.18	\$ 6.50
12-Months	\$ 3.30	\$ 3.60	\$ 3.90	\$ 4.20	\$ 4.50	\$ 4.80	\$ 5.10	\$ 5.40	\$ 5.70	\$ 6.00

AGE 65-69 - 65% REDUCTION OF ORIGINAL POLICY

AMOUNTS	\$16,250	\$32,500	\$48,750	\$65,000	\$81,250	\$97,500	\$113,750	\$130,000	\$146,250	\$162,500
10-Months	\$ 0.25	\$ 0.51	\$ 0.76	\$ 1.01	\$ 1.27	\$ 1.52	\$ 1.77	\$ 2.03	\$ 2.28	\$ 2.54
11-Months	\$ 0.21	\$ 0.42	\$ 0.63	\$ 0.85	\$ 1.06	\$ 1.27	\$ 1.48	\$ 1.69	\$ 1.90	\$ 2.11
12-Months	\$ 0.20	\$ 0.39	\$ 0.59	\$ 0.78	\$ 0.98	\$ 1.17	\$ 1.37	\$ 1.56	\$ 1.76	\$ 1.95
AMOUNTS	\$178,750	\$195,000	\$211,250	\$227,500	\$243,750	\$260,000	\$276,250	\$292,500	\$308,750	\$325,000
10-Months	\$ 2.79	\$ 3.04	\$ 3.30	\$ 3.55	\$ 3.80	\$ 4.06	\$ 4.31	\$ 4.56	\$ 4.82	\$ 5.07
11-Months	\$ 2.32	\$ 2.54	\$ 2.75	\$ 2.96	\$ 3.17	\$ 3.38	\$ 3.59	\$ 3.80	\$ 4.01	\$ 4.23
12-Months	\$ 2.15	\$ 2.34	\$ 2.54	\$ 2.73	\$ 2.93	\$ 3.12	\$ 3.32	\$ 3.51	\$ 3.71	\$ 3.90

AGE 70+ - 50% REDUCTION OF ORIGINAL POLICY

AMOUNTS	\$12,500	\$25,000	\$37,500	\$50,000	\$62,500	\$75,000	\$87,500	\$100,000	\$112,500	\$125,000
10-Months	\$ 0.20	\$ 0.39	\$ 0.59	\$ 0.78	\$ 0.98	\$ 1.17	\$ 1.37	\$ 1.56	\$ 1.76	\$ 1.95
11-Months	\$ 0.16	\$ 0.33	\$ 0.49	\$ 0.65	\$ 0.81	\$ 0.98	\$ 1.14	\$ 1.30	\$ 1.46	\$ 1.63
12-Months	\$ 0.15	\$ 0.30	\$ 0.45	\$ 0.60	\$ 0.75	\$ 0.90	\$ 1.05	\$ 1.20	\$ 1.35	\$ 1.50
AMOUNTS	\$137,500	\$150,000	\$162,500	\$175,000	\$187,500	\$200,000	\$212,500	\$225,000	\$237,500	\$250,000
10-Months	\$ 2.15	\$ 2.34	\$ 2.54	\$ 2.73	\$ 2.93	\$ 3.12	\$ 3.32	\$ 3.51	\$ 3.71	\$ 3.90
11-Months	\$ 1.79	\$ 1.95	\$ 2.11	\$ 2.28	\$ 2.44	\$ 2.60	\$ 2.76	\$ 2.93	\$ 3.09	\$ 3.25
12-Months	\$ 1.65	\$ 1.80	\$ 1.95	\$ 2.10	\$ 2.25	\$ 2.40	\$ 2.55	\$ 2.70	\$ 2.85	\$ 3.00