

# RATES

## EMPLOYEE CONTRIBUTIONS

July 1, 2025 - June 30, 2026



Your contributions toward the cost of medical, dental and vision coverage are automatically deducted from your paycheck before taxes.

### MEDICAL COVERAGE

Coverage Tier	Employee Contribution (Bi-weekly)		
	HMO (MIBAH2000)	Blue Choice Options PPO (MIBCO2035)	Blue Choice Options HSA (MICOE3073)
Employee Only	\$86.12	\$99.13	\$32.58
Employee + Spouse	\$169.15	\$194.70	\$65.63
Employee + Child(ren)	\$156.22	\$179.82	\$58.58
Family	\$239.25	\$276.78	\$91.63

### DENTAL COVERAGE

Coverage Tier	Employee Contribution (Bi-weekly)	
	DPPO	DHMO
Employee Only	\$18.54	\$7.62
Employee + Spouse	\$37.07	\$14.65
Employee + Child(ren)	\$46.61	\$15.90
Family	\$71.58	\$24.01

### VISION COVERAGE

Coverage Tier	Employee Contribution (Bi-weekly)
	Vision - PPO
Employee Only	\$2.86
Employee + Spouse	\$5.43
Employee + Child(ren)	\$5.71
Family	\$8.40



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