BENEFITS DEDUCTION AMOUNTS

FY 2025 7/1/2024 - 6/30/2025 — **EMPLOYEE PAYROLL DEDUCTION**

GATEWAY CARVER HEALTH INSURANCE PLANS		Total Monthly Cost	Employee Monthly Cost	12/Months Bi/Wkly/24	10/Months Bi/Wkly/19
HMO WITH DENTAL: In-Network Only $500 Deductible					
	Ind	1,011.20	252.80	126.40	159.66
	Fam	2,734.46	683.62	341.81	431.76
HMO WITHOUT DENTAL: In-Network Only $500 Deductible					
	Ind	985.41	246.36	123.18	155.60
	Fam	2,664.70	666.18	333.09	420.74
PPO: $500 Deductible					
	Ind	1,275.93	318.98	159.49	201.46
	Fam	3,083.89	770.98	385.49	486.94
Select Network HMO Plan: $1000 Deductible					
	Ind	1,039.10	259.78	129.89	164.07
	Fam	2,809.86	702.48	351.24	443.67
AETNA Medicare Advantage PPO			**Retiree Monthly Cost**		
	Ind	299.00	74.75		
Altus Dental	Ind		40.50	20.25	25.58
	Fam		118.58	59.29	74.89
Altus Dental RETIREES	Ind		52.47		
	2 Person		104.92		
	Fam		183.61		

	Coverage Amount	Monthly Cost	Employee Per Month	Cost 10/Deduct.
Basic Life				
Group # 26051 - 011 ACTIVE EMPLOYEE	10,000.00	8.70	2.17	2.60
Group # 26051 - 011 RETIREES	5,000.00	4.35	1.09	N/A
Special Life - 100% Employee Paid				
Group # 26051 - 012	5,000.00		4.00	
ALTUS VISION				
Ind			5.25	6.30
Ind+Spouse			10.50	12.60
Ind+Child(ren)			11.03	13.24
Fam			15.23	18.28