

2025 Benefit Rates

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Your Cost or Contribution in 2025 (per pay period x 20 pay periods)

We continue to provide benefit plans which promote healthy living. Please review the plans and select the plan that works best for you and your family. Rates/contributions are paid over 10 months for 12 months of coverage.

Medical

MEDICAL PER PAY PERIOD RATES: BASE, WELLNESS NON-COMPLIANT

	Employee Only	Employee + 1 Child	Employee + Spouse	Employee + Family	Two Employees + Married	Two Employees + Family
HDHP, HSA	(50.00)	(54.00)	(51.00)	(57.00)	(108.00)	(108.00)
HRA	56.00	80.00	129.00	157.00	120.00	144.00
Traditional	267.00	497.00	852.00	1,105.00	407.00	504.00

Amount (in parentheses) is RCPS' contribution on your behalf into the HSA account.

MEDICAL PER PAY PERIOD RATES: WELLNESS COMPLIANT

	Employee Only	Employee + 1 Child	Employee + Spouse	Employee + Family	Two Employees + Married	Two Employees + Family
HDHP, HSA	(75.00)	(79.00)	(76.00)	(82.00)	(158.00)	(158.00)
HRA	31.00	55.00	104.00	132.00	70.00	94.00
Traditional	242.00	472.00	827.00	1,080.00	357.00	454.00

Amount (in parentheses) is RCPS' contribution on your behalf into the HSA account.

Monthly Medical Rate Comparison

	2024 Monthly Rates			2025 Monthly Rates		
	Insurance Rate (10 months payment for 12 months coverage)					
	Employee Share	RCPS Share	Plan Cost	Employee Share	RCPS Share	Plan Cost
HSA						
Employee Only	(\$114.00)	\$816.00	\$702.00	(\$100.00)	\$888.00	\$788.00
Employee + 1 Child	(\$122.00)	\$1,126.00	\$1,004.00	(\$108.00)	\$1,236.00	\$1,128.00
Employee + Spouse	(\$116.00)	\$1,514.00	\$1,398.00	(\$102.00)	\$1,672.00	\$1,570.00
Employee + Family	(\$130.00)	\$1,860.00	\$1,730.00	(\$114.00)	\$2,056.00	\$1,942.00
2 Employees + Married	(\$246.00)	\$1,644.00	\$1,398.00	(\$216.00)	\$1,786.00	\$1,570.00
2 Employees + Family	(\$246.00)	\$1,976.00	\$1,730.00	(\$216.00)	\$2,158.00	\$1,942.00
HRA						
Employee Only	\$98.00	\$986.00	\$1,084.00	\$112.00	\$1,108.00	\$1,220.00
Employee + 1 Child	\$142.00	\$1,416.00	\$1,558.00	\$160.00	\$1,592.00	\$1,752.00
Employee + Spouse	\$228.00	\$1,934.00	\$2,162.00	\$258.00	\$2,174.00	\$2,432.00
Employee + Family	\$278.00	\$2,394.00	\$2,672.00	\$314.00	\$2,690.00	\$3,004.00
2 Employees + Married	\$212.00	\$1,950.00	\$2,162.00	\$240.00	\$2,192.00	\$2,432.00
2 Employees + Family	\$256.00	\$2,416.00	\$2,672.00	\$288.00	\$2,716.00	\$3,004.00
Traditional						
Employee Only	\$474.00	\$1,328.00	\$1,802.00	\$534.00	\$1,492.00	\$2,026.00
Employee + 1 Child	\$884.00	\$1,708.00	\$2,592.00	\$994.00	\$1,920.00	\$2,914.00
Employee + Spouse	\$1,516.00	\$2,084.00	\$3,600.00	\$1,704.00	\$2,344.00	\$4,048.00
Employee + Family	\$1,966.00	\$2,484.00	\$4,450.00	\$2,210.00	\$2,792.00	\$5,002.00
2 Employees + Married	\$724.00	\$2,876.00	\$3,600.00	\$814.00	\$3,234.00	\$4,048.00
2 Employees + Family	\$896.00	\$3,554.00	\$4,450.00	\$1,008.00	\$3,994.00	\$5,002.00
Insurance Rate with Wellness Discount (10 months payment for 12 months coverage)						
HSA						
Employee Only	(\$164.00)	\$866.00	\$702.00	(\$150.00)	\$938.00	\$788.00
Employee + 1 Child	(\$172.00)	\$1,176.00	\$1,004.00	(\$158.00)	\$1,286.00	\$1,128.00
Employee + Spouse	(\$166.00)	\$1,564.00	\$1,398.00	(\$152.00)	\$1,722.00	\$1,570.00
Employee + Family	(\$180.00)	\$1,910.00	\$1,730.00	(\$164.00)	\$2,106.00	\$1,942.00
2 Employees + Married	(\$346.00)	\$1,744.00	\$1,398.00	(\$316.00)	\$1,886.00	\$1,570.00
2 Employees + Family	(\$346.00)	\$2,076.00	\$1,730.00	(\$316.00)	\$2,258.00	\$1,942.00
HRA						
Employee Only	\$48.00	\$1,036.00	\$1,084.00	\$62.00	\$1,158.00	\$1,220.00
Employee + 1 Child	\$92.00	\$1,466.00	\$1,558.00	\$110.00	\$1,642.00	\$1,752.00
Employee + Spouse	\$178.00	\$1,984.00	\$2,162.00	\$208.00	\$2,224.00	\$2,432.00
Employee + Family	\$228.00	\$2,444.00	\$2,672.00	\$264.00	\$2,740.00	\$3,004.00
2 Employees + Married	\$112.00	\$2,050.00	\$2,162.00	\$140.00	\$2,292.00	\$2,432.00
2 Employees + Family	\$156.00	\$2,516.00	\$2,672.00	\$188.00	\$2,816.00	\$3,004.00
Traditional						
Employee Only	\$424.00	\$1,378.00	\$1,802.00	\$484.00	\$1,542.00	\$2,026.00
Employee + 1 Child	\$834.00	\$1,758.00	\$2,592.00	\$944.00	\$1,970.00	\$2,914.00
Employee + Spouse	\$1,466.00	\$2,134.00	\$3,600.00	\$1,654.00	\$2,394.00	\$4,048.00
Employee + Family	\$1,916.00	\$2,534.00	\$4,450.00	\$2,160.00	\$2,842.00	\$5,002.00
2 Employees + Married	\$624.00	\$2,976.00	\$3,600.00	\$714.00	\$3,334.00	\$4,048.00
2 Employees + Family	\$796.00	\$3,654.00	\$4,450.00	\$908.00	\$4,094.00	\$5,002.00

Vision

VISION PER PAY PERIOD RATES

	Employee Only	Employee + 1 Child	Employee + Spouse	Family
Basic Vision	0.00	0.00	0.00	0.00
Enhanced Vision [Buy-up]	3.61	7.24	6.87	10.95

Dental

DENTAL PER PAY PERIOD RATES

	Employee Only	Employee + 1 Child	Employee + Spouse	Employee + Family	Two Employees: Family
Low Plan	0.00	9.24	9.24	25.63	4.10
High Plan	10.28	25.90	25.90	50.94	31.35

Monthly Dental Rate Comparison

	2024 Monthly Rates			2025 Monthly Rates		
Base Plan Insurance Rates (10 months payment for 12 months coverage)						
	Employee Share	RCPS Share	Total Cost	Employee Share	RCPS Share	Total Cost
25 Deductible 1,500 Annual Max						
Employee Only	0.00	38.29	38.29	0.00	38.29	38.29
Employee + 1 Child	18.48	43.12	61.60	18.48	43.12	61.60
Employee + Spouse	18.48	43.12	61.60	18.48	43.12	61.60
Employee + Family	51.26	51.27	102.53	51.26	51.27	102.53
2 Employees +Family	8.20	94.33	102.53	8.20	94.33	102.53
High Plan Insurance Rates (10 months payment for 12 months coverage)						
	Employee Share	RCPS Share	Total Cost	Employee Share	RCPS Share	Total Cost
0 Deductible 2,000 Annual Max 1,500 Ortho Lifetime Max						
Employee Only	20.56	38.17	58.73	20.56	38.17	58.73
Employee + 1 Child	51.80	42.40	94.20	51.80	42.40	94.20
Employee + Spouse	51.80	42.40	94.20	51.80	42.40	94.20
Employee + Family	101.88	54.86	156.74	101.88	54.86	156.74
2 Employees +Family	62.70	94.04	156.74	62.70	94.04	156.74