

## **Contribution Amounts**

Medical

## **★** Preventive Care Exam Incentive:

Employees will earn a medical premium discount for completing a preventive care exam. Date of exam must occur between May 1, 2025 and March 31, 2026. Forms must be completed and returned by April 15, 2026.

Monthly Rates for the Medical PPO Plan				
	ChemDesign Pays	Without Preventive Care Exam Incentive	With Preventive Care Exam Incentive	
Employee Only	\$956.77	\$191.35	\$55.98	
Employee + Spouse	\$2,296.26	\$459.25	\$323.87	
Employee + Child(ren)	\$1,817.88	\$363.58	\$228.20	
Family	\$2,966.01	\$593.20	\$457.82	
Weekly Rates for the Medical PPO Plan				
	ChemDesign Pays	Without Preventive Care Exam Incentive	With Preventive Care Exam Incentive	
Employee Only	\$220.79	\$44.16	\$12.92	
Employee + Spouse	\$529.91	\$105.98	\$74.74	
Employee + Child(ren)	\$419.51	\$83.90	\$52.66	
Family	\$684.46	\$136.89	\$105.65	
Monthly Rates for the Medical HDHP Plan				
	ChemDesign Pays	Without Preventive Care Exam Incentive	With Preventive Care Exam Incentive	
Employee Only	\$902.52	\$135.38	\$0.00	
Employee + Spouse	\$2,166.04	\$324.91	\$189.53	
Employee + Child(ren)	\$1,714.79	\$257.22	\$121.84	
Family	\$2,797.79	\$419.67	\$284.29	
Weekly Rates for the Medical HDHP Plan				
	ChemDesign Pays	You Pay Base Rate	All Wellness Activities	
Employee Only	\$208.27	\$31.24	\$0.00	
Employee + Spouse	\$499.86	\$74.98	\$43.74	
Employee + Child(ren)	\$395.72	\$59.36	\$28.12	
Family	\$645.64	\$96.85	\$65.61	

## **Contribution Amounts**

**Dental and Vision** 

Monthly Rates for the Dental Low Plan				
	ChemDesign Pays	You Pay		
Employee Only	\$29.24	\$7.84		
Employee + Spouse	\$58.49	\$15.68		
Employee + Child(ren)	\$61.80	\$16.57		
Family	\$102.09	\$27.37		
Weekly Rates for the Dental Low Plan				
	ChemDesign Pays	You Pay		
Employee Only	\$6.75	\$1.81		
Employee + Spouse	\$13.50	\$3.62		
Employee + Child(ren)	\$14.26	\$3.82		
Family	\$23.56	\$6.32		

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Monthly Rates for the Dental High Plan				
	ChemDesign Pays	You Pay		
Employee Only	\$33.41	\$13.27		
Employee + Spouse	\$66.83	\$26.54		
Employee + Child(ren)	\$91.51	\$36.35		
Family	\$169.08	\$67.16		
Weekly Rates for the Dental High Plan				
	ChemDesign Pays	You Pay		
Employee Only	\$7.71	\$3.06		
Employee + Spouse	\$15.42	\$6.13		
Employee + Child(ren)	\$21.12	\$8.39		
Family	\$39.02	\$15.50		

Monthly Rates for the Vision Plan			
	You Pay		
Employee Only	\$6.66		
Employee + Spouse	\$13.33		
Employee + Child(ren)	\$15.04		
Family	\$23.27		
Weekly Rates for the Vision Plan			
	You Pay		
Employee Only	\$1.54		
Employee + Spouse	\$3.08		
Employee + Child(ren)	\$3.47		
Family	\$5.37		

