

Town of Mead Semi-Monthly Cost 2025

| Health Insurance | | | | | | | |
|----------------------|---------------|-------------------|-----------------------|-------------------|--|--|--|
| PPO Option | | | | | | | |
| | Employee Only | Employee + Spouse | Employee + Child(ren) | Employee + Family | | | |
| Employee Cost | \$46.00 | \$325.25 | \$260.25 | \$412.25 | | | |
| Town Cost | \$449.50 | \$683.25 | \$671.75 | \$798.25 | | | |
| Total | \$495.50 | \$1,008.50 | \$932.00 | \$1,210.50 | | | |
| | | | | | | | |
| Kaiser Option | | | | | | | |
| | Employee Only | Employee + Spouse | Employee + Child(ren) | Employee + Family | | | |
| Employee Cost | \$0.00 | \$233.75 | \$222.25 | \$348.75 | | | |
| Town Cost | \$449.50 | \$683.25 | \$671.75 | \$798.25 | | | |
| Total | \$449.50 | \$917.00 | \$894.00 | \$1,147.00 | | | |

| Dental | | | | | | |
|---------------|---------------|-------------------|-----------------------|-------------------|--|--|
| | Employee Only | Employee + Spouse | Employee + Child(ren) | Employee + Family | | |
| Employee Cost | \$0.00 | \$10.25 | \$15.25 | \$24.00 | | |
| Town Cost | \$20.00 | \$30.25 | \$35.25 | \$44.00 | | |
| Total | \$20.00 | \$40.50 | \$50.50 | \$68.00 | | |

| Vision | | | | | | |
|----------------------|---------------|-------------------|-----------------------|-------------------|--|--|
| | Employee Only | Employee + Spouse | Employee + Child(ren) | Employee + Family | | |
| Employee Cost | \$0.00 | \$1.75 | \$2.25 | \$4.75 | | |
| Town Cost | \$3.50 | \$5.25 | \$5.75 | \$8.25 | | |
| Total | \$3.50 | \$7.00 | \$8.00 | \$13.00 | | |