

Premium information for All Coverage Levels

Effective January 1, 2025

	Annualized Salary Tiers	Anthem Medical Plans			Dental and Vision	
		Blue High-Performance Network (Blue HPN)	High Deductible Health Plan (HDHP)*	Preferred Provider Organization (PPO 80/20)	Delta Dental of Ohio	Vision Service Plan (VSP)
Employee Only	Tier 1: < \$54,600	\$109	\$124	\$141	\$7.48	\$1.60
	Tier 2: \$54,600 - \$86,600	\$153	\$183	\$210	\$7.48	\$1.60
	Tier 3: > \$86,600 - \$144,200	\$200	\$244	\$279	\$7.48	\$1.60
	Tier 4: > \$144,200	\$210	\$256	\$294	\$7.48	\$1.60
Employee + Child(ren)	Tier 1: < \$54,600	\$183	\$223	\$254	\$13.46	\$2.87
	Tier 2: \$54,600 - \$86,600	\$265	\$330	\$378	\$13.46	\$2.87
	Tier 3: > \$86,600 - \$144,200	\$347	\$439	\$500	\$13.46	\$2.87
	Tier 4: > \$144,200	\$363	\$462	\$524	\$13.46	\$2.87
Employee + Spouse	Tier 1: < \$54,600	\$252	\$305	\$342	\$16.45	\$3.53
	Tier 2: \$54,600 - \$86,600	\$372	\$456	\$515	\$16.45	\$3.53
	Tier 3: > \$86,600 - \$144,200	\$491	\$609	\$687	\$16.45	\$3.53
	Tier 4: > \$144,200	\$515	\$638	\$720	\$16.45	\$3.53
Employee + Family	Tier 1: < \$54,600	\$328	\$403	\$456	\$22.43	\$4.79
	Tier 2: \$54,600 - \$86,600	\$483	\$603	\$683	\$22.43	\$4.79
	Tier 3: > \$86,600 - \$144,200	\$638	\$804	\$909	\$22.43	\$4.79
	Tier 4: > \$144,200	\$668	\$844	\$954	\$22.43	\$4.79

Benefit-eligible employees may elect dental and/or vision coverage with or without electing medical coverage.

(Additional Information on Page 2)

Important notes about premium deductions:

- Employee premiums in the above charts are monthly amounts. If you are paid biweekly, divide premium amount by 2. Employees paid monthly will have 12 deductions per year while employees paid biweekly will have 24 deductions per year. When three biweekly paychecks fall in one month, premiums are not taken out of the third paycheck.
- Employee premiums are deducted on a pre-tax basis and are not subject to federal or state taxes. To determine salary tier, an employee's salary or hourly rate is annualized to reflect 100% FTE, and is based on the annualized base salary at the time payroll runs each respective pay period.

Additional premium fees not reflected in premium chart shown above:

- The HMI Non-Participation fee is assessed to employees who did not complete the HMI requirements by August 31, 2024. The 2025 fee is \$125 per month (\$62.50 biweekly) beginning January 1 – December 31, 2025. The fee does not apply to employees hired on or after June 1, 2024.
- The Tobacco Usage Fee is assessed to employees who either completed an affidavit indicating they are a tobacco user or who did not submit an affidavit. The fee is \$50 per month (\$25 biweekly).

*Health Savings Account (HSA) for HDHP participants:

- For Employee Only Coverage:
 - Wright State will make a \$500 contribution to your HSA Account, \$250 in January and \$250 in July. In addition, you can personally authorize payroll contributions to your HSA.
 - The 2025 IRS limit for your total contributions (both Wright State and your own), can total up to \$4,300, or if age 55 or older, \$5,300.
- For Employee + Child(ren), Employee + Spouse, and Employee + Family Coverages:
 - Wright State will make a \$1,000 contribution to your HSA Account, \$500 in January and \$500 in July. In addition, you can personally authorize payroll contributions to your HSA.
 - The 2025 IRS limit for your total contributions (both Wright State and your own), can total up to \$8,550, or if age 55 or older, \$9,550.