## **BENEFITS RATE SHEET**

Medical	Contribution Based on 24 Pays			Contribution Based on 26 Pays			
Plans	Medical	7/1/2025-6/30/2026		Medical	7/1/2025-6/30/2026		
	Employee	YSU		Employee	YSU		
PPO Plan	Portion	Portion	Total	Portion	Portion	Total	
Single	\$112.98	\$451.90	\$564.88	\$104.28	\$417.14	\$521.42	
Single +1	\$225.95	\$903.78	\$1129.73	\$208.57	\$834.26	\$1042.83	
Family	\$310.68	\$1242.71	\$1553.39	\$286.78	\$1147.12	\$1,433.90	

Consumer Driven Health Plan	Employee Portion	YSU Portion	Total	Employee Portion	YSU Portion	Total
Single	\$63.67	\$360.78	\$424.45	\$58.77	\$333.03	\$391.80
Family	\$175.08	\$992.12	\$1167.20	\$161.61	\$915.81	\$1077.42

Dental		07/01/2025-12/31/2025			Dental	07/01/2025-12/31/202	
	Employee				Employee	YSU	
Dental	Portion	Portion	Total		Portion	Portion	Total
Single	\$2.80	\$11.19	\$13.99		\$2.58	\$10.33	\$12.91
Single +1	\$5.29	\$21.14	\$26.43		\$4.88	\$19.52	\$24.40
Family	\$9.52	\$38.07	\$47.59		\$8.79	\$35.14	\$43.93

Vision		07/01/2025-12/31/2025			Vision	07/01/2025-12/31/202	
Employee		YSU			Employee	YSU	
Vision	Portion	Portion	Total		Portion	Portion	Total
Single	\$0.32	\$1.28	\$1.60		\$0.29	\$1.18	\$1.47
Single +1	\$0.64	\$2.56	\$3.20		\$0.59	\$2.36	\$2.95
Family	\$1.16	\$4.62	\$5.78		\$1.07	\$4.26	\$5.33

Flexible Spending Account Administrative Cost				
	\$2.77			\$2.56