

## Full-Time Employee Biweekly Contributions (FTE .875 or greater)

For 7/1/2025 - 6/30/2026

Plan Option	Employee	Employee + Child(ren)	Employee + Spouse	Employee + Family
Medical Plans (includes prescription drug coverage)				
PennCare PPO	\$70.00	\$137.00	\$146.00	\$211.00
PennCare HDHP	\$22.00	\$43.00	\$46.00	\$66.00
Dental Plans				
Delta Dental Standard	\$5.55	\$12.45	\$10.32	\$18.40
Delta Dental Premium	\$7.79	\$16.52	\$14.19	\$25.34
Vision Plans				
VSP Vision Plan	\$2.15	\$4.51	\$4.30	\$6.66
VSP Plus Plan	\$4.11	\$8.63	\$8.22	\$12.74

## Part-Time Employee Biweekly Contributions

For 7/1/2025 - 6/30/2026

Plan Option	Employee	Employee + Child(ren)	Employee + Spouse	Employee + Family
Medical Plans (includes prescription drug coverage)				
PennCare PPO	\$118.00	\$314.00	\$323.00	\$487.00
PennCare HDHP	\$74.00	\$162.00	\$176.00	\$246.00
Dental Plans				
Delta Dental Standard	\$9.06	\$20.32	\$16.85	\$30.03
Delta Dental Premium	\$12.73	\$34.09	\$23.16	\$41.37
Vision Plans				
VSP Vision Plan	\$2.15	\$4.51	\$4.30	\$6.66
VSP Plus Plan	\$4.11	\$8.63	\$8.22	\$12.74