

# Per Pay Medical Premiums 2024-2025

	Tiered PPO Plan	Choice Plus HDHP/HSA Plan
<b>Employee Coverage</b>		
20 Pay Schedule	\$105.28	\$96.71
24 Pay Schedule	\$87.73	\$80.60
<b>Employee + Spouse*</b>		
20 Pay Schedule	\$252.62	\$254.30
24 Pay Schedule	\$210.52	\$211.91
<b>Employee + 1 or 2 Children</b>		
20 Pay Schedule	\$189.49	\$254.30
24 Pay Schedule	\$157.91	\$211.91
<b>Family Coverage*</b>		
20 Pay Schedule	\$276.85	\$254.30
24 Pay Schedule	\$230.71	\$211.91

**Note:** A *per pay* surcharge will apply for spouses/domestic partners eligible for medical coverage through their employer, but elect Columbus State’s plan as primary coverage. The total cost will be \$1,200 annually.

# Per Pay Dental + Vision Plan Premiums 2024-2025

	Delta Dental PPO Plan	Delta Dental Buy-Up Plan	VSP Vision Plan
<b>Employee Coverage</b>			
20 Pay Schedule	\$4.81	\$6.58	\$2.20
24 Pay Schedule	\$4.01	\$5.48	\$1.83
<b>Employee + Spouse/DP</b>			
20 Pay Schedule	\$13.65	\$12.83	\$6.05
24 Pay Schedule	\$11.38	\$10.69	\$5.05
<b>Employee + 1 Coverage</b>			
20 Pay Schedule	\$13.65	\$17.06	\$6.05
24 Pay Schedule	\$11.38	\$14.21	\$5.05
<b>Family Coverage</b>			
20 Pay Schedule	\$13.65	\$23.44	\$6.05
24 Pay Schedule	\$11.38	\$19.53	\$5.05