



2025 IMPD Rate Sheet

ANTHEM MEDICAL PLANS

	Employee Only	Employee & Spouse/Domestic Partner	Employee & Child(ren)	Family
Low	\$110.96	\$223.07	\$170.94	\$291.53
Medium	\$91.23	\$176.02	\$136.60	\$227.82
High	\$67.66	\$119.79	\$95.55	\$151.63
Max	\$36.14	\$44.64	\$40.68	\$49.82

All 4 medical plans are paired with a Health Savings Account (HSA). For all Anthem medical plan participants: The employer annual HSA contribution will be up to \$1250 for employee only plans and up to \$2500 for all other plans. New hires and mid-year entrants will receive pro-rated contributions.

DELTA DENTAL PLANS

	Employee Only	Employee & Spouse/Domestic Partner	Employee & Child(ren)	Family
Low	\$10.10	\$20.07	\$27.16	\$41.74
High	\$17.51	\$37.26	\$41.74	\$66.31

ANTHEM VISION PLAN

Employee Only	Employee & Spouse/Domestic Partner	Employee & Child(ren)	Family
\$3.07	\$5.55	\$5.95	\$9.02

UNUM OPTIONAL LIFE INSURANCE

Rates per \$1,000 per month are the same for the employee and/or the spouse. Child(ren) rate is \$1.50 per month.

<25 25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$0.058	\$0.083	\$0.099	\$0.132	\$0.223	\$0.363	\$0.600	\$0.795	\$1.329	\$2.054

Rates are based on 24 deductions