

2025 Celarity Benefit Plans Employee Premium Costs

\$7,900 Deductible				
		Individual	Family	
Deductible		\$7,900	\$15,800	
Out of Pocket Ma:		\$7,900	\$15,800	
Coinsurance		0%		
Employee Age	Single	Single + Spouse	Single + Child(ren)	Family
	Bi-weekly	Bi-weekly	Bi-weekly	Bi-weekly
< 25	58.36	130.17	237.61	283.42
25 - 29	68.58	154.15	285.17	339.40
30 - 34	77.58	195.70	283.98	369.46
35 - 39	85.09	215.04	283.01	380.39
40 - 44	98.10	233.78	289.24	392.70
45 - 49	114.25	311.52	295.21	456.72
50 - 54	139.79	407.64	303.77	532.46
55 - 59	167.13	554.45	322.62	662.66
60 - 64	207.96	721.78	354.98	812.85
65+	247.47	791.49	374.12	862.24

\$6,350 HSA				
		Individual	Family	
Deductible		\$6,350	\$12,700	
Out of Pocket Ma:		\$6,350	\$12,700	
Coinsurance		0%		
Employee Age	Single	Single + Spouse	Single + Child(ren)	Family
	Bi-weekly	Bi-weekly	Bi-weekly	Bi-weekly
< 25	66.00	140.91	259.23	309.51
25 - 29	77.70	167.08	311.34	371.01
30 - 34	88.01	211.62	310.62	403.62
35 - 39	96.61	232.66	310.04	415.68
40 - 44	111.50	253.59	317.59	429.68
45 - 49	129.99	336.85	325.07	499.17
50 - 54	159.22	440.34	335.94	581.75
55 - 59	190.52	597.28	358.05	722.91
60 - 64	237.28	777.08	395.63	886.48
65+	282.50	854.08	418.81	941.83

Copay \$6,500 / 20%				
		Individual	Family	
Deductible		\$6,500	\$13,000	
Out of Pocket Ma:		\$8,500	\$17,000	
Coinsurance		20%		
Employee Age	Single	Single + Spouse	Single + Child(ren)	Family
	Bi-weekly	Bi-weekly	Bi-weekly	Bi-weekly
< 25	58.17	130.48	262.56	309.18
25 - 29	68.70	155.16	316.10	371.53
30 - 34	77.95	197.90	313.62	401.67
35 - 39	85.68	217.79	311.58	412.04
40 - 44	99.07	237.08	317.14	423.95
45 - 49	115.68	317.03	322.03	489.44
50 - 54	141.96	415.92	328.74	566.27
55 - 59	170.09	566.91	347.10	700.84
60 - 64	212.10	739.03	379.33	856.08
65+	252.74	810.75	396.51	904.84

Comfort \$6,500				
		Individual	Family	
Deductible		\$6,500	\$13,000	
Out of Pocket Ma:		\$6,500	\$13,000	
Coinsurance		N/A		
Employee Age	Single	Single + Spouse	Single + Child(ren)	Family
	Bi-weekly	Bi-weekly	Bi-weekly	Bi-weekly
<25	104.95	204.37	411.82	484.00
25 - 29	124.79	244.21	497.10	583.54
30 - 34	142.22	309.02	496.69	629.31
35 - 39	156.79	340.79	496.37	646.37
40 - 44	182.00	374.36	509.70	668.46
45 - 49	213.32	495.26	523.16	768.10
50 - 54	262.81	647.48	542.91	887.33
55 - 59	315.81	874.29	581.04	1091.23
60 - 64	394.98	1137.49	645.34	1331.00
65+	471.55	1258.03	686.22	1416.10

Comfort \$4,000				
		Individual	Family	
Deductible		\$4,000	\$8,000	
Out of Pocket Ma:		\$4,000	\$8,000	
Coinsurance		N/A		
Employee Age	Single	Single + Spouse	Single + Child(ren)	Family
	Bi-weekly	Bi-weekly	Bi-weekly	Bi-weekly
<25	116.70	221.42	442.48	520.30
25 - 29	138.74	264.55	534.00	627.21
30 - 34	158.13	333.84	534.44	676.76
35 - 39	174.32	368.16	534.84	695.62
40 - 44	202.37	404.99	550.26	720.32
45 - 49	237.18	534.17	566.12	827.90
50 - 54	292.21	697.41	589.58	957.18
55 - 59	351.14	939.42	632.72	1176.78
60 - 64	439.16	1221.31	704.95	1435.81
65+	524.30	1352.75	752.20	1530.03

Dental Coverage Options			
		Delta Dental PPO Network	Delta Dental Premier Network
		Plan Pays:	Plan Pays:
Preventive		100%	100%
Basic Services		90%-100%	80%
Major Services		50%	50%
Plan Type	Bi-Weekly Cost		
Employee Only	\$21.25		
Employee + Spouse	\$42.50		
Employee + Children	\$47.33		
Family	\$60.69		