2025 Health Benefit Costs

	Single		2 Adults		Parent & 1 Child		Parent and Children		Family	
	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly
Medical - DA 8	$1,163.87	$13,966.44	$2,327.74	$27,932.88	$2,048.41	$24,580.92	$2,048.41	$24,580.92	$3,200.64	$38,407.68
Medical - DA 10	$1,059.12	$12,709.44	$2,118.24	$25,418.88	$1,864.06	$22,368.72	$1,864.06	$22,368.72	$2,912.59	$34,951.08
Medical - EPO	$978.04	$11,736.48	$1,956.08	$23,472.96	$1,721.35	$20,656.20	$1,721.35	$20,656.20	$2,689.62	$32,275.44
Prescription $10/$20	$296.00	$3,552.00	$641.00	$7,692.00	$434.00	$5,208.00	$434.00	$5,208.00	$760.00	$9,120.00
Delta Dental	$36.81	$441.72	$63.37	$760.44	$63.37	$760.44	$104.56	$1,254.72	$104.56	$1,254.72
DSO Dental	$27.49	$329.88	$53.58	$642.96	$53.58	$642.96	$91.57	$1,098.84	$91.57	$1,098.84
United Healthcare Vision	$4.42	$53.04	$7.45	$89.40	$7.79	$93.48	$7.79	$93.48	$10.78	$129.36
Teamsters Vision	$16.38	$196.56	$16.38	$196.56	$16.38	$196.56	$16.38	$196.56	$16.38	$196.56
Total DA8 w/Delta	$1,501.10	$18,013.20	$3,039.56	$36,474.72	$2,553.57	$30,642.84	$2,594.76	$31,137.12	$4,075.98	$48,911.76
Total DA8 w/DSO Dental	$1,491.78	$17,901.36	$3,029.77	$36,357.24	$2,543.78	$30,525.36	$2,581.77	$30,981.24	$4,062.99	$48,755.88
Total DA8 TEAMSTERS w/Delta	$1,513.06	$18,156.72	$3,048.49	$36,581.88	$2,562.16	$30,745.92	$2,603.35	$31,240.20	$4,081.58	$48,978.96
Total DA8 TEAMSTERS w/DSO Dental	$1,503.74	$18,044.88	$3,038.70	$36,464.40	$2,552.37	$30,628.44	$2,590.36	$31,084.32	$4,068.59	$48,823.08
Note: Medical and Delta Dental are self insured and costs are based on COBRA Rates not including the 2% admin fee, per NJ Chapter 78.										
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