GLACIAL COMMUNITY YMCA
BENEFIT RATES
Effective January 1, 2025

Health & Vision Plan

	Total Monthly Premium	60% paid by YMCA	40% paid by Employee	$ per paycheck
HDHP 2750				
Family	2200.30	1320.18	880.12	440.06
Employee / Spouse	1611.00	966.60	644.40	322.20
Employee / Child (ren)	1325.80	795.48	530.32	265.16
Employee Only	736.50	441.90	294.60	147.30
	Total Monthly Premium	65% paid by YMCA	35% paid by Employee	$ per paycheck
Surest Gold				
Family	2068.10	1344.27	723.84	361.92
Employee / Spouse	1514.20	984.23	529.97	264.99
Employee / Child (ren)	1246.40	810.16	436.24	218.12
Employee Only	692.50	450.13	242.38	121.19
	Total Monthly Premium	75% paid by YMCA	25% paid by Employee	$ per paycheck
HDHP 4000				
Family	1637.00	1227.75	409.25	204.63
Employee / Spouse	1199.20	899.40	299.80	149.90
Employee / Child (ren)	985.00	738.75	246.25	123.13
Employee Only	547.20	410.40	136.80	68.40

Dental Plan

CIGNA Dental	Total Monthly Premium	70% paid by YMCA	30% paid by Employee	$ per paycheck
Family	125.50	87.85	37.65	18.83
Employee / Spouse	91.70	64.19	27.51	13.76
Employee / Child (ren)	75.80	53.06	22.74	11.37
Employee Only	42.00	29.40	12.60	6.30

Optional Life Insurance

Age	Premium Rate per $1,000 of coverage (2 times salary)
< 25	0.05
25 – 39	0.06
40 – 44	0.08
45 – 49	0.12
50 – 54	0.18
55 – 59	0.29
60 – 64	0.48
65 – 69	0.89
70	1.90