



Employee Insurance Biweekly Premiums

effective 1/1/2025

HSA Health Plan	
Employee Only	\$65.07
Employee & Spouse	\$279.32
Employee & Child(ren)	\$175.97
Family	\$462.41

Copay Health Plan	
Employee Only	\$65.72
Employee & Spouse	\$282.11
Employee & Child(ren)	\$177.73
Family	\$467.04

\$500 Annual employer contribution (**HSA Plan only**)

Earn up to \$500 in additional HSA contributions through wellness related activities. See Healthtrax Menu for details. (**HSA Plan only**) Incentives paid quarterly.

Dental Plan	
Employee Only	\$7.46
Employee & Spouse	\$13.14
Employee & Child(ren)	\$17.40
Family	\$34.80

Vision Plan	
Employee Only	\$3.31
Employee & Spouse	\$6.29
Employee & Child(ren)	\$6.61
Family	\$9.72

Spousal coverage: Employees enrolling a spouse not previously covered on these plans will need to provide documentation of legal marriage to HR within 30 days of coverage.

Dependent coverage: Children are eligible on health, dental, and vision until 26.

Out of Area Dependents: If you cover a dependent on the health plan who does not live in the Savannah area, be sure to indicate that on your enrollment in PlanSource so they have access to out of area network providers.