

BEACON HILL
2025 Rates (period of 1/1/2025 to 12/31/2025) Aetna
CONTRACT EMPLOYEES

Aetna – Open Choice PPO -HDHP
 (\$2,500 Single Deductible / \$5,000 EE+1 and Family Deductible)

	Employee Weekly Deduction	Employee Monthly Cost	Employer Monthly Cost	Total Monthly Cost	Employee Annual Cost	Employer Annual Cost	Total Annual Cost
Employee:	\$14.70	63.70	599.89	663.59	764.46	7,198.62	7,963.08
Employee Plus One:	\$150.99	654.27	672.85	1,327.12	7,851.24	8,074.20	15,925.44
Family:	\$267.26	1,158.14	775.31	1,933.45	13,897.64	9,303.76	23,201.40

Aetna –Open Choice PPO
 (\$2k Single Deductible / \$4k EE+1 and Family Deductible)

	Employee Weekly Deduction	Employee Monthly Cost	Employer Monthly Cost	Total Monthly Cost	Employee Annual Cost	Employer Annual Cost	Total Annual Cost
Employee:	\$23.14	100.27	605.83	706.10	1,203.19	7,270.01	8,472.20
Employee Plus One:	\$164/90	714.57	697.63	1,412.20	8,574.88	8,371.52	16,946.40
Family:	\$294.36	1,275.56	781.80	2,057.36	15,306.76	9,381.56	24,688.32

Aetna Dental Insurance

	Employee Weekly Deduction	Employee Monthly Cost	Employer Monthly Cost	Total Monthly Cost	Employee Annual Cost	Employer Annual Cost	Total Annual Cost
Employee:	\$9.58	41.52	-	41.52	498.24	-	498.24
Employee Plus One:	\$19.45	84.30	-	84.30	1,011.60	-	1,011.60
EmployeePlus Family:	\$34.46	149.32	-	149.32	1,791.84	-	1,791.84

EyemedVision Insurance

	Employee Weekly Deduction	Employee Monthly Cost	Employer Monthly Cost	Total Monthly Cost	Employee Annual Cost	Employer Annual Cost	Total Annual Cost
Employee:	\$1.66	7.20	-	7.20	86.40	-	86.40
Employee Plus Family:	\$4.24	18.36	-	18.36	220.32	-	220.32