Imagine 360 Indemnity Copay Plan			
Coverage Tier	**Year Begin**	**Year End**	
Individual Only			
	7/1/2024	6/30/2025	$739.32
Individual + Spouse			
	7/1/2024	6/30/2025	$1,502.23
Individual + Child(ren)			
	7/1/2024	6/30/2025	$1,341.90
Family			
	7/1/2024	6/30/2025	$2,241.44
Imagine 360 Medical Plan w/HRA			
Coverage Tier	**Year Begin**	**Year End**	
Individual Only			
	7/1/2024	6/30/2025	$784.29
Individual + Spouse			
	7/1/2024	6/30/2025	$1,593.84
Individual + Child(ren)			
	7/1/2024	6/30/2025	$1,423.70
Family			
	7/1/2024	6/30/2025	$2,378.04
Cigna Copay Medical Plan			
Coverage Tier	**Year Begin**	**Year End**	Rate + 2%
Individual Only			
	7/1/2024	6/30/2025	$855.20
Individual + Spouse			
	7/1/2024	6/30/2025	$1,738.27
Individual + Child(ren)			
	7/1/2024	6/30/2025	$1,552.63
Family			

	7/1/2024	6/30/2025	$2,593.37
High Vision Plan			
Coverage Tier	**Year Begin**	**Year End**	
Individual Only			
	7/1/2024	6/30/2025	$4.56
Individual + Spouse			
	7/1/2024	6/30/2025	$9.12
Individual + Child(ren)			
	7/1/2024	6/30/2025	$8.66
Family			
	7/1/2024	6/30/2025	$13.40
Low Vision Plan			
Coverage Tier	**Year Begin**	**Year End**	
Individual Only			
	7/1/2024	6/30/2025	$3.15
Individual + Spouse			
	7/1/2024	6/30/2025	$6.29
Individual + Child(ren)			
	7/1/2024	6/30/2025	$5.98
Family			
	7/1/2024	6/30/2025	$9.25
Deluxe Dental Plan			
Coverage Tier	**Year Begin**	**Year End**	
Individual Only			
	7/1/2024	6/30/2025	$21.29
Individual + Spouse			
	7/1/2024	6/30/2025	$49.77
Individual + Child(ren)			
	7/1/2024	6/30/2025	$37.67
Family			
	7/1/2024	6/30/2025	$60.68

Basic Dental Plan			
Coverage Tier	**Year Begin**	**Year End**	
Individual Only			
	7/1/2024	6/30/2025	$12.48
Individual + Spouse			
	7/1/2024	6/30/2025	$27.00
Individual + Child(ren)			
	7/1/2024	6/30/2025	$24.26
Family			
	7/1/2024	6/30/2025	$34.68