KINGMAN HEALTHCARE CENTER
MEDICAL/RX, DENTAL & VISION RATES PER PAY PERIOD
JANUARY THRU DECEMBER 2025

Medical & RX PPO	Employee	Emp/Child	Emp/Spouse	Family
Employee Pays Per Pay Period	$ 105.76	$ 259.91	$ 291.05	$ 427.04
Hospital Pays Per Pay Period	$ 394.55	$ 586.27	$ 658.93	$ 976.25
Total Premium Per Pay Period	$ 500.31	$ 846.18	$ 949.98	$ 1,403.29

Medical & RX HDHP	Employee	Emp/Child	Emp/Spouse	Family
Employee Pays Per Pay Period	$ 100.02	$ 244.72	$ 273.89	$ 401.27
Hospital Pays Per Pay Period	$ 371.57	$ 550.84	$ 618.89	$ 916.11
Total Premium Per Pay Period	$ 471.59	$ 795.56	$ 892.78	$ 1,317.38

Dental				
Employee Pays Per Pay Period	$ 9.62	$ 28.08	$ 28.48	$ 54.57
Hospital Pays Per Pay Period	$ 9.62	$ 9.62	$ 9.62	$ 9.62
Total Premium Per Pay Period	$ 19.25	$ 37.70	$ 38.10	$ 64.19

Vision Employee Pays Per Pay Period	Platinum Materials 130	Platinum Materials 200	Platinum Complete 130	Platinum Complete 200
Employee	$ 6.14	$ 8.92	$ 8.37	$ 11.15
Emp/Child	$ 11.34	$ 16.48	$ 15.46	$ 20.59
Emp/Spouse	$ 9.83	$ 14.28	$ 13.40	$ 17.85
Family	$ 19.28	$ 28.02	$ 26.29	$ 35.02