

Inventive-Group
2025 Health Insurance Premiums

Medical Plans

SelectHealth 4500 - Base Plan

Coverage Type	Monthly Premium	Employee (EE) Cost	Employer (ER) Cost	26 Biweekly deductions
Employee Only	\$ 471.00	\$ 235.50	\$ 235.50	\$ 108.69
Employee + Spouse	\$ 989.20	\$ 494.60	\$ 494.60	\$ 228.28
Employee + Child	\$ 655.20	\$ 327.60	\$ 327.60	\$ 151.20
Employee + Children	\$ 928.40	\$ 464.20	\$ 464.20	\$ 214.25
Family	\$ 1,460.00	\$ 730.00	\$ 730.00	\$ 336.92

SelectHealth 1500 - Buy Up Plan

Employee Only	\$ 564.40	\$ 328.90	\$ 235.50	\$ 151.80
Employee + Spouse	\$ 1,185.00	\$ 690.40	\$ 494.60	\$ 318.65
Employee + Child	\$ 785.00	\$ 457.40	\$ 327.60	\$ 211.11
Employee + Children	\$ 1,112.20	\$ 648.00	\$ 464.20	\$ 299.08
Family	\$ 1,749.20	\$ 1,019.20	\$ 730.00	\$ 470.40

SelectHealth 3500 HDHP-HSA

Employee Only	\$ 492.20	\$ 306.70	\$ 185.50	\$ 141.55
Employee + Spouse	\$ 1,033.20	\$ 588.60	\$ 444.60	\$ 271.66
Employee + Child	\$ 684.40	\$ 406.80	\$ 277.60	\$ 187.75
Employee + Children	\$ 969.80	\$ 555.60	\$ 414.20	\$ 256.43
Family	\$ 1,525.20	\$ 845.20	\$ 680.00	\$ 390.09

Dental Plan - Blue Cross

Coverage Type	Monthly Premium	26 Biweekly deductions
Employee Only	\$ 22.90	\$ 10.57
Employee + Spouse	\$ 46.36	\$ 21.40
Employee + Child	\$ 40.78	\$ 18.82
Employee + Children	\$ 72.84	\$ 33.62
Family	\$ 84.40	\$ 38.95

Vision Plan - Blue Cross

Coverage Type	Monthly Premium	26 Biweekly deductions
Employee Only	\$ 7.00	\$ 3.23
Employee + Spouse	\$ 13.24	\$ 6.11
Employee + Child / Children	\$ 14.44	\$ 6.66
Family	\$ 15.56	\$ 8.57

