



HealthFlex 2025 Monthly Rate Sheet

Plan Sponsor West Ohio

Medical Plans Rated (Blue Cross Blue Shield Network)		
Plan	Tier	2025 Rate
B1000	Participant	\$1,420
B1000	Participant+1	\$2,698
B1000	Family	\$3,692
C2000 with HRA	Participant	\$1,363
C2000 with HRA	Participant+1	\$2,590
C2000 with HRA	Family	\$3,544
C3000 with HRA	Participant	\$1,187
C3000 with HRA	Participant+1	\$2,256
C3000 with HRA	Family	\$3,087
New H2000 with HSA	Participant	\$1,329
New H2000 with HSA	Participant+1	\$2,525
New H2000 with HSA	Family	\$3,456
H2500 with HSA	Participant	\$1,141
H2500 with HSA	Participant+1	\$2,169
H2500 with HSA	Family	\$2,968
H5000 with HSA	Participant	\$1,071
H5000 with HSA	Participant+1	\$2,035
H5000 with HSA	Family	\$2,785

Dental Plan Rates (Cigna)		
Plan	Tier	2025 Rate
Passive PPO 2000	Participant	\$51
Passive PPO 2000	Participant+1	\$102
Passive PPO 2000	Family	\$153
Dental PPO	Participant	\$42
Dental PPO	Participant+1	\$84
Dental PPO	Family	\$126
Dental HMO	Participant	\$17
Dental HMO	Participant+1	\$31
Dental HMO	Family	\$54

Note: When electing Dental HMO, make sure your dentist is in the network.

Vision Buy-Up Plan Rates (VSP)		
Plan	Tier	2025 Rate
Full Service	Participant	\$9
Full Service	Participant+1	\$14
Full Service	Family	\$22
Premier	Participant	\$15
Premier	Participant+1	\$25
Premier	Family	\$40