

Metro medical insurance premium rates

Premium rates per month | Effective January 1, 2025

Paycheck deductions for insurance premiums are pre-paid the month prior to coverage. Deductions for January 2025 will be deducted beginning the Dec. 1, 2024 paycheck.

	Full-time Employees (0.80 FTE and above)			Part-time Employees, (0.75 to .79 FTE)			Part-time Employees (0.50 to .74 FTE)			Affordable Care Act (ACA): Variable hour employees, 0.80 FTE		
	Metro	Employee	Total	Metro	Employee	Total	Metro	Employee	Total	Metro	Employee	Total
Kaiser HMO (option 1)												
Employee Only	845.32	73.50	918.82	634.00	284.82	918.82	422.66	496.16	918.82	676.26	242.56	918.82
Employee and Spouse	1,690.64	147.00	1,837.64	1,267.98	569.66	1,837.64	845.32	992.32	1,837.64	1,352.52	485.12	1,837.64
Employee and Child(ren)	1,521.58	132.30	1,653.88	1,141.20	512.68	1,653.88	760.80	893.08	1,653.88	1,217.26	436.62	1,653.88
Employee and Family	2,197.82	191.12	2,388.94	1,648.38	740.56	2,388.94	1,098.92	1,290.02	2,388.94	1,758.26	630.68	2,388.94
Kaiser HMO High Deductible (option 3)												
Employee Only	557.50	48.48	605.98	418.14	187.84	605.98	278.76	327.22	605.98	446.00	159.98	605.98
Employee and Spouse	1,115.00	96.96	1,211.96	836.26	375.70	1,211.96	557.50	654.46	1,211.96	892.00	319.96	1,211.96
Employee and Child(ren)	1,003.50	87.26	1,090.76	752.64	338.12	1,090.76	501.76	589.00	1,090.76	802.80	287.96	1,090.76
Employee and Family	1,449.52	126.04	1,575.56	1,087.14	488.42	1,575.56	724.76	850.80	1,575.56	1,159.62	415.94	1,575.56
Regence Blue Cross POS (option 2)												
Employee Only	1,056.96	91.90	1,148.86	792.72	356.14	1,148.86	528.48	620.38	1,148.86	845.58	303.28	1,148.86
Employee and Spouse	2,113.92	183.82	2,297.74	1,585.44	712.30	2,297.74	1,056.96	1,240.78	2,297.74	1,691.14	606.60	2,297.74
Employee and Child(ren)	1,902.48	165.42	2,067.90	1,426.86	641.04	2,067.90	951.24	1,116.66	2,067.90	1,521.98	545.92	2,067.90
Employee and Family	2,748.06	238.96	2,987.02	2,061.06	925.96	2,987.02	1,374.04	1,612.98	2,987.02	2,198.46	788.56	2,987.02
Regence POS High Deductible (option 4)												
Employee Only	729.04	63.40	792.44	546.78	245.66	792.44	364.52	427.92	792.44	583.24	209.20	792.44
Employee and Spouse	1,458.10	126.78	1,584.88	1,093.58	491.30	1,584.88	729.06	855.82	1,584.88	1,166.48	418.40	1,584.88
Employee and Child(ren)	1,312.26	114.10	1,426.36	984.20	442.16	1,426.36	656.14	770.22	1,426.36	1,049.82	376.54	1,426.36
Employee and Family	1,895.40	164.82	2,060.22	1,421.56	638.66	2,060.22	947.70	1,112.52	2,060.22	1,516.32	543.90	2,060.22

Metro Dental insurance premium rates

Premium rates per month | Effective January 1, 2025

Paycheck deductions for insurance premiums are pre-paid the month prior to coverage. Deductions for January 2025 will be deducted beginning the Dec. 2, 2024 paycheck.

	Full-time Employees (0.80 FTE and above)			Part-time Employees, 0.75 FTE or below			Part-time Employees, 0.50 FTE or below			Affordable Care Act (ACA): Variable hour employees, 0.80 FTE		
Kaiser Dental	Metro	Employee	Total	Metro	Employee	Total	Metro	Employee	Total	Metro	Employee	Total
Employee Only	61.86	5.38	67.24	46.40	20.84	67.24	30.94	36.30	67.24	49.50	17.74	67.24
Employee and Spouse	123.68	10.74	134.42	92.76	41.66	134.42	61.84	72.58	134.42	98.94	35.48	134.42
Employee and Child(ren)	111.34	9.68	121.02	83.52	37.50	121.02	55.68	65.34	121.02	89.08	31.94	121.02
Employee and Family	185.54	16.12	201.66	139.16	62.50	201.66	92.78	108.88	201.66	148.44	53.22	201.66
MODA Dental	Metro	Employee	Total	Metro	Employee	Total	Metro	Employee	Total	Metro	Employee	Total
Employee Only	65.30	5.68	70.98	48.98	22.00	70.98	32.66	38.32	70.98	52.24	18.74	70.98
Employee and Spouse	129.40	11.24	140.64	97.06	43.58	140.64	64.70	75.94	140.64	103.52	37.12	140.64
Employee and Child(ren)	132.54	11.52	144.06	99.42	44.64	144.06	66.28	77.78	144.06	106.04	38.02	144.06
Employee and Family	201.76	17.54	219.30	151.32	67.98	219.30	100.88	118.42	219.30	161.42	57.88	219.30

Metro vision insurance premium rates

Paycheck deductions for insurance premiums are pre-paid the month prior to coverage. Deductions for January 2025 will be deducted beginning the Dec. 2, 2024 paycheck.

Vision Service Plan	Metro	Employee	Total	Metro	Employee	Total	Metro	Employee	Total	Metro	Employee	Total
Employee Only	6.80	0.58	7.38	5.10	2.28	7.38	3.40	3.98	7.38	5.44	1.94	7.38
Employee and Spouse	10.88	0.94	11.82	8.16	3.66	11.82	5.44	6.38	11.82	8.70	3.12	11.82
Employee and Child(ren)	11.08	0.96	12.04	8.32	3.72	12.04	5.54	6.50	12.04	8.86	3.18	12.04
Employee and Family	17.88	1.56	19.44	13.42	6.02	19.44	8.94	10.50	19.44	14.30	5.14	19.44