

2025 Leave of Absence Monthly Rates

MEDICAL				
COVERAGE	Aetna PPO	Aetna HMO	CareFirst	
			BlueChoice HMO	
Employee	877.23	714.96	748.58	
Employee + Children	1708.78	1393.05	1497.48	
Employee + Spouse	1923.25	1567.50	1647.32	
Family	2750.48	2241.61	2418.13	

DENTAL			
COVERAGE	Cigna PPO	Aetna DMO	
Employee	41.78	12.35	
Employee + Children	67.59	27.71	
Employee + Spouse	96.35	21.00	
Family	130.03	38.99	

VISION			
COVERAGE	VSP		
Employee	6.78		
Employee + Children	9.22		
Employee + Spouse	13.57		
Family	17.20		