



**Basic Cancer Plan
2025 Semi-Monthly (24) Rates**

<u>Coverage Level</u>	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000
Employee Only (Rates include child(ren) up to age 26)	\$ 7.02	\$ 13.27	\$ 19.53	\$ 25.78	\$ 32.04
Employee & Spouse/Domestic Partner (Rates include child(ren) up to age 26)	\$ 14.04	\$ 26.54	\$ 39.06	\$ 51.56	\$ 64.08



**Enhanced Cancer Plan
2025 Semi-Monthly (24) Rates**

<u>Coverage Level</u>	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000
Employee Only (Rates include child(ren) up to age 26)	\$ 9.62	\$ 18.53	\$ 27.43	\$ 36.34	\$ 45.24
Employee & Spouse/Domestic Partner (Rates include child(ren) up to age 26)	\$ 19.24	\$ 37.06	\$ 54.86	\$ 72.68	\$ 90.48