

MainVue Homes
 Monthly Medical/Dental/Vision Premium rates
 10/1/24-9/30/25

2024-2025	PPO Plan	Less Company Paid	Employee Premium Share-PPO
Employee Only	\$ 772.65	\$ 772.65	\$ -
Employee Spouse	\$ 1,712.29	\$ 772.65	\$ 939.64
Employee Child(ren)	\$ 1,494.63	\$ 772.65	\$ 721.98
Family	\$ 2,434.25	\$ 772.65	\$ 1,661.60

2024-2025	H.S.A. Plan	Less Company Paid	Employee Premium Share-H.S.A.
Employee Only	\$ 639.26	\$ 639.26	\$ -
Employee Spouse	\$ 1,416.67	\$ 639.26	\$ 777.41
Employee Child(ren)	\$ 1,236.58	\$ 639.26	\$ 597.32
Family	\$ 2,013.99	\$ 639.26	\$ 1,374.73

*** MainVue to contribute \$1,600 annually into employees H.S.A. account ***

2024-2025	Dental	Less Company Paid	Employee Premium Share-H.S.A.
Employee Only	\$ 37.29	\$ 37.29	\$ -
Employee Spouse	\$ 74.58	\$ 37.29	\$ 37.29
Employee Child(ren)	\$ 86.52	\$ 37.29	\$ 49.23
Family	\$ 134.94	\$ 37.29	\$ 97.65

2024-2025	Vision	Less Company Paid	Employee Premium Share-H.S.A.
Employee Only	\$ 6.88	\$ 6.88	\$ -
Employee Spouse	\$ 11.01	\$ 6.88	\$ 4.13
Employee Child(ren)	\$ 11.24	\$ 6.88	\$ 4.36
Family	\$ 18.13	\$ 6.88	\$ 11.25