

### Blue Cross Blue Shield of Arizona

MEDICAL	RED PLAN	BLUE PLAN	WHITE PLAN
PER PAYCHECK CONTRIBUTIONS			
EMPLOYEE ONLY	\$96.46	\$81.06	\$16.21
EMPLOYEE + SPOUSE	\$161.08	\$135.37	\$27.07
EMPLOYEE + CHILD(REN)	\$142.75	\$119.96	\$23.99
EMPLOYEE + FAMILY	\$234.38	\$196.98	\$39.39

### Delta Dental

DENTAL	PER PAYCHECK
EMPLOYEE ONLY	\$0.00
EMPLOYEE + 1	\$12.50
EMPLOYEE + 2 or more	\$33.75

### VSP

VISION	PER PAYCHECK
EMPLOYEE ONLY	\$5.45
EMPLOYEE + FAMILY	\$11.82

### HSA 2025 Contribution Limits

Employee Only	\$4,300
Family	\$8,550
Catch-up (55-65 y/o)	\$1,000 additional

### FSA 2025 Contribution Limits

Minimum	\$350
Maximum	\$3,300
Dependent Care FSA	\$5,000