

2025 DOMESTIC PART-TIME RATE SHEET

Monthly, pre-tax employee contribution rates are shown; divide rate by two to obtain biweekly, pre-tax rates.

MEDICAL PLAN EMPLOYEE CONTRIBUTIONS

Coverage Level	PPO Option 1	PPO Option 2	Highmark EPO / UPMC HMO	High-Deductible PPO with HSA
Employee Only				
Highmark	\$511.50	\$437.50	\$455.50	\$365.50
UPMC	\$348.50	\$277.50	\$380.50	\$236.50
Employee and 1 Child				
Highmark	\$925	\$799	\$968	\$678
UPMC	\$646	\$530	\$790	\$424.50
Employee and 2+ Children				
Highmark	\$1,042.50	\$902.50	\$1,119.50	\$768
UPMC	\$731.50	\$601.50	\$911	\$484
Employee and Spouse/Domestic Partner				
Highmark	\$1,160	\$1,006	\$1,270	\$856.50
UPMC	\$816	\$673	\$1,023	\$543.50
Family				
Highmark	\$1,632	\$1,418	\$1,825	\$1,213
UPMC	\$1,157	\$957	\$1,442	\$781

PRESCRIPTION PLAN EMPLOYEE CONTRIBUTIONS

Coverage Level	Option A *	Option B
Employee Only	\$303	\$97.50
Employee and 1 Child	\$534.50	\$186.50
Employee and 2+ Children	\$602	\$212.50
Employee and Spouse/ Domestic Partner	\$667.50	\$238
Family	\$932	\$338.50

*Plan available only to existing enrollees