

2025 Benefits Premiums



The following premiums are for full-time active employees working 30 or more hours per week.

	Your monthly cost	LCRA's monthly cost	Total monthly cost	Your per paycheck deduction*
UHC Choice Non-Tobacco				
Employee only	\$123.80	\$603.31	\$727.11	\$57.14
Employee + spouse	\$535.10	\$1,100.85	\$1,635.95	\$246.97
Employee + child(ren)	\$464.60	\$916.88	\$1,381.48	\$214.43
Employee + family	\$685.71	\$1,604.60	\$2,290.31	\$316.48
UHC Choice Tobacco				
Employee only	\$198.80	\$603.31	\$802.11	\$91.75
Employee + spouse	\$610.10	\$1,100.85	\$1,710.95	\$281.58
Employee + child(ren)	\$539.60	\$916.88	\$1,456.48	\$249.05
Employee + family	\$760.71	\$1,604.60	\$2,365.31	\$351.10
UHC Choice Plus Non-Tobacco				
Employee only	\$97.28	\$603.31	\$700.59	\$44.90
Employee + spouse	\$475.43	\$1,100.85	\$1,576.28	\$219.43
Employee + child(ren)	\$414.23	\$916.88	\$1,331.11	\$191.18
Employee + family	\$602.21	\$1,604.60	\$2,206.81	\$277.94
UHC Choice Plus Tobacco				
Employee only	\$172.28	\$603.31	\$775.59	\$79.51
Employee + spouse	\$550.43	\$1,100.85	\$1,651.28	\$254.04
Employee + child(ren)	\$489.23	\$916.88	\$1,406.11	\$225.80
Employee + family	\$677.21	\$1,604.60	\$2,281.81	\$312.56
UHC Choice Plus w/ Health Savings Account Non-Tobacco				
Employee only	\$50.06	\$603.31	\$653.37	\$23.10
Employee + spouse	\$369.19	\$1,100.85	\$1,470.04	\$170.40
Employee + child(ren)	\$324.50	\$916.88	\$1,241.38	\$149.77
Employee + family	\$453.45	\$1,604.60	\$2,058.05	\$209.28
UHC Choice Plus w/ Health Savings Account Tobacco				
Employee only	\$125.06	\$603.31	\$728.37	\$57.72
Employee + spouse	\$444.19	\$1,100.85	\$1,545.04	\$205.01
Employee + child(ren)	\$399.50	\$916.88	\$1,316.38	\$184.38
Employee + family	\$528.45	\$1,604.60	\$2,133.05	\$243.90
Dental – Guardian				
Employee only	\$11.67	\$28.54	\$40.21	\$5.39
Employee + spouse	\$52.37	\$28.54	\$80.91	\$24.17
Employee + child(ren)	\$59.83	\$28.54	\$88.37	\$27.61
Employee + family	\$100.52	\$28.54	\$129.06	\$46.39

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The following premiums are for full-time active employees working 30 or more hours per week.

	Your monthly cost	LCRA's monthly cost	Total monthly cost	Your per paycheck deduction*
Vision – EyeMed Enhanced Plan				
Employee only	\$7.10	\$0.00	\$7.10	\$3.28
Employee + spouse	\$15.26	\$0.00	\$15.26	\$7.04
Employee + child(ren)	\$11.50	\$0.00	\$11.50	\$5.31
Employee + family	\$20.95	\$0.00	\$20.95	\$9.67
Vision – EyeMed Standard Plan				
Employee only	\$5.27	\$0.00	\$5.27	\$2.43
Employee + spouse	\$11.33	\$0.00	\$11.33	\$5.23
Employee + child(ren)	\$8.53	\$0.00	\$8.53	\$3.94
Employee + family	\$15.56	\$0.00	\$15.56	\$7.18
Legal – ARAG Ultimate Advisor Plus				
Employee only	\$15.38	\$0.00	\$15.38	\$7.10
Employee + family	\$20.30	\$0.00	\$20.30	\$9.37
Legal – ARAG Ultimate Advisor				
Employee only	\$9.38	\$0.00	\$9.38	\$4.33
Employee + family	\$12.38	\$0.00	\$12.38	\$5.71
Accident – MetLife High Plan				
Employee only	\$5.83	\$0.00	\$5.83	\$2.69
Employee + spouse	\$11.65	\$0.00	\$11.65	\$5.38
Employee + child(ren)	\$14.23	\$0.00	\$14.23	\$6.57
Employee + family	\$16.72	\$0.00	\$16.72	\$7.72
Accident – MetLife Low Plan				
Employee only	\$4.01	\$0.00	\$4.01	\$1.85
Employee + spouse	\$8.01	\$0.00	\$8.01	\$3.70
Employee + child(ren)	\$9.79	\$0.00	\$9.79	\$4.52
Employee + family	\$11.50	\$0.00	\$11.50	\$5.31
Hospital Indemnity – MetLife High Plan				
Employee only	\$24.36	\$0.00	\$24.36	\$11.24
Employee + spouse	\$58.91	\$0.00	\$58.91	\$27.19
Employee + child(ren)	\$39.00	\$0.00	\$39.00	\$18.00
Employee + family	\$73.55	\$0.00	\$73.55	\$33.95
Hospital Indemnity – MetLife Low Plan				
Employee only	\$13.86	\$0.00	\$13.86	\$6.40
Employee + spouse	\$32.90	\$0.00	\$32.90	\$15.18
Employee + child(ren)	\$21.83	\$0.00	\$21.83	\$10.08
Employee + family	\$40.87	\$0.00	\$40.87	\$18.86

2025 Benefits Premiums



The following premiums are for full-time active employees working 30 or more hours per week.

Critical Illness – MetLife Low Plan

Attained Age	\$15,000 Employee only per paycheck deduction*	\$15,000 Employee + spouse per paycheck deduction*	\$15,000 Employee + child(ren) per paycheck deduction*	\$15,000 Employee + family per paycheck deduction*
<25	\$2.91	\$4.85	\$4.78	\$6.72
25-29	\$3.25	\$5.40	\$5.12	\$7.27
30-34	\$3.88	\$6.30	\$5.75	\$8.24
35-39	\$4.64	\$7.48	\$6.51	\$9.42
40-44	\$6.16	\$9.76	\$8.03	\$11.70
45-49	\$8.52	\$13.29	\$10.45	\$15.16
50-54	\$12.46	\$18.83	\$14.40	\$20.70
55-59	\$17.65	\$25.89	\$19.52	\$27.83
60-64	\$25.34	\$37.04	\$27.21	\$38.91
65-69	\$37.38	\$53.65	\$39.32	\$55.52
70-74	\$51.30	\$74.98	\$53.24	\$76.92
75+	\$68.61	\$101.01	\$70.55	\$102.95

Critical Illness – MetLife High Plan

Attained Age	\$30,000 Employee only per paycheck deduction*	\$30,000 Employee + spouse per paycheck deduction*	\$30,000 Employee + child(ren) per paycheck deduction*	\$30,000 Employee + family per paycheck deduction*
<25	\$5.82	\$9.69	\$9.55	\$13.43
25-29	\$6.51	\$10.80	\$10.25	\$14.54
30-34	\$7.75	\$12.60	\$11.49	\$16.48
35-39	\$9.28	\$14.95	\$13.02	\$18.83
40-44	\$12.32	\$19.52	\$16.06	\$23.40
45-49	\$17.03	\$26.58	\$20.91	\$30.32
50-54	\$24.92	\$37.66	\$28.80	\$41.40
55-59	\$35.31	\$51.78	\$39.05	\$55.66
60-64	\$50.68	\$74.08	\$54.42	\$77.82
65-69	\$74.77	\$107.31	\$78.65	\$111.05
70-74	\$102.60	\$149.95	\$106.48	\$153.83
75+	\$137.22	\$202.02	\$141.09	\$205.89

The 2025 rates and benefits plans take effect Jan. 1, 2025.

Complete descriptions of our benefit and retirement programs are in LCRA's insurance contracts and plan documents, available through Human Resources at lcra.benefits@lcra.org. If information in brochures or other employee communications contradicts information in the contracts or documents, the later shall govern. The programs and premium contributions described here represent LCRA's current plans, but LCRA reserves the right to amend or terminate any of its programs or to require or increase contributions without prior notice.

* based on 26 deductions per year.