

Benefits Decisions

2025 Rates - Business Professionals

ANTHEM BLUE CROSS – MEDICAL PLANS — Biweekly Cost

Base Salary: < \$100,000*

	PPO	HSPO	Plus Point Bronze PPO
Individual	\$125.60	\$70.84	\$63.94
Individual + Spouse	\$296.51	\$175.08	\$161.55
Individual + Child(ren)	\$229.90	\$133.16	\$122.32
Family	\$409.51	\$238.24	\$219.08

Base Salary: \$100,000-\$199,999*

	PPO	HSPO	Plus Point Bronze PPO
Individual	\$131.99	\$74.45	\$67.20
Individual + Spouse	\$311.60	\$183.99	\$169.77
Individual + Child(ren)	\$241.60	\$139.93	\$128.55
Family	\$430.35	\$250.36	\$230.23

Base Salary: \$200,000-\$349,999*

	PPO	HSPO	Plus Point Bronze PPO
Individual	\$137.17	\$77.37	\$69.84
Individual + Spouse	\$323.84	\$191.22	\$176.44
Individual + Child(ren)	\$251.09	\$145.43	\$133.60
Family	\$447.25	\$260.19	\$239.27

Base Salary: \$350,000+*

	PPO	HSPO	Plus Point Bronze PPO
Individual	\$142.46	\$80.35	\$72.53
Individual + Spouse	\$336.31	\$198.58	\$183.24
Individual + Child(ren)	\$260.76	\$151.03	\$138.74
Family	\$464.48	\$270.21	\$248.49

*Base salary as of 10/1/24 or hire date if later.

DELTA DENTAL – DENTAL & VSP – VISION PLANS — Biweekly Cost

Business Professionals

	Dental Traditional	Dental Premier	Vision Traditional	Vision Premier
Individual	\$8.35	\$17.78	\$1.79	\$7.20
Individual + Spouse	\$16.71	\$35.54	\$3.75	\$15.12
Individual + Child(ren)	\$16.71	\$35.54	\$3.04	\$12.25
Family	\$24.23	\$51.55	\$5.35	\$21.58



Benefits Decisions

2025 Rates - Non-Partner Lawyers /Lawyer Equivalent

ANTHEM BLUE CROSS – MEDICAL PLANS — Biweekly Cost

Base Salary: < \$100,000*

	PPO	HSPO	Plus Point Bronze PPO
Individual	\$191.50	\$130.38	\$114.11
Individual + Spouse	\$434.91	\$300.56	\$270.03
Individual + Child(ren)	\$341.92	\$234.24	\$209.19
Family	\$607.22	\$416.79	\$372.72

Base Salary: \$100,000-\$199,999*

	PPO	HSPO	Plus Point Bronze PPO
Individual	\$201.24	\$137.02	\$119.91
Individual + Spouse	\$457.05	\$315.85	\$283.77
Individual + Child(ren)	\$359.32	\$246.17	\$219.84
Family	\$638.12	\$438.00	\$391.68

Base Salary: \$200,000-\$349,999*

	PPO	HSPO	Plus Point Bronze PPO
Individual	\$209.15	\$142.40	\$124.62
Individual + Spouse	\$474.99	\$328.26	\$294.91
Individual + Child(ren)	\$373.43	\$255.83	\$228.47
Family	\$663.18	\$455.20	\$407.07

Base Salary: \$350,000+*

	PPO	HSPO	Plus Point Bronze PPO
Individual	\$217.20	\$147.88	\$129.42
Individual + Spouse	\$493.29	\$340.90	\$306.27
Individual + Child(ren)	\$387.81	\$265.68	\$237.27
Family	\$688.73	\$472.74	\$422.74

*Base salary as of 10/1/24 or hire date if later.

DELTA DENTAL – DENTAL & VSP – VISION PLANS — Biweekly Cost

Non-Partner Lawyer

	Dental Traditional	Dental Premier	Vision Traditional	Vision Premier
Individual	\$8.35	\$17.78	\$1.79	\$7.20
Individual + Spouse	\$16.71	\$35.54	\$3.75	\$15.12
Individual + Child(ren)	\$16.71	\$35.54	\$3.04	\$12.25
Family	\$24.23	\$51.55	\$5.35	\$21.58



Benefits Decisions

2025 Rates - Partners

ANTHEM BLUE CROSS – MEDICAL PLANS

Partners – Monthly Cost

	PPO	HSPO	Plus Point Bronze PPO
Individual	\$984.93	\$865.08	\$689.34
Individual + Spouse	\$2,068.35	\$1,816.66	\$1,447.61
Individual + Child(ren)	\$1,674.37	\$1,470.66	\$1,171.88
Family	\$2,954.62	\$2,595.09	\$2,067.89

DELTA DENTAL – DENTAL PLANS

Partners – Monthly Cost

	Dental Traditional	Dental Premier
Individual	\$43.43	\$73.94
Individual + Spouse	\$86.84	\$147.89
Individual + Child(ren)	\$86.84	\$147.89
Family	\$125.96	\$213.49

VSP – VISION PLANS

Partners – Monthly Cost

	Vision Traditional	Vision Premier
Individual	\$7.73	\$19.45
Individual + Spouse	\$16.24	\$40.87
Individual + Child(ren)	\$13.16	\$33.12
Family	\$23.19	\$58.36

