

## 2025 Clifton Springs YMCA Employee Health Benefit Costs

**Surest Gold Medical Insurance (United Healthcare Network)**  
 EyeMed Select Plan and Employee Assistance Program Both Included

Family Size	Total Monthly Cost	YMCA Covers Per Month	Employee Monthly Cost	Paycheck Deduction
Single/Employee Only	\$560.60	\$364.39	\$196.21	\$90.56
Employee + Children	\$1,008.40	\$655.46	\$352.94	\$162.90
Employee + Spouse	\$1,226.90	\$797.49	\$429.42	\$198.19
Employee + Spouse + Children	\$1,674.70	\$1,088.56	\$586.15	\$270.53

### Optional Cigna PPO Dental Insurance

Family Size	Total Monthly Cost	YMCA Covers Per Month	Employee Monthly Cost	Paycheck Deduction
Single/Employee Only	\$39.80	\$25.87	\$13.93	\$6.43
Employee + Children	\$71.80	\$46.67	\$25.13	\$11.60
Employee + Spouse	\$86.90	\$56.49	\$30.42	\$14.04
Employee + Spouse + Children	\$118.90	\$77.29	\$41.62	\$19.21