Licensed Staff	_											
80%	Employee costs are in										_	
Licensed Employee* Full Time - Single Policy - Premium Split Determined Locally (See cell A2 to change to your local amount)	Plan	Employee Out-of-Pocket Maximum by Plan	2025 HRA/HSA** Funding by Employer	Annual Out-of-Pocket Exposure for Employee After HRA/HSA**	Total Monthly Premium 7/1/2025	Total Annual Premium	Annual Employer Premium Share	Annual Employee Premium Share	Employee Monthly Premium Share	Total Employee Annual Exposure Premium & Out-of Pocket Share	Price per paycheck (Year Round Employee) 26 Paychecks	Price per paycheck (School Year Employee) 22 Paychecks
Single	Platinum	\$2,800	\$1,900	\$900	\$1,339.21	\$16,070.52	\$11,814.91	\$4,255.61	\$354.63	\$5,155.61	\$163.68	\$212.78
Single	Gold	\$3,100	\$1,900	\$1,200	\$1,312.77	\$15,753.24	\$11,814.91	\$3,938.33	\$328.19	\$5,138.33	\$151.47	\$196.92
Single	Gold CDHP	\$2,500	\$1,900	\$600	\$1,230.72	\$14,768.64	\$11,814.91	\$2,953.73	\$246.14	\$3,553.73	\$113.60	\$147.69
Single	Silver CDHP	\$4,000	\$1,900	\$2,100	\$1,134.21	\$13,610.52	\$10,888.42	\$2,722.10	\$226.84	\$4,822.10	\$104.70	\$136.11
*If you are unsure if these		-	-									
**HSA only available on												
Employer premium contrib	Employer premium contributions for the Platinum and Gold Plans are identical to the employer premium contribution to the Gold CDHP.											
	1 h to		6 1 1 1 2025									

Premiums are set on a fiscal-year basis. These rates reflect changes as of July 1, 2025.

Licensed Employee* Full Time - Self & Spouse Policy - Premium Split Determined Locally (See cell A2 to change to your local amount)	Plan	Employee Out-of-Pocket Maximum by Plan	2025 HRA/HSA** Funding by Employer	Annual Out-of-Pocket Exposure for Employee After HRA/HSA**	Total Monthly Premium 7/1/2025	Total Annual Premium	Annual Employer Premium Share	Annual Employee Premium Share	Employee Monthly Premium Share	Total Employee Annual Exposure Premium & Out-of Pocket Share		
Self & Spouse	Platinum	\$5,600	\$4,000	\$1,600	\$2,678.44	\$32,141.28	\$22,189.06	\$9,952.22	\$829.35	\$11,552.22	\$382.78	\$497.61
Self & Spouse	Gold	\$6,200	\$4,000	\$2,200	\$2,625.55	\$31,506.60	\$22,189.06	\$9,317.54	\$776.46	\$11,517.54	\$358.37	\$465.88
Self & Spouse	Gold CDHP	\$5,000	\$4,000	\$1,000	\$2,311.36	\$27,736.32	\$22,189.06	\$5,547.26	\$462.27	\$6,547.26	june	\$277.36
Self & Spouse	Silver CDHP	\$8,000	\$4,000	\$4,000	\$2,268.44	\$27,221.28	\$21,777.02	\$5,444.26	\$453.69	\$9,444.26	\$209.39	\$272.21
*If you are unsure if these												
**HSA only available on												
Employer premium contrib	Employer premium contributions for the Platinum and Gold Plans are identical to the employer premium contribution to the Gold CDHP.											

Premiums are set on a fiscal-year basis. These rates reflect changes as of July 1, 2025.

Licensed Employee* Full Time - Parent/Child(ren) Policy - Premium Split Determined Locally (See cell A2 to change to your local amount)	Plan	Employee Out-of-Pocket Maximum by Plan	2025 HRA/HSA** Funding by Employer	Annual Out-of-Pocket Exposure for Employee After HRA/HSA**	Total Monthly Premium 7/1/2025	Total Annual Premium	Annual Employer Premium Share	Annual Employee Premium Share	Employee Monthly Premium Share	Total Employee Annual Exposure Premium & Out-of Pocket Share		
Parent/Child(ren)	Platinum	\$5,600	\$4,000	\$1,600	\$2,239.37	\$26,872.44	\$18,266.30	\$8,606.14	\$717.18	\$10,206.14	\$331.01	\$430.31
Parent/Child(ren)	Gold	\$6,200	\$4,000	\$2,200	\$2,197.00	\$26,364.00	\$18,266.30	\$8,097.70	\$674.81	\$10,297.70	\$311.45	\$404.88
Parent/Child(ren)	Gold CDHP	\$5,000	\$4,000	\$1,000	\$1,902.74	\$22,832.88	\$18,266.30	\$4,566.58	\$380.55	\$5,566.58	\$175.64	\$228.33
Parent/Child(ren)	Silver CDHP	\$8,000	\$4,000	\$4,000	\$1,911.97	\$22,943.64	\$18,354.91	\$4,588.73	\$382.39	\$8,588.73	\$176.49	\$229.44
*If you are unsure if these												
**HSA only available on												
malayer premium contributions for the Dictions and Gold Dians are identical to the amplayer premium contribution to the Gold CDUP												

Employer premium contributions for the <u>Platinum and Gold Plans</u> are identical to the employer premium contribution to the <u>Gold CDHP</u>. Premiums are set on a fiscal-year basis. These rates reflect changes as of July 1, 2025.

Licensed Employee* Full Time - Family Policy - Premium Split Determined Locally (See cell A2 to change to your local amount)	Plan	Employee Out-of-Pocket Maximum by Plan	2025 HRA/HSA** Funding by Employer	Annual Out-of-Pocket Exposure for Employee After HRA/HSA**	Total Monthly Premium 7/1/2025	Total Annual Premium	Annual Employer Premium Share	Annual Employee Premium Share	Employee Monthly Premium Share	Total Employee Annual Exposure Premium & Out-of Pocket Share		
Family	Platinum	\$5,600	\$4,000	\$1,600	\$3,788.62	\$45,463.44	\$32,727.55	\$12,735.89	\$1,061.32	\$14,335.89	\$489.84	\$636.79
Family	Gold	\$6,200	\$4,000	\$2,200	\$3,716.11	\$44,593.32	\$32,727.55	\$11,865.77	\$988.81	\$14,065.77	\$456.38	\$593.29
Family	Gold CDHP	\$5,000	\$4,000	\$1,000	\$3,409.12	\$40,909.44	\$32,727.55	\$8,181.89	\$681.82	\$9,181.89	\$314.69	\$409.09
Family	Silver CDHP	\$8,000	\$4,000	\$4,000	\$3,227.61	\$38,731.32	\$30,985.06	\$7,746.26	\$645.52	\$11,746.26	\$297.93	\$387.31
*If you are unsure if these												
**HSA only available on											1	
Employer premium contributions for the <u>Platinum and Gold Plans</u> are identical to the employer premium contribution to the <u>Gold CDHP</u> .												
Premiums are set on a fisc	al-year basis. 1	These rates reflect changes	s as of July 1, 2025.									

Updated 1.24.2025 - No change to HSA/HRA Funding for