

Non-Licensed Staff												Price per paycheck (Year Round Employee) 26 Paychecks	Price per paycheck (School Year Employee) 22 Paychecks
80%	Employee costs are in Italics												
Non-Licensed Employee* Full Time - <i>Single Policy</i> - 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 <i>After</i> 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			
Single	Platinum	\$2,800	\$2,200	\$600	\$1,339.21	\$16,070.52	\$11,814.91	\$4,255.61	\$354.63	\$4,855.61	\$163.68		
Single	Gold	\$3,100	\$2,200	\$900	\$1,312.77	\$15,753.24	\$11,814.91	\$3,938.33	\$328.19	\$4,838.33	\$151.47		
Single	Gold CDHP	\$2,500	\$2,200	\$300	\$1,230.72	\$14,768.64	\$11,814.91	\$2,953.73	\$246.14	\$3,253.73	\$113.60		
Single	Silver CDHP	\$4,000	\$2,200	\$1,800	\$1,134.21	\$13,610.52	\$10,888.42	\$2,722.10	\$226.84	\$4,522.10	\$104.70		
*If you are unsure if these costs apply to you, see "What employee segment am I in?" on our website.													
**HSA only available on Silver Plan													
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.													

Non-Licensed Employee* Full Time - <b>Self &amp; Spouse Policy</b> - 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 <b>After</b> 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	\$4,400	\$1,200	\$2,678.44	\$32,141.28	\$22,189.06	\$9,952.22	\$829.35	\$11,152.22	\$382.78	\$497.61
Self & Spouse	Gold	\$6,200	\$4,400	\$1,800	\$2,625.55	\$31,506.60	\$22,189.06	\$9,317.54	\$776.46	\$11,117.54	\$358.37	\$465.88
Self & Spouse	Gold CDHP	\$5,000	\$4,400	\$600	\$2,311.36	\$27,736.32	\$22,189.06	\$5,547.26	\$462.27	\$6,147.26	\$213.36	\$277.36
Self & Spouse	Silver CDHP	\$8,000	\$4,400	\$3,600	\$2,268.44	\$27,221.28	\$21,777.02	\$5,444.26	\$453.69	\$9,044.26	\$209.39	\$272.21
*If you are unsure if these costs apply to you, see "What employee segment am I in?" on our website.												
**HSA only available on Silver Plan												
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.												

Non-Licensed Employee* Full Time - <u>Parent/Child(ren) Policy</u> - 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 <u>After</u> 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	\$4,400	\$1,200	\$2,239.37	\$26,872.44	\$18,266.30	\$8,606.14	\$717.18	\$9,806.14	\$331.01	\$430.31
Parent/Child(ren)	Gold	\$6,200	\$4,400	\$1,800	\$2,197.00	\$26,364.00	\$18,266.30	\$8,097.70	\$674.81	\$9,897.70	\$311.45	\$404.88
Parent/Child(ren)	Gold CDHP	\$5,000	\$4,400	\$600	\$1,902.74	\$22,832.88	\$18,266.30	\$4,566.58	\$380.55	\$5,166.58	\$175.64	\$228.33
Parent/Child(ren)	Silver CDHP	\$8,000	\$4,400	\$3,600	\$1,911.97	\$22,943.64	\$18,354.91	\$4,588.73	\$382.39	\$8,188.73	\$176.49	\$229.44
*If you are unsure if these costs apply to you, see "What employee segment am I in?" on our website.												
**HSA only available on Silver Plan												
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.												

Non-Licensed Employee* Full Time - <i>Family Policy</i> - 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 <i>After</i> 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	\$4,400	\$1,200	\$3,788.62	\$45,463.44	\$32,727.55	\$12,735.89	\$1,061.32	\$13,935.89	\$489.84	\$636.79
Family	Gold	\$6,200	\$4,400	\$1,800	\$3,716.11	\$44,593.32	\$32,727.55	\$11,865.77	\$988.81	\$13,665.77	\$456.38	\$593.29
Family	Gold CDHP	\$5,000	\$4,400	\$600	\$3,409.12	\$40,909.44	\$32,727.55	\$8,181.89	\$681.82	\$8,781.89	\$314.69	\$409.09
Family	Silver CDHP	\$8,000	\$4,400	\$3,600	\$3,227.61	\$38,731.32	\$30,985.06	\$7,746.26	\$645.52	\$11,346.26	\$297.93	\$387.31
*If you are unsure if these costs apply to you, see "What employee segment am I in?" on our website.												
**HSA only available on Silver Plan												
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.												

Updated 1.24.2025 - No change to HSA/HRA Funding for