85%       *Single coverage only. All others are 80%       Employee costs are in Italics         Non-Licensed Employee*       Full Time - Single Policy - Premium Split       Employee       Total Employee         Full Time - Single Policy - Premium Split       Employee       2025 HRA/HSA**       Annual Out-of-Pocket       Total Monthly         Premium Split       Plan       Out-of-Pocket       Employee       Premium       Premium       Premium         Peremium Split       Plan       Out-of-Pocket       Employee       Premium       Premium       Premium       Premium Split									Paraeducator Rates Effective 1/1/2025 - 6/30/2025)						
Full Time - Single Policy - Premium Split Premium Split Determined Locally (See Plan Out-of-Pocket Funding by Employee Fremium Exposure for Employee Premium Bromium Bromium Share Employee Monthly Annual Exposure for Employee Premium Bromium Bromium Share Employee Premium Bromium Share Determines Share Determin								talics	*Single coverage only. All others are 80% Employee costs are in It			85%			
	kposure & Out-of Price per	Annual Exposure Premium & Out-of	Premium Share	Employee	Annual Employer Premium Share	Total Annual Premium			2025 HRA/HSA** Funding by Employer			Full Time - Single Policy - Premium Split Determined Locally (See cell A2 to change to your			
Single Platinum \$2,800 \$2,200 \$600 \$1,339.21 \$16,070.52 \$12,553.34 \$3,517.18 \$293.10 \$4,117.18 \$	7.18 \$175.86	\$4,117.18	\$293.10	\$3,517.18	\$12,553.34	\$16,070.52	\$1,339.21	\$600	\$2,200	\$2,800	Platinum	Single			
Single Gold \$3,100 \$2,200 \$900 \$1,312.77 \$15,753.24 \$12,553.34 \$3,199.90 \$266.66 \$4,099.90 \$	9.90 \$159.99	\$4,099.90	\$266.66	\$3,199.90	\$12,553.34	\$15,753.24	\$1,312.77	\$900	\$2,200	\$3,100	Gold	Single			
Single         Gold CDHP         \$2,500         \$2,200         \$300         \$1,230.72         \$14,768.64         \$12,553.34         \$2,215.30         \$184.61         \$2,515.30         \$	5.30 \$110.76	\$2,515.30	\$184.61	\$2,215.30	\$12,553.34	\$14,768.64	\$1,230.72	\$300	\$2,200	\$2,500	Gold CDHP	Single			
Single         Silver CDHP         \$4,000         \$2,200         \$1,800         \$1,134.21         \$13,610.52         \$11,568.94         \$2,041.58         \$170.13         \$3,841.58         \$	1.58 \$102.08	\$3,841.58	\$170.13	\$2,041.58	\$11,568.94	\$13,610.52	\$1,134.21	\$1,800	\$2,200	\$4,000	Silver CDHP	Single			
*If you are unsure if these costs apply to you, see "What employee segment am I in?" on our website.									t am I in?" on our website.	e "What employee segmen	sts apply to you, se	*If you are unsure if these co			
**HSA only available on Silver Plan									**HSA only available on Silver Plan						
Employer premium contributions for the Platinum and Gold Plans are identical to the employer premium contribution to the Gold CDHP.							ne <u>Gold CDHP</u> .	r premium contribution to th	identical to the employe	tinum and Gold Plans are	outions for the <u>Plat</u>	Employer premium contrib			

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

Non-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	\$4,400	\$1,200	\$2,678.44	\$32,141.28	\$22,189.06	\$9,952.22	\$829.35	\$11,152.22	\$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	\$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	\$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	\$272.21	
*If you are unsure if these costs apply to you, see "What employee segment am I in?" on our website.											1	
**HSA only available on Si	lver Plan											
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.

Non-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	\$4,400	\$1,200	\$2,239.37	\$26,872.44	\$18,266.30	\$8,606.14	\$717.18	\$9,806.14	\$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	\$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	\$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	\$229.44
*If you are unsure if these co	osts apply to you, se	e "What employee segmen	t am I in?" on our website.								1
**HSA only available on Si	lver Plan										
Employer premium contributions for the Platinum and Gold Plans are identical to the employer premium contribution to the Gold CDHP.											

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 - 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	\$4,400	\$1,200	\$3,788.62	\$45,463.44	\$32,727.55	\$12,735.89	\$1,061.32	\$13,935.89	\$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	\$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	\$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	\$387.31	
*If you are unsure if these co	sts apply to you, se	e "What employee segment	am I in?" on our website.									
**HSA only available on Sil	ver Plan											
Employer premium contrib	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 fisco	al-year basis. Thes	se rates reflect changes as	of July 1, 2025.									

Updated 1.24.2025 - No change to HSA/HRA Funding for 2025-2026