

FY25 Health and Dental Rates July 1, 2024 - June 30, 2025*

Licensed Staff/Admin	Annual Premium	Monthly Premium *	Employer Monthly Share	Employee Share Monthly Premium *	Out-of-Pocket (OOP) Maximum	Employer Share OOP **	Employee Share OOP (last dollar) **
HEALTH PLANS - Employer pays 80% of Gold CDHP Premium, Employee pays 20% of Gold CDHP Premium for the Platinum, Gold, & Silver CDHP plans. Employer pays 80% of Silver CDHP Premium, Employee pays 20% of Silver CDHP.							
**HRA - Employer pays first dollar Out-of-Pocket, then Employee contributes (based on Gold CDHP OOP)							
HSA - Available on Silver CDHP Plan only							
Platinum							
Single	\$14,435.64	\$1,202.97	\$879.61	\$323.36	\$2,800.00	\$1,900.00	\$900.00
Parent/Child(ren)	\$24,138.60	\$2,011.55	\$1,359.90	\$651.65	\$5,600.00	\$4,000.00	\$1,600.00
2-person	\$28,871.40	\$2,405.95	\$1,651.94	\$754.01	\$5,600.00	\$4,000.00	\$1,600.00
Family	\$40,838.28	\$3,403.19	\$2,436.52	\$966.67	\$5,600.00	\$4,000.00	\$1,600.00
Gold							
Single	\$14,134.68	\$1,177.89	\$879.61	\$298.28	\$3,100.00	\$1,900.00	\$1,200.00
Parent/Child(ren)	\$23,655.24	\$1,971.27	\$1,359.90	\$611.37	\$6,200.00	\$4,000.00	\$2,200.00
2-person	\$28,269.48	\$2,355.79	\$1,651.94	\$703.85	\$6,200.00	\$4,000.00	\$2,200.00
Family	\$40,011.60	\$3,334.30	\$2,436.52	\$897.78	\$6,200.00	\$4,000.00	\$2,200.00
Gold CDHP							
Single	\$13,194.12	\$1,099.51	\$879.61	\$219.90	\$2,500.00	\$1,900.00	\$600.00
Parent/Child(ren)	\$20,398.56	\$1,699.88	\$1,359.90	\$339.98	\$5,000.00	\$4,000.00	\$1,000.00
2-person	\$24,779.16	\$2,064.93	\$1,651.94	\$412.99	\$5,000.00	\$4,000.00	\$1,000.00
Family	\$36,547.80	\$3,045.65	\$2,436.52	\$609.13	\$5,000.00	\$4,000.00	\$1,000.00
Silver CDHP							
Single	\$12,166.80	\$1,013.90	\$811.12	\$202.78	\$4,000.00	\$1,900.00	\$2,100.00
Parent/Child(ren)	\$20,510.04	\$1,709.17	\$1,367.34	\$341.83	\$8,000.00	\$4,000.00	\$4,000.00
2-person	\$24,333.84	\$2,027.82	\$1,622.26	\$405.56	\$8,000.00	\$4,000.00	\$4,000.00
Family	\$34,623.00	\$2,885.25	\$2,308.20	\$577.05	\$8,000.00	\$4,000.00	\$4,000.00

* Premiums Subject to Change July 1, 2025

Health and Dental Insurance Premiums based on FTE

Health Insurance buy-out amount is \$3,000.00 and based on FTE when less than .8

ALL STAFF	Annual Premium	Monthly Premium	Employer Monthly Share	Employee Monthly Share
DENTAL PLAN - through CBA Blue Benefit is prorated if working less than full time.				
Employer pays 100% of the premium for a Single, Parent/Child(ren) or 2 person plan.				
Employee pays the difference for Family				
Single	\$519.00	\$43.25	\$43.25	\$0.00
Parent/Child(ren)	\$942.00	\$78.50	\$78.50	\$0.00
2 Person	\$1,047.00	\$87.25	\$87.25	\$0.00
Family	\$1,614.00	\$134.50	\$87.25	\$47.25