



2024-2025 Monthly Insurance Premiums All Benefit Eligible Employees

Monthly Rate Summary for Benefit Eligible Employees Effective July 1, 2024 through June 30, 2025				
	Choice \$500 PPO (Mid PPO)	Choice HDHP \$1,600 (Base HSA)	Choice \$5,000 (Base Plan)	
Employee Only	\$104.72	\$0.00	\$0.00	
Employee + Spouse	\$739.11	\$534.62	\$453.07	
Employee + Child(ren)	\$649.34	\$459.66	\$389.56	
Employee + Family	\$1,199.91	\$919.33	\$779.11	
*Spousal Share	\$700.26	\$419.69	\$355.67	
	Delta Dental Dental PPO	TDA Dental HMO	VSP Vision	
Employee Only	\$43.00	\$10.40	\$7.19	
Employee + Spouse	\$88.00	\$20.80	\$14.39	
Employee + Child(ren)	\$73.00	\$22.88	\$15.39	
Employee + Family	\$113.00	\$26.00	\$24.60	

** Employee and Spouse whom are both HUSD benefit eligible staff can share "Employee + Family" Coverage.*

Monthly COBRA PARTICIPANT Rate Summary Effective July 1, 2024 through June 30, 2025				
	Choice \$0 PPO Buy Up PPO*	Choice \$500 PPO Mid PPO*	Choice HDHP \$1,500 BASE HSA*	Navigate \$5,000 BASE PLAN*
Employee Only	\$822.10	\$713.96	\$595.01	\$505.18
Employee + Spouse	\$1,603.93	\$1,314.08	\$1,095.15	\$929.81
Employee + Child(ren)	\$1,487.70	\$1,218.85	\$1,015.77	\$862.43
Employee + Family	\$2,200.56	\$1,802.89	\$1,502.51	\$1,275.67
	Delta Dental Dental PPO*	TDA Dental HMO*	VSP Vision*	
Employee Only	\$43.86	\$10.61	\$7.33	
Employee + Spouse	\$89.76	\$21.22	\$14.68	
Employee + Child(ren)	\$74.46	\$23.34	\$15.70	
Employee + Family	\$115.26	\$26.52	\$25.09	

** Include 2% COBRA Administration fee*