



Garrison Forest School
2025 HEALTH INSURANCE RATES

Effective January 1, 2025 - December 31, 2025, the premiums will be as follows:

MEDICAL:

Cigna OAP 2K 80% HSA:

				Monthly	Per Paycheck
Employee	\$ 585.19	Less: GFS Contribution of \$ 526.67	=	\$ 58.52	\$ 29.26
Employee/Child(ren)	\$1,111.86	Less: GFS Contribution of \$ 555.93	=	\$ 538.01	\$ 277.97
Employee/Partner	\$1,345.92	Less: GFS Contribution of \$ 672.96	=	\$ 672.96	\$ 336.48
Family	\$1,755.56	Less: GFS Contribution of \$ 877.78	=	\$ 877.78	\$ 438.89

Annual Deductibles for 80% HSA:

In-Network

Non-Network

Individual	\$ 2,000 per year	\$4,000 per year
Employee-Spouse/Family	\$ 4,000 per year	\$8,000 per year

Cigna OAP 3K 80% HSA:

				Monthly	Per Paycheck
Employee	\$ 566.32	Less: GFS Contribution of \$ 509.68	=	\$ 56.64	\$ 28.32
Employee/Child(ren)	\$ 1,076.02	Less: GFS Contribution of \$ 538.01	=	\$ 538.01	\$ 269.01
Employee/Partner	\$1,302.55	Less: GFS Contribution of \$ 651.27	=	\$ 651.28	\$ 325.64
Family	\$1,698.96	Less: GFS Contribution of \$ 849.48	=	\$ 849.48	\$ 424.74

Annual Deductibles for 80% HSA:

In-Network

Non-Network

Individual	\$ 3,300 per year	\$ 6,600 per year
Employee-Spouse/Family	\$ 6,600 per year	\$ 13,200 per year



2025 HEALTH INSURANCE RATES (continued)

Cigna OAP 80/60(PPO):

				Monthly	Per Paycheck
Employee	\$ 884.40	Less: GFS Contribution of \$ 795.96	=	\$ 88.44	\$ 44.22
Employee/Child(ren)	\$1,680.37	Less: GFS Contribution of \$ 840.18	=	\$ 840.19	\$ 420.10
Employee/Partner	\$2,034.14	Less: GFS Contribution of \$ 1,017.07	=	\$ 1,017.07	\$ 508.54
Family	\$2,653.21	Less: GFS Contribution of \$1,326.60	=	\$1,326.60	\$ 663.31

Annual deductibles for PPO:

In-Network

Non-Network

Individual

\$500 per year

\$2,000 per year

Employee-Spouse/Family

\$1,000 per year

\$4,000 per year

Kaiser Permanente(HMO)

				Monthly	Per Paycheck
Employee	\$ 705.87	Less: GFS Contribution of \$ 635.28	=	\$ 70.59	\$ 35.30
Employee/Child(ren)	\$ 1,341.16	Less: GFS Contribution of \$ 670.58	=	\$ 670.58	\$ 335.29
Employee/Partner	\$ 1,623.51	Less: GFS Contribution of \$ 670.58	=	\$ 811.76	\$ 405.88
Family	\$ 2,117.62	Less: GFS Contribution of \$ 1,058.81	=	\$ 1,058.81	\$ 529.41

Annual deductibles for Kaiser HMO:

In-Network

Non-Network

Individual

\$ 0 per year

\$ 0 per year

Employee-Spouse/Family

\$ 0 per year

\$ 0 per year



2025 HEALTH INSURANCE RATES (continued)

DENTAL:

Cigna Dental PPO 2500

	Monthly	Per Check
Employee	\$ 38.43	\$19.22
Employee/Child(ren)	\$ 57.67	\$28.84
Employee/Partner	\$ 76.87	\$38.44
Family	\$99.93	\$49.97

Cigna Dental PPO 5500

	Monthly	Per Check
Employee	\$ 55.32	\$27.66
Employee/Child(ren)	\$ 82.99	\$41.50
Employee/Partner	\$110.64	\$55.32
Family	\$143.82	\$71.91

Dominion Elite Plus ePPO

	Monthly	Per Check
Employee	\$17.30	\$8.65
Employee/Child(ren)	\$32.90	\$16.45
Employee/Partner	\$32.90	\$16.45
Family	\$42.31	\$21.16

Cigna Dental Annual deductibles for 2500 and 5500 Plans:

Individual
Employee-Spouse/Family

In-Network

\$0 per year
\$0 per year

Non-Network

\$0 per year
\$0 per year

Dominion Annual deductibles ePPO Plan:

Individual
Employee-Spouse/Family

In-Network

\$ 25 per year
\$75 per year

Non-Network

N/A
N/A

VISION:

VSP Vision

	Monthly	Per Check
Employee	\$ 6.56	\$ 3.28
Employee/Children	\$ 14.02	\$ 7.01
Employee/Partner	\$ 13.12	\$ 6.56
Family	\$ 22.42	\$11.21

Dental and Vision coverage can be purchased whether you participate in the PPO, HSA or no medical plan. There is no school contribution to these plans.