

2025 Medical Plan Rates

Priority Health HMO 1650 / 3300

| | 2025 Rates | Annual Premium | 2025 Hard Cap | Annual Employee Cost | Employer Contribution to H.S.A. | Deduct. Exposure | Max Out Pocket |
|----------|-------------|----------------|---------------|----------------------|---------------------------------|------------------|----------------|
| Single | \$ 684.40 | \$ 8,212.80 | \$ 7,718.26 | \$ 494.54 | NA | \$ 2,144.54 | \$2K/\$4K |
| 2 person | \$ 1,537.37 | \$ 18,448.44 | \$ 16,141.28 | \$ 2,307.16 | NA | \$ 5,607.16 | \$2K/\$4K |
| Family | \$ 1,912.63 | \$ 22,951.56 | \$ 21,049.85 | \$ 1,901.71 | NA | \$ 5,201.71 | \$2K/\$4K |

Priority Health PPO 1650 / 3300

| | 2025 Rates | Annual Premium | 2025 Hard Cap | Annual Employee Cost | Employer Contribution to H.S.A. | Deduct. Exposure | Max Out Pocket |
|----------|-------------|----------------|---------------|----------------------|---------------------------------|------------------|----------------|
| Single | \$ 775.94 | \$ 9,311.28 | \$ 7,718.26 | \$ 1,593.02 | NA | \$ 3,243.02 | \$2K/\$4K |
| 2 person | \$ 1,742.99 | \$ 20,915.88 | \$ 16,141.28 | \$ 4,774.60 | NA | \$ 8,074.60 | \$2K/\$4K |
| Family | \$ 2,168.44 | \$ 26,021.28 | \$ 21,049.85 | \$ 4,971.43 | NA | \$ 8,271.43 | \$2K/\$4K |

Max out of pocket is based on "in network" care; out of network care is usually doubled so must stay in network.

Deductible exposure is the difference between district funded HSA and Deductible

Once deductible is met scrips are:

Tier 1: \$10 copay

Tier 2: \$20 copay

Tier 3: \$40 copay

Tier 4: \$20 copay

Tier 5: \$40 copay

Max contribution to HSA: \$4300 / \$8550; Catch up Age 55+ \$1,000

2025 Medical Plan Rates

Priority Health HMO 2K / 4K *80%

| | 2025 Rates | Annual Premium | 2025 Hard Cap | Annual Employee Cost | Employer Contribution to H.S.A. | Deduct. Exposure | Max Out Pocket |
|----------|------------|----------------|---------------|----------------------|---------------------------------|------------------|----------------|
| Single | \$570.63 | \$ 6,847.56 | \$ 7,718.26 | NA | \$ 870.70 | \$ 1,129.30 | \$4K / \$8K |
| 2 person | \$1,281.80 | \$ 15,381.60 | \$ 16,141.28 | NA | \$ 759.68 | \$ 3,240.32 | \$4K / \$8K |
| Family | \$1,594.69 | \$ 19,136.28 | \$ 21,049.85 | NA | \$ 1,913.57 | \$ 2,086.43 | \$4K / \$8K |

Priority Health HMO 2K / 4K

| | 2025 Rates | Annual Premium | 2025 Hard Cap | Annual Employee Cost | Employer Contribution to H.S.A. | Deduct. Exposure | Max Out Pocket |
|----------|------------|----------------|---------------|----------------------|---------------------------------|------------------|----------------|
| Single | \$643.77 | \$ 7,725.24 | \$ 7,718.26 | \$ 6.98 | NA | \$ 2,006.98 | \$4K / \$8K |
| 2 person | \$1,446.10 | \$ 17,353.20 | \$ 16,141.28 | \$ 1,211.92 | NA | \$ 5,211.92 | \$4K / \$8K |
| Family | \$1,799.08 | \$ 21,588.96 | \$ 21,049.85 | \$ 539.11 | NA | \$ 4,539.11 | \$4K / \$8K |

Priority Health PPO 2K / 4K

| | 2025 Rates | Annual Premium | 2025 Hard Cap | Annual Employee Cost | Employer Contribution to H.S.A. | Deduct. Exposure | Max Out Pocket |
|----------|------------|----------------|---------------|----------------------|---------------------------------|------------------|----------------|
| Single | \$733.63 | \$8,803.56 | \$ 7,718.26 | \$ 1,085.30 | NA | \$ 3,085.30 | \$4K / \$8K |
| 2 person | \$1,647.95 | \$19,775.40 | \$ 16,141.28 | \$ 3,634.12 | NA | \$ 7,634.12 | \$4K / \$8K |
| Family | \$2,050.20 | \$24,602.40 | \$ 21,049.85 | \$ 3,552.55 | NA | \$ 7,552.55 | \$4K / \$8K |

Max out of pocket is based on "in network" care; out of network care is usually doubled so must stay in network.

Deductible exposure is the difference between district funded HSA and Deductible

Once deductible is met scrips are:

Tier 1: \$10 copay

Tier 2: \$20 copay

Tier 3: \$40 copay

Tier 4: \$20 copay

Tier 5: \$40 copay

Max contribution to HSA: \$4300 / \$8550; Catch up Age 55+ \$1,000

2025 Medical Plan Rates

Priority Health HMO 3K / 6K *80%

| | 2025 Rates | Annual Premium | 2025 Hard Cap | Annual Employee Cost | Employer Contribution to H.S.A. | Deduct. Exposure | Max Out Pocket |
|----------|------------|----------------|---------------|----------------------|---------------------------------|------------------|----------------|
| Single | \$510.60 | \$ 6,127.20 | \$ 7,718.26 | NA | \$ 1,591.06 | \$ 1,408.94 | \$5K / \$10K |
| 2 person | \$1,146.96 | \$ 13,763.52 | \$ 16,141.28 | NA | \$ 2,377.76 | \$ 3,622.24 | \$5K / \$10K |
| Family | \$1,426.93 | \$ 17,123.16 | \$ 21,049.85 | NA | \$ 3,926.69 | \$ 2,073.31 | \$5K / \$10K |

Priority Health HMO 3K / 6K

| | 2025 Rates | Annual Premium | 2025 Hard Cap | Annual Employee Cost | Employer Contribution to H.S.A. | Deduct. Exposure | Max Out Pocket |
|----------|------------|----------------|---------------|----------------------|---------------------------------|------------------|----------------|
| Single | \$564.50 | \$ 6,774.00 | \$ 7,718.26 | NA | \$ 944.26 | \$ 2,055.74 | \$5K / \$10K |
| 2 person | \$1,268.03 | \$ 15,216.36 | \$ 16,141.28 | NA | \$ 924.92 | \$ 5,075.08 | \$5K / \$10K |
| Family | \$1,577.55 | \$ 18,930.60 | \$ 21,049.85 | NA | \$ 2,119.25 | \$ 3,880.75 | \$5K / \$10K |

Max out of pocket is based on "in network" care; out of network care is usually doubled so must stay in network.

Deductible exposure is the difference between district funded HSA and Deductible

Once deductible is met scrips are:

Tier 1: \$10 copay

Tier 2: \$20 copay

Tier 3: \$40 copay

Tier 4: \$20 copay

Tier 5: \$40 copay

Max contribution to HSA: \$4300 / \$8550; Catch up Age 55+ \$1,000

2025 Medical Plan Rates

Priority Health HMO 100/200 (Co-Pay Plan)

Note - this plan is only available to SSEPA and certain NBOT

| | 2025 Rates | Annual Premium | 2024 Hard Cap | Annual Employee Cost | Employer Contribution to H.S.A. | Max Out Pocket |
|----------|------------|----------------|---------------|----------------------|---------------------------------|-------------------|
| Single | \$720.18 | \$ 8,642.16 | \$ 7,718.26 | \$ 923.90 | NA | \$9,100/ \$18,200 |
| 2 person | \$1,440.36 | \$ 17,284.32 | \$ 16,141.28 | \$ 1,143.04 | NA | \$9,100/ \$18,200 |
| Family | \$2,232.56 | \$ 26,790.72 | \$ 21,049.85 | \$ 5,740.87 | NA | \$9,100/ \$18,200 |

Max out of pocket is based on "in network" care; out of network care is usually doubled so must stay in network.

Co Pay Plan ONLY - Scripts (deductible NA)

Tier 1: \$10 copay

Tier 2: \$40 copay

Tier 3: \$80 copay

Tier 4: 20% coinsurance (\$100 max)

Tier 5: 20% coinsurance (\$200 max)

Cannot have an HSA with this plan