

AFSCME 2025 RATES

<i>12-MONTH</i>	Plan	
	PPO	QHDHP
Individual	125.00	33.00
Family	365.00	119.00
Employee/Partner	349.00	114.00
Parent/Child(ren)	319.00	104.00

<i>10-MONTH</i>	Plan	
	PPO	QHDHP
Individual	150.00	39.60
Family	438.00	142.80
Employee/Partner	418.80	136.80
Parent/Child(ren)	382.80	124.80

Note: spouses and domestic partners employed by another school district, intermediate unit, or vocational technical school; the Mount Nittany Medical Center/Physicians' Group and other, similar medical facilities/groups; an institution of higher education; a federal/state/local government and/or its respective agencies; or Wegmans who are eligible for health insurance coverage through their employer will be eligible for coverage under the District's health insurance only if the employee pays the full premium cost differential for such spouse/domestic partner.