INSURANCE RATES EFFECTIVE JANUARY 1, 2025 Single or Family Coverage for Medical, Dental and Vision Plans

	Traditional PPO Heath Plan									
	COST OF	NSURANCE	CE	CERTIFIED STAFF			ADMIN/ATWILL STAFF			
							MONTHLY			
PPO	TOTAL	TOTAL	MONTHLY	MONTHLY		MONTHLY	EMPLOYER	MONTHLY		DED
Medical	ANNUAL	MONTHLY	EMPLOYER	EMPLOYEE	DED OVER	EMPLOYER	COST 10	EMPLOYEE	DED OVER	OVER 20
Modioai	COST	COST	COST	COST	24 PAYS	COST	MTHS	COST	24 PAYS	PAYS
SINGLE	13,892.16	1,157.68	1,099.80	57.88	28.94	1,099.80	1,319.76	57.88	28.94	34.73
FAMILY	33,781.44	2,815.12	2,260.00	555.12	277.56	2,260.00	2,712.00	555.12	277.56	333.07

	*New High Deductible Health Plan (HSA)									
COST OF INSURANCE			CE	RTIFIED STAI	FF	SUPPORT STAFF				
HDHP							MONTHLY			
Medical	TOTAL	TOTAL	MONTHLY	MONTHLY		MONTHLY	EMPLOYER	MONTHLY		DED
Micaldai	ANNUAL	MONTHLY	EMPLOYER	EMPLOYEE	DED OVER	EMPLOYER	COST 10	EMPLOYEE	DED OVER	OVER 20
	COST	COST	COST	COST	24 PAYS	COST	MTHS	COST	24 PAYS	PAYS
SINGLE	9,626.16	802.18	762.07	40.11	20.05	762.07	914.49	40.11	20.05	24.07
FAMILY	23,526.36	1,960.53	1,572.92	387.61	193.81	1,572.92	1,887.50	387.61	193.81	232.57

	Dental									
COST OF INSURANCE CERTIFIED STAFF					SUPPORT STAFF					
Dental	TOTAL ANNUAL COST	TOTAL MONTHLY COST	MONTHLY EMPLOYER COST	MONTHLY EMPLOYEE COST	DED OVER 24 PAYS	MONTHLY EMPLOYER COST	MONTHLY EMPLOYER COST 10 MTHS	MONTHLY EMPLOYEE COST	DED OVER 24 PAYS	DED OVER 20 PAYS
SINGLE	586.56	48.88	22.77	26.11	13.05	21.63	25.96	27.25	13.63	16.36
FAMILY	1,743.60	145.30	22.77	122.53	61.26	21.63	25.96	123.67	61.84	74.20

	Vision									
	COST OF	INSURANCE	CE	CERTIFIED STAFF			SUPPORT STAFF			
Vision	TOTAL ANNUAL COST	TOTAL MONTHLY COST	MONTHLY EMPLOYER COST	MONTHLY EMPLOYEE COST	DED OVER 24 PAYS	MONTHLY EMPLOYER COST	MONTHLY EMPLOYER COST 10 MTHS	MONTHLY EMPLOYEE COST	DED OVER 24 PAYS	DED OVER 20 PAYS
SINGLE	88.32	7.36	7.36	0.00	0.00	7.36	8.83	0.00	0.00	0.00
FAMILY	225.12	18.76	18.76	0.00	0.00	18.76	22.51	0.00	0.00	0.00

High Deduct	ible (HAS)	Traditional P	PO
COBRA		COBRA	
RATES	PER MONTH	RATES	PER MONTH
MEDICAL:		MEDICAL:	
SINGLE	818.22	SINGLE	1,180.83
FAMILY	1,999.74	FAMILY	2,871.42

High Deductible (HSA)		
RETIREE		
RATES	PER MONTH	
MEDICAL:		
SINGLE	802.18	
FAMILY	1,960.53	

48.88

145.30

7.36

18.76

DENTAL: SINGLE:

FAMILY

VISION:*

Traditional PPO			
RETIREE	PER		
RATES	MONTH		
MEDICAL:			
SINGLE	1,157.68		
FAMILY	2 815 12		

DENTAL:	
SINGLE	49.86
FAMILY	148.21

VISION:	
SINGLE	7.51
FAMILY	19.14

SINGLE FAMILY *Includes 2% COBRA Administrative Fees