

Enter the District/Employer premium contribution percentage below (in cell A2) for actual costs:

83%	Employee costs are in <i>Italics</i>									
Non-Licensed Employee* Full Time - <i>Single Policy</i> - Premium Split Determined Locally (See cell A2 to change to your local amount)	Plan	Employee Out-of-Pocket Maximum by Plan	HRA/HSA** Funding by Employer 2023-2027	Annual Out-of-Pocket Exposure for Employee <i>A2</i> HRA/HSA**	Total Monthly Premium 7/1/2025	Total Annual Premium	Annual Employer Premium Share	Annual Employee Premium Share	Employee Monthly Premium Share	Total Employee Annual Exposure Premium & Out-of Pocket Share
Single	Platinum	\$2,800	\$2,200	\$600	\$1,339.21	\$16,070.52	\$12,257.97	\$3,812.55	\$317.71	\$4,412.55
Single	Gold	\$3,100	\$2,200	\$900	\$1,312.77	\$15,753.24	\$12,257.97	\$3,495.27	\$291.27	\$4,395.27
Single	Gold CDHP	\$2,500	\$2,200	\$300	\$1,230.72	\$14,768.64	\$12,257.97	\$2,510.67	\$209.22	\$2,810.67
Single	Silver CDHP	\$4,000	\$2,200	\$1,800	\$1,134.21	\$13,610.52	\$11,296.73	\$2,313.79	\$192.82	\$4,113.79
*If you are unsure if these costs apply to you, see "What employee segment am I in?" on our website.										
**HSA only available on Silver Plan										
Employer premium contributions for the <i>Platinum and Gold Plans</i> are identical to the employer premium contribution to the <i>Gold CDHP</i> .										
Premiums are set on a fiscal-year basis. These rates reflect changes as of July 1, 2025.										

Non-Licensed Employee* Full Time - <i>Self &amp; Spouse Policy</i> - Premium Split Determined Locally (See cell A2 to change to your local amount)	Plan	Employee Out-of-Pocket Maximum by Plan	HRA/HSA** Funding by Employer 2023-2027	Annual Out-of-Pocket Exposure for Employee <i>A2</i> HRA/HSA**	Total Monthly Premium 7/1/2025	Total Annual Premium	Annual Employer Premium Share	Annual Employee Premium Share	Employee Monthly Premium Share	Total Employee Annual Exposure Premium & Out-of Pocket Share
Self & Spouse	Platinum	\$5,600	\$4,400	\$1,200	\$2,678.44	\$32,141.28	\$23,021.15	\$9,120.13	\$760.01	\$10,320.13
Self & Spouse	Gold	\$6,200	\$4,400	\$1,800	\$2,625.55	\$31,506.60	\$23,021.15	\$8,485.45	\$707.12	\$10,285.45
Self & Spouse	Gold CDHP	\$5,000	\$4,400	\$600	\$2,311.36	\$27,736.32	\$23,021.15	\$4,715.17	\$392.93	\$5,315.17
Self & Spouse	Silver CDHP	\$8,000	\$4,400	\$3,600	\$2,268.44	\$27,221.28	\$22,593.66	\$4,627.62	\$385.63	\$8,227.62
*If you are unsure if these costs apply to you, see "What employee segment am I in?" on our website.										
**HSA only available on Silver Plan										
Employer premium contributions for the <i>Platinum and Gold Plans</i> are identical to the employer premium contribution to the <i>Gold CDHP</i> .										
Premiums are set on a fiscal-year basis. These rates reflect changes as of July 1, 2025.										

Non-Licensed Employee* Full Time - <i>Parent/Child(ren) Policy</i> - Premium Split Determined Locally (See cell A2 to change to your local amount)	Plan	Employee Out-of-Pocket Maximum by Plan	HRA/HSA** Funding by Employer 2023-2027	Annual Out-of-Pocket Exposure for Employee <i>A2</i> HRA/HSA**	Total Monthly Premium 7/1/2025	Total Annual Premium	Annual Employer Premium Share	Annual Employee Premium Share	Employee Monthly Premium Share	Total Employee Annual Exposure Premium & Out-of Pocket Share
Parent/Child(ren)	Platinum	\$5,600	\$4,400	\$1,200	\$2,239.37	\$26,872.44	\$18,951.29	\$7,921.15	\$660.10	\$9,121.15
Parent/Child(ren)	Gold	\$6,200	\$4,400	\$1,800	\$2,197.00	\$26,364.00	\$18,951.29	\$7,412.71	\$617.73	\$9,212.71
Parent/Child(ren)	Gold CDHP	\$5,000	\$4,400	\$600	\$1,902.74	\$22,832.88	\$18,951.29	\$3,881.59	\$323.47	\$4,481.59
Parent/Child(ren)	Silver CDHP	\$8,000	\$4,400	\$3,600	\$1,911.97	\$22,943.64	\$19,043.22	\$3,900.42	\$325.03	\$7,500.42
*If you are unsure if these costs apply to you, see "What employee segment am I in?" on our website.										
**HSA only available on Silver Plan										
Employer premium contributions for the <i>Platinum and Gold Plans</i> are identical to the employer premium contribution to the <i>Gold CDHP</i> .										
Premiums are set on a fiscal-year basis. These rates reflect changes as of July 1, 2025.										

Non-Licensed Employee* Full Time - <i>Family Policy</i> - Premium Split Determined Locally (See cell A2 to change to your local amount)	Plan	Employee Out-of-Pocket Maximum by Plan	HRA/HSA** Funding by Employer 2023-2027	Annual Out-of-Pocket Exposure for Employee <i>A2</i> HRA/HSA**	Total Monthly Premium 7/1/2025	Total Annual Premium	Annual Employer Premium Share	Annual Employee Premium Share	Employee Monthly Premium Share	Total Employee Annual Exposure Premium & Out-of Pocket Share
Family	Platinum	\$5,600	\$4,400	\$1,200	\$3,788.62	\$45,463.44	\$33,954.84	\$11,508.60	\$959.05	\$12,708.60
Family	Gold	\$6,200	\$4,400	\$1,800	\$3,716.11	\$44,593.32	\$33,954.84	\$10,638.48	\$886.54	\$12,438.48
Family	Gold CDHP	\$5,000	\$4,400	\$600	\$3,409.12	\$40,909.44	\$33,954.84	\$6,954.60	\$579.55	\$7,554.60
Family	Silver CDHP	\$8,000	\$4,400	\$3,600	\$3,227.61	\$38,731.32	\$32,147.00	\$6,584.32	\$548.69	\$10,184.32
*If you are unsure if these costs apply to you, see "What employee segment am I in?" on our website.										
**HSA only available on Silver Plan										
Employer premium contributions for the <i>Platinum and Gold Plans</i> are identical to the employer premium contribution to the <i>Gold CDHP</i> .										
Premiums are set on a fiscal-year basis. These rates reflect changes as of July 1, 2025.										

Updated 04.16.2025 - No change to HSA/HRA Funding for 2023-2027