

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

82%	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>After</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	\$12,110.28	\$3,960.24	\$330.02	\$4,560.24
Single	Gold	\$3,100	\$2,200	\$900	\$1,312.77	\$15,753.24	\$12,110.28	\$3,642.96	\$303.58	\$4,542.96
Single	Gold CDHP	\$2,500	\$2,200	\$300	\$1,230.72	\$14,768.64	\$12,110.28	\$2,658.36	\$221.53	\$2,958.36
Single	Silver CDHP	\$4,000	\$2,200	\$1,800	\$1,134.21	\$13,610.52	\$11,160.63	\$2,449.89	\$204.16	\$4,249.89
*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>After</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	\$22,743.78	\$9,397.50	\$783.12	\$10,597.50
Self & Spouse	Gold	\$6,200	\$4,400	\$1,800	\$2,625.55	\$31,506.60	\$22,743.78	\$8,762.82	\$730.23	\$10,562.82
Self & Spouse	Gold CDHP	\$5,000	\$4,400	\$600	\$2,311.36	\$27,736.32	\$22,743.78	\$4,992.54	\$416.04	\$5,592.54
Self & Spouse	Silver CDHP	\$8,000	\$4,400	\$3,600	\$2,268.44	\$27,221.28	\$22,321.45	\$4,899.83	\$408.32	\$8,499.83
*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>After</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	\$18,722.96	\$8,149.48	\$679.12	\$9,349.48
Parent/Child(ren)	Gold	\$6,200	\$4,400	\$1,800	\$2,197.00	\$26,364.00	\$18,722.96	\$7,641.04	\$636.75	\$9,441.04
Parent/Child(ren)	Gold CDHP	\$5,000	\$4,400	\$600	\$1,902.74	\$22,832.88	\$18,722.96	\$4,109.92	\$342.49	\$4,709.92
Parent/Child(ren)	Silver CDHP	\$8,000	\$4,400	\$3,600	\$1,911.97	\$22,943.64	\$18,813.78	\$4,129.86	\$344.15	\$7,729.86
*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>After</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	\$33,545.74	\$11,917.70	\$993.14	\$13,117.70
Family	Gold	\$6,200	\$4,400	\$1,800	\$3,716.11	\$44,593.32	\$33,545.74	\$11,047.58	\$920.63	\$12,847.58
Family	Gold CDHP	\$5,000	\$4,400	\$600	\$3,409.12	\$40,909.44	\$33,545.74	\$7,363.70	\$613.64	\$7,963.70
Family	Silver CDHP	\$8,000	\$4,400	\$3,600	\$3,227.61	\$38,731.32	\$31,759.68	\$6,971.64	\$580.97	\$10,571.64
*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