

Non Licensed Employee -- JULY 1, 2025 - JUNE 30, 2026

80%	Non-Licensed Employee - JUNE 1, 2025 - JUNE 30, 2026											
Non-Licensed Employee* Full Time - Single Policy - Premium Split Determined Locally (See cell A2 to change to your local amount)	Plan	Employee Out-of-Pocket Maximum by Plan	2024-2025 HRA Funding by Employer	2024-2025 HSA** Funding by Employer	Annual Out-of-Pocket Exposure for Employee After HRA/HSA**	Total Monthly Premium	Total Annual Premium	Annual Employer Premium Share	Annual Employee Premium Share	Employee Cost Per 20 Paychecks		Total Employee Annual Exposure Premium & Out-of-Pocket Share
Single	Platinum	\$2,800	\$2,200	NA	\$600	\$1,339.21	\$16,070.52	\$11,814.91	\$4,255.61	\$212.78		\$4,855.61
Single	Gold	\$3,100	\$2,200	NA	\$900	\$1,312.77	\$15,753.24	\$11,814.91	\$3,938.33	\$196.92		\$4,838.33
Single	Gold CDHP	\$2,500	\$2,200	NA	\$300	\$1,230.72	\$14,768.64	\$11,814.91	\$2,953.73	\$147.69		\$3,253.73
Single	Silver CDHP	\$4,000	\$2,200	\$2,200	\$1,800	\$1,134.21	\$13,610.52	\$10,888.42	\$2,722.10	\$136.11		\$4,522.10
**HSA only available on Silver Plan												
Employer premium contributions for the <u>Platinum and Gold Plans</u> are identical to the employer premium contribution to the <u>Gold CDHP</u> .												

Non-Licensed Employee* Full Time - Two-Person Policy - Premium Split Determined Locally (See cell A2 to change to your local amount)	Plan	Employee Out-of-Pocket Maximum by Plan	2024-2025 HRA Funding by Employer	2024-2025 HSA** Funding by Employer	Annual Out-of-Pocket Exposure for Employee After HRA/HSA**	Total Monthly Premium	Total Annual Premium	Annual Employer Premium Share	Annual Employee Premium Share	Employee Cost Per 20 Paychecks		Total Employee Annual Exposure Premium & Out-of Pocket Share
Two Person	Platinum	\$5,600	\$4,400	NA	\$1,200	\$2,678.44	\$32,141.28	\$22,189.06	\$9,952.22	\$497.61		\$11,152.22
Two Person	Gold	\$6,200	\$4,400	NA	\$1,800	\$2,625.55	\$31,506.60	\$22,189.06	\$9,317.54	\$465.88		\$11,117.54
Two Person	Gold CDHP	\$5,000	\$4,400	NA	\$600	\$2,311.36	\$27,736.32	\$22,189.06	\$5,547.26	\$277.36		\$6,147.26
Two Person	Silver CDHP	\$8,000	\$4,400	\$4,400	\$3,600	\$2,268.44	\$27,221.28	\$21,777.02	\$5,444.26	\$272.21		\$9,044.26
**HSA only available on Silver Plan												
Employer premium contributions for the <u>Platinum and Gold Plans</u> are identical to the employer premium contribution to the <u>Gold CDHP</u> .												

Non-Licensed Employee* Full Time - Parent/Child(ren) Policy - Premium Split Determined Locally (See cell A2 to change to your local amount)	Plan	Employee Out-of-Pocket Maximum by Plan	2024-2025 HRA Funding by Employer	2024-2025 HSA** Funding by Employer	Annual Out-of-Pocket Exposure for Employee After HRA/HSA**	Total Monthly Premium	Total Annual Premium	Annual Employer Premium Share	Annual Employee Premium Share	Employee Cost Per 20 Paychecks		Total Employee Annual Exposure Premium & Out-of Pocket Share
Parent/Child(ren)	Platinum	\$5,600	\$4,400	NA	\$1,200	\$2,239.37	\$26,872.44	\$18,266.30	\$8,606.14	\$430.31		\$9,806.14
Parent/Child(ren)	Gold	\$6,200	\$4,400	NA	\$1,800	\$2,197.00	\$26,364.00	\$18,266.30	\$8,097.70	\$404.88		\$9,897.70
Parent/Child(ren)	Gold CDHP	\$5,000	\$4,400	NA	\$600	\$1,902.74	\$22,832.88	\$18,266.30	\$4,566.58	\$228.33		\$5,166.58
Parent/Child(ren)	Silver CDHP	\$8,000	\$4,400	\$4,400	\$3,600	\$1,911.97	\$22,943.64	\$18,354.91	\$4,588.73	\$229.44		\$8,188.73
**HSA only available on Silver Plan												
Employer premium contributions for the <u>Platinum and Gold Plans</u> are identical to the employer premium contribution to the <u>Gold CDHP</u> .												

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