

January 1, 2025 - December 31, 2025

FEA

Gold Plan							
<i>Single = \$1,000 deductible - \$2,500 Total Out of Pocket Expense per calendar year</i>							
<i>Family = \$3,000 deductible - \$5,000 Total Out of Pocket Expense per calendar year</i>							
Coverage (24 Pay)	Cost	Monthly Contribution		Per Paycheck (24)		Annual	
		Board	Employee	Board	Employee	Board	Employee
Single	\$1,114.89	\$947.66	\$167.23	\$473.83	\$83.62	\$11,371.90	\$2,006.81
Single + Child	\$1,852.05	\$1,111.23	\$740.82	\$555.62	\$370.41	\$13,334.80	\$8,889.86
Single + Spouse	\$2,099.07	\$1,259.44	\$839.63	\$629.72	\$419.81	\$15,113.29	\$10,075.53
Family	\$2,416.68	\$1,450.01	\$966.67	\$725.01	\$483.34	\$17,400.12	\$11,600.08

Coverage (18 Pay)	Cost	Monthly Contribution		Per Paycheck (18)		Annual	
		Board	Employee	Board	Employee	Board	Employee
Single	\$1,486.52	\$1,263.54	\$222.98	\$631.77	\$111.49	\$11,371.90	\$2,006.81
Single + Child	\$2,469.41	\$1,481.64	\$987.76	\$740.82	\$493.88	\$13,334.80	\$8,889.86
Single + Spouse	\$2,798.76	\$1,679.25	\$1,119.50	\$839.63	\$559.75	\$15,113.29	\$10,075.53
Family	\$3,222.24	\$1,933.35	\$1,288.90	\$966.67	\$644.45	\$17,400.12	\$11,600.08

Silver Plan							
<i>Single = \$2,000 deductible - \$5,000 Total Out of Pocket Expense per calendar year</i>							
<i>Family = \$6,000 deductible - \$10,000 Total Out of Pocket Expense per calendar year</i>							
Coverage (24 Pay)	Cost	Monthly Contribution		Per Paycheck (24)		Annual	
		Board	Employee	Board	Employee	Board	Employee
Single	\$982.88	\$835.44	\$147.43	\$417.72	\$73.72	\$10,025.33	\$1,769.18
Single + Child	\$1,622.02	\$973.21	\$648.81	\$486.61	\$324.40	\$11,678.53	\$7,785.68
Single + Spouse	\$1,838.99	\$1,103.39	\$735.60	\$551.70	\$367.80	\$13,240.73	\$8,827.15
Family	\$2,206.25	\$1,323.75	\$882.50	\$661.88	\$441.25	\$15,885.03	\$10,590.02

Coverage (18 Pay)	Cost	Monthly Contribution		Per Paycheck (18)		Annual	
		Board	Employee	Board	Employee	Board	Employee
Single	\$1,310.50	\$1,113.93	\$196.58	\$556.96	\$98.29	\$10,025.33	\$1,769.18
Single + Child	\$2,162.69	\$1,297.61	\$865.08	\$648.81	\$432.54	\$11,678.53	\$7,785.68
Single + Spouse	\$2,451.99	\$1,471.19	\$980.79	\$735.60	\$490.40	\$13,240.73	\$8,827.15
Family	\$2,941.67	\$1,765.00	\$1,176.67	\$882.50	\$588.33	\$15,885.03	\$10,590.02

HSA High Deductible Plan							
<i>Single = \$2,800 deductible - \$5,600 Total Out of Pocket Expense per calendar year</i>							
<i>Family = \$5,600 deductible - \$11,200 Total Out of Pocket Expense per calendar year</i>							
Coverage (24 Pay)	Cost	Monthly Contribution		Per Paycheck (24)		Annual	
		Board	Employee	Board	Employee	Board	Employee
Single	\$978.18	\$831.45	\$146.73	\$415.73	\$73.36	\$9,977.42	\$1,760.72
Single + Child	\$1,614.27	\$968.56	\$645.71	\$484.28	\$322.85	\$11,622.76	\$7,748.51
Single + Spouse	\$1,830.19	\$1,098.11	\$732.07	\$549.06	\$366.04	\$13,177.33	\$8,784.89
Family	\$2,195.71	\$1,317.43	\$878.29	\$658.71	\$439.14	\$15,809.13	\$10,539.42

Coverage (18 Pay)	Cost	Monthly Contribution		Per Paycheck (18)		Annual	
		Board	Employee	Board	Employee	Board	Employee
Single	\$1,304.24	\$1,108.60	\$195.64	\$554.30	\$97.82	\$9,977.42	\$1,760.72
Single + Child	\$2,152.36	\$1,291.42	\$860.95	\$645.71	\$430.47	\$11,622.76	\$7,748.51
Single + Spouse	\$2,440.25	\$1,464.15	\$976.10	\$732.07	\$488.05	\$13,177.33	\$8,784.89
Family	\$2,927.62	\$1,756.57	\$1,171.05	\$878.29	\$585.52	\$15,809.13	\$10,539.42

Bronze High Deductible Plan							
<i>Single = \$3,350 deductible - \$6,450 Total Out of Pocket Expense per calendar year</i>							
<i>Family = \$6,450 deductible - \$12,900 Total Out of Pocket Expense per calendar year</i>							
Coverage (24 Pay)	Cost	Monthly Contribution		Per Paycheck (24)		Annual	
		Board	Employee	Board	Employee	Board	Employee
Single	\$846.95	\$719.91	\$127.04	\$359.95	\$63.52	\$8,638.88	\$1,524.51
Single + Child	\$1,385.45	\$0.00	\$1,385.45	\$0.00	\$692.72	\$0.00	\$16,625.37
Single + Spouse	\$1,572.35	\$0.00	\$1,572.35	\$0.00	\$786.17	\$0.00	\$18,868.15
Family	\$1,998.44	\$0.00	\$1,998.44	\$0.00	\$999.22	\$0.00	\$23,981.24

Coverage (18 Pay)	Cost	Monthly Contribution		Per Paycheck (18)		Annual	
		Board	Employee	Board	Employee	Board	Employee
Single	\$1,129.26	\$959.88	\$169.39	\$479.94	\$84.69	\$8,638.88	\$1,524.51
Single + Child	\$1,847.26	\$0.00	\$1,847.26	\$0.00	\$923.63	\$0.00	\$16,625.37
Single + Spouse	\$2,096.46	\$0.00	\$2,096.46	\$0.00	\$1,048.23	\$0.00	\$18,868.15
Family	\$2,664.58	\$0.00	\$2,664.58	\$0.00	\$1,332.29	\$0.00	\$23,981.24

HMO Plan							
<i>Single = \$0 deductible - \$1,500 Total Out of Pocket Expense per calendar year</i>							
<i>Family = \$0 deductible - \$3,000 Total Out of Pocket Expense per calendar year</i>							
Coverage (24 Pay)	Cost	Monthly Contribution		Per Paycheck (24)		Annual	
		Board	Employee	Board	Employee	Board	Employee
Single	\$913.54	\$776.51	\$137.03	\$388.25	\$68.52	\$9,318.11	\$1,644.37
Single + Child(ren)	\$1,577.68	\$946.61	\$631.07	\$473.30	\$315.54	\$11,359.30	\$7,572.86
Single + Spouse	\$1,777.29	\$1,066.37	\$710.92	\$533.19	\$355.46	\$12,796.49	\$8,530.99
Family	\$2,283.87	\$1,370.32	\$913.55	\$685.16	\$456.77	\$16,443.86	\$10,962.58

Coverage (18 Pay)	Cost	Monthly Contribution		Per Paycheck (18)		Annual	
		Board	Employee	Board	Employee	Board	Employee
Single	\$1,218.05	\$1,035.35	\$182.71	\$517.67	\$91.35	\$9,318.11	\$1,644.37
Single + Child(ren)	\$2,103.57	\$1,262.14	\$841.43	\$631.07	\$420.71	\$11,359.30	\$7,572.86
Single + Spouse	\$2,369.72	\$1,421.83	\$947.89	\$710.92	\$473.94	\$12,796.49	\$8,530.99
Family	\$3,045.16	\$1,827.10	\$1,218.06	\$913.55	\$609.03	\$16,443.86	\$10,962.58