

January 1, 2025 - December 31, 2025
Transportation

Gold Plan

Single = \$1,000 deductible - \$2,500 Total Out of Pocket Expense per calendar year
Family = \$3,000 deductible - \$5,000 Total Out of Pocket Expense per calendar year

Coverage (24 Pay)	Cost	Monthly Contribution		Per Paycheck (24)		Annual	
		Board	Employee	Board	Employee	Board	Employee
Single	\$1,114.89	\$1,059.15	\$55.74	\$529.57	\$27.87	\$12,709.77	\$668.94
Single + Child	\$1,852.05	\$1,109.15	\$742.91	\$554.57	\$371.45	\$13,309.77	\$8,914.88
Single + Spouse	\$2,099.07	\$1,109.15	\$989.92	\$554.57	\$494.96	\$13,309.77	\$11,879.05
Family	\$2,416.68	\$1,109.15	\$1,307.54	\$554.57	\$653.77	\$13,309.77	\$15,690.43

Coverage (18 Pay ONLY)	Cost	Monthly Contribution		Per Paycheck (18)		Annual	
		Board	Employee	Board	Employee	Board	Employee
Single	\$1,486.52	\$1,412.20	\$74.33	\$706.10	\$37.16	\$12,709.77	\$668.94
Single + Child	\$2,469.41	\$1,478.86	\$990.54	\$739.43	\$495.27	\$13,309.77	\$8,914.88
Single + Spouse	\$2,798.76	\$1,478.86	\$1,319.89	\$739.43	\$659.95	\$13,309.77	\$11,879.05
Family	\$3,222.24	\$1,478.86	\$1,743.38	\$739.43	\$871.69	\$13,309.77	\$15,690.43

Silver Plan

Single = \$2,000 deductible - \$5,000 Total Out of Pocket Expense per calendar year
Family = \$6,000 deductible - \$10,000 Total Out of Pocket Expense per calendar year

Coverage (24 Pay)	Cost	Monthly Contribution		Per Paycheck (24)		Annual	
		Board	Employee	Board	Employee	Board	Employee
Single	\$982.88	\$933.73	\$49.14	\$466.87	\$24.57	\$11,204.79	\$589.73
Single + Child	\$1,622.02	\$983.73	\$638.29	\$491.87	\$319.14	\$11,804.79	\$7,659.42
Single + Spouse	\$1,838.99	\$983.73	\$855.26	\$491.87	\$427.63	\$11,804.79	\$10,263.09
Family	\$2,206.25	\$983.73	\$1,222.52	\$491.87	\$611.26	\$11,804.79	\$14,670.27

Coverage (18 Pay ONLY)	Cost	Monthly Contribution		Per Paycheck (18)		Annual	
		Board	Employee	Board	Employee	Board	Employee
Single	\$1,310.50	\$1,244.98	\$65.53	\$622.49	\$32.76	\$11,204.79	\$589.73
Single + Child	\$2,162.69	\$1,311.64	\$851.05	\$655.82	\$425.52	\$11,804.79	\$7,659.42
Single + Spouse	\$2,451.99	\$1,311.64	\$1,140.34	\$655.82	\$570.17	\$11,804.79	\$10,263.09
Family	\$2,941.67	\$1,311.64	\$1,630.03	\$655.82	\$815.02	\$11,804.79	\$14,670.27

HSA High Deductible Plan

Single = \$2,800 deductible - \$5,600 Total Out of Pocket Expense per calendar year
Family = \$5,600 deductible - \$11,200 Total Out of Pocket Expense per calendar year

Coverage (24 Pay)	Cost	Monthly Contribution		Per Paycheck (24)		Annual	
		Board	Employee	Board	Employee	Board	Employee
Single	\$978.18	\$929.27	\$48.91	\$464.63	\$24.45	\$11,151.24	\$586.91
Single + Child	\$1,614.27	\$979.27	\$635.00	\$489.63	\$317.50	\$11,751.24	\$7,620.03
Single + Spouse	\$1,830.19	\$979.27	\$850.92	\$489.63	\$425.46	\$11,751.24	\$10,210.98
Family	\$2,195.71	\$979.27	\$1,216.44	\$489.63	\$608.22	\$11,751.24	\$14,597.32

Coverage (18 Pay)	Cost	Monthly Contribution		Per Paycheck (18)		Annual	
		Board	Employee	Board	Employee	Board	Employee
Single	\$1,304.24	\$1,239.03	\$65.21	\$619.51	\$32.61	\$11,151.24	\$586.91
Single + Child	\$2,152.36	\$1,305.69	\$846.67	\$652.85	\$423.34	\$11,751.24	\$7,620.03
Single + Spouse	\$2,440.25	\$1,305.69	\$1,134.55	\$652.85	\$567.28	\$11,751.24	\$10,210.98
Family	\$2,927.62	\$1,305.69	\$1,621.92	\$652.85	\$810.96	\$11,751.24	\$14,597.32

Bronze High Deductible Plan

Single = \$3,350 deductible - \$6,450 Total Out of Pocket Expense per calendar year
Family = \$6,450 deductible - \$12,900 Total Out of Pocket Expense per calendar year

Coverage (24 Pay)	Cost	Monthly Contribution		Per Paycheck (24)		Annual	
		Board	Employee	Board	Employee	Board	Employee
Single	\$846.95	\$804.60	\$42.35	\$402.30	\$21.17	\$9,655.21	\$508.17
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 ONLY)	Cost	Monthly Contribution		Per Paycheck (18)		Annual	
		Board	Employee	Board	Employee	Board	Employee
Single	\$1,129.26	\$1,072.80	\$56.46	\$536.40	\$28.23	\$9,655.21	\$508.17
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

Single = \$0 deductible - \$1,500 Total Out of Pocket Expense per calendar year
Family = \$0 deductible - \$3,000 Total Out of Pocket Expense per calendar year

Coverage (24 Pay)	Cost	Monthly Contribution		Per Paycheck (24)		Annual	
		Board	Employee	Board	Employee	Board	Employee
Single	\$913.54	\$867.86	\$45.68	\$433.93	\$22.84	\$10,414.36	\$548.12
Single + Child	\$1,577.29	\$917.86	\$659.43	\$458.93	\$329.71	\$11,014.36	\$7,913.12
Single + Spouse	\$1,577.68	\$917.86	\$659.82	\$458.93	\$329.91	\$11,014.36	\$7,917.80
Family	\$2,283.87	\$917.86	\$1,366.01	\$458.93	\$683.00	\$11,014.36	\$16,392.08

Coverage (18 Pay ONLY)	Cost	Monthly Contribution		Per Paycheck (18)		Annual	
		Board	Employee	Board	Employee	Board	Employee
Single	\$1,218.05	\$1,157.15	\$60.90	\$578.58	\$30.45	\$10,414.36	\$548.12
Single + Child	\$2,103.05	\$1,223.82	\$879.24	\$611.91	\$439.62	\$11,014.36	\$7,913.12
Single + Spouse	\$2,103.57	\$1,223.82	\$879.76	\$611.91	\$439.88	\$11,014.36	\$7,917.80
Family	\$3,045.16	\$1,223.82	\$1,821.34	\$611.91	\$910.67	\$11,014.36	\$16,392.08