



Employee Health Plan Rates



Effective: September 1, 2024 to August 31, 2025

Basic Plan

	Total Monthly	50% Cost Share	Per Bi-Wkly Pay	Per Wkly Pay
Single	\$ 114.18	\$ 57.09	\$ 26.35	\$ 13.17
Family	\$ 279.03	\$ 139.52	\$ 64.39	\$ 32.20
Waive	\$ 11.16	\$ 11.16	\$ 5.15	\$ 2.58

Enhanced Plan

	Total Monthly	50% Cost Share	Per Bi-Wkly Pay	Per Wkly Pay
Single	\$ 167.63	\$ 83.82	\$ 38.68	\$ 19.34
Family	\$ 409.10	\$ 204.55	\$ 94.41	\$ 47.20
Waive	\$ 18.80	\$ 18.80	\$ 8.68	\$ 4.34

Enhanced Plan - With \$1,500 LTD

	Total Monthly	50% Cost Share	Per Bi-Wkly Pay	Per Wkly Pay
Single	\$ 191.32	\$ 95.66	\$ 44.15	\$ 22.08
Family	\$ 432.79	\$ 216.40	\$ 99.87	\$ 49.94
Waive	\$ 42.49	\$ 42.49	\$ 19.61	\$ 9.81

Enhanced Option (5 Year Benefit: Max \$1,500 per month)

* LTD is optional and calculations assume a salary of \$27,000. Premium will be less if salaries are below this level.

Comprehensive Plan

	Total Monthly	50% Cost Share	Per Bi-Wkly Pay	Per Wkly Pay
Single	\$ 218.57	\$ 109.29	\$ 50.44	\$ 25.22
Family	\$ 514.22	\$ 257.11	\$ 118.67	\$ 59.33
Waive	\$ 39.13	\$ 39.13	\$ 18.06	\$ 9.03

Comprehensive Plan - With \$2,500 LTD

	Total Monthly	50% Cost Share	Per Bi-Wkly Pay	Per Wkly Pay
Single	\$ 340.12	\$ 170.06	\$ 78.49	\$ 39.24
Family	\$ 635.77	\$ 317.89	\$ 146.72	\$ 73.36
Waive	\$ 160.68	\$ 160.68	\$ 74.16	\$ 37.08

Comprehensive Option (Age 65 Benefit: Max \$2,500 per month)

** LTD is optional and calculations assume a salary of \$45,000. Premium will be less if salaries are below this level.