

Healthcare Plan Rate Sheet
20 Pay Employees (No Summer Checks)
January 1, 2025 to December 31, 2025

	Total	EPISD Contribution	Semi-Monthly January 15 - June 30	Summer No Checks July-August	Semi-Monthly September 15 - December 31
EPISD CDHP					
Employee Only	\$511.00	\$511.00	\$0.00	\$0.00	\$0.00
Employee & Spouse	\$945.00	\$511.00	\$260.40	\$0.00	\$260.40
Employee & Child(ren)	\$640.00	\$511.00	\$77.40	\$0.00	\$77.40
Employee & Family	\$1,254.00	\$511.00	\$445.80	\$0.00	\$445.80
EPISD Traditional PPO					
Employee Only	\$544.00	\$511.00	\$19.80	\$0.00	\$19.80
Employee & Spouse	\$1,337.00	\$511.00	\$495.60	\$0.00	\$495.60
Employee & Child(ren)	\$883.00	\$511.00	\$223.20	\$0.00	\$223.20
Employee & Family	\$1,501.00	\$511.00	\$594.00	\$0.00	\$594.00

***If you enroll for the EPISD CDHP Plan and Select an HSA EPISD will contribute up to \$1000 to your HSA on January 15th.**