

Healthcare Plan Rate Sheet Full District Contribution (24 Checks)

January 1, 2025 to December 31, 2025

	Total	EPISD Contribution	Employee Monthly Cost	Employee Semi-Monthly Cost
EPISD CDHP				
Employee Only	\$511.00	\$511.00	\$0.00	\$0.00
Employee & Spouse	\$945.00	\$511.00	\$434.00	\$217.00
Employee & Child(ren)	\$640.00	\$511.00	\$129.00	\$64.50
Employee & Family	\$1,254.00	\$511.00	\$743.00	\$371.50
EPISD Traditional PPO				
Employee Only	\$544.00	\$511.00	\$33.00	\$16.50
Employee & Spouse	\$1,337.00	\$511.00	\$826.00	\$413.00
Employee & Child(ren)	\$883.00	\$511.00	\$372.00	\$186.00
Employee & Family	\$1,501.00	\$511.00	\$990.00	\$495.00

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