

# 2025 Medical Insurance Premiums

Plan 1 \$4000 Choice HDHP Plan	Monthly Premium	District Monthly Contribution	Employee Monthly Contribution	Employee Cost Per Paycheck*
Employee Only	\$ 513.50	\$ 558.60	\$ -	\$ -
Employee /Spouse	\$ 1,188.80	\$ 558.60	\$ 599.40	\$ 299.70
Employee/Child(ren)	\$ 912.34	\$ 558.60	\$ 353.96	\$ 176.98
Employee/Family	\$ 1,515.43	\$ 558.60	\$ 889.38	\$ 444.69

Plan 2 \$3500 Nexus HMO Plan	Monthly Premium	District Monthly Contribution	Employee Monthly Contribution	Employee Cost Per Paycheck*
Employee Only	\$ 616.29	\$ 558.60	\$ 91.13	\$ 45.57
Employee /Spouse	\$ 1,378.70	\$ 558.60	\$ 767.99	\$ 384.00
Employee/Child(ren)	\$ 1,056.39	\$ 558.60	\$ 481.85	\$ 240.93
Employee/Family	\$ 1,759.51	\$ 558.60	\$ 1,106.07	\$ 553.04

Plan 3 \$2500 Choice EPO Plan	Monthly Premium	District Monthly Contribution	Employee Monthly Contribution	Employee Cost Per Paycheck*
Employee Only	\$ 761.12	\$ 558.60	\$ 219.71	\$ 109.86
Employee /Spouse	\$ 1,638.02	\$ 558.60	\$ 1,079.42	\$ 539.71
Employee/Child(ren)	\$ 1,267.01	\$ 558.60	\$ 708.41	\$ 354.21
Employee/Family	\$ 2,076.41	\$ 558.60	\$ 1,517.81	\$ 758.91