## 2025—2026 Medical Rates



EPO - HIGH PLAN		EMPLOYER	EMPLOYEE	EMPLOYEE
(CLOSED PLAN)	TOTAL MONTHLY	CONTRIBUTION	MONTHLY PREMIUM	SEMI-MONTH PREMIUM
EMPLOYEE	\$759.91	\$459.52	\$300.39	\$150.20
EMPLOYEE & SPOUSE	\$1,595.81	\$254.40	\$1,341.41	\$670.71
EMPLOYEE & CHILDREN	\$1,472.45	\$607.77	\$864.68	\$432.34
EMPLOYEE & FAMILY	\$2,451.66	\$547.18	\$1,904.48	\$952.24
EPO - HDHP	TOTAL MONTHLY	EMPLOYER CONTRIBUTION	EMPLOYEE MONTHLY PREMIUM	EMPLOYEE SEMI-MONTH PREMIUM
EMPLOYEE	\$693.28	\$519.96	\$173.32	\$86.66
EMPLOYEE & SPOUSE	\$1,455.87	\$145.50	\$1,310.28	\$655.14
EMPLOYEE & CHILDREN	\$1,343.32	\$604.50	\$738.82	\$369.41
EMPLOYEE & FAMILY	\$2,236.66	\$671.00	\$1,565.66	\$782.83
HSA CONTRIBUTIONS		\$20		
EPO - LOW PLAN	TOTAL MONTHLY	EMPLOYER CONTRIBUTION	EMPLOYEE MONTHLY PREMIUM	EMPLOYEE SEMI-MONTH PREMIUM
EMPLOYEE	\$711.64	\$533.73	\$177.91	\$88.96
EMPLOYEE & SPOUSE	\$1,494.44	\$149.45	\$1,344.99	\$672.50
EMPLOYEE & CHILDREN	\$1,378.91	\$620.51	\$758.40	\$379.20
EMPLOYEE & FAMILY	\$2,295.92	\$688.77	\$1,607.15	\$803.58
HPN - COPAY	TOTAL MONTHLY	EMPLOYER CONTRIBUTION	EMPLOYEE MONTHLY PREMIUM	EMPLOYEE SEMI-MONTH PREMIUM
EMPLOYEE	\$661.82	\$496.36	\$165.46	\$82.73
EMPLOYEE & SPOUSE	\$1,389.83	\$138.99	\$1,250.84	\$625.42
EMPLOYEE & CHILDREN	\$1,282.39	\$577.08	\$705.31	\$352.66
EMPLOYEE & FAMILY	\$2,135.21	\$640.56	\$1,494.65	\$747.33
HPN - HDHP	TOTAL MONTHLY	EMPLOYER CONTRIBUTION	EMPLOYEE MONTHLY PREMIUM	EMPLOYEE SEMI-MONTH PREMIUM
EMPLOYEE	\$644.75	\$483.46	\$161.29	\$80.65
EMPLOYEE & SPOUSE	\$1,353.96	\$135.40	\$1,218.56	\$609.28
EMPLOYEE & CHILDREN	\$1,249.29	\$562.18	\$687.11	\$343.56
EMPLOYEE & FAMILY	\$2,080.10	\$624.03	\$1,456.07	\$728.04

\$40

Rates effective September 1, 2025—August 31,2026 Semi-Monthly = 24 pay periods per calendar year

**HSA CONTRIBUTIONS**