

2025 Health Insurance Premiums

Base Plan: PPO 90 or Alternative: CDHP with HSA Contribution (if under age 65*)

	PPO 100	PPO 90	Recommended Incentive	Total Cost for PPO 90	PPO80	Recommended Incentive	Total Cost for PPO 80	CDHP 20	Required HSA Contribution	Total Cost for CDHP + HSA	CDHP/HSA Savings over PPO 90
Premiums											
Single	16,800	14,856	500	15,356	12,732	1,500	14,232	9,996	4,200	14,196	-1,160
+Spouse	33,600	29,712	1,000	30,712	25,464	3,000	28,464	19,992	8,450	28,440	-2,272
+Child/Children	30,240	26,736	1,000	27,736	22,920	3,000	25,920	17,988	8,450	26,436	-1,300
Family	50,400	44,568	1,000	45,568	38,196	3,000	41,196	29,988	8,450	38,436	-7,132
2025 Increase	12.54%	8.98%			3.01%			2.97%			
Benefits											
Deductible	\$0	500/1,000			1,000/2,000			3,300/6,600	All out of pocket costs covered by HSA contribution. Insurance pays 100% after out of pocket maximum is reached.		
Annual Maximum	2,000/4,000	2,500/5,000			3,500/7,000			4,200/8,450			
Primary*	\$30	\$30			\$30			20%			
Specialist*	\$45	\$45			\$45			20%			
Diagnostic*	\$0	10%			20%			20%			
ER*	\$250	\$250			\$250			20%			
Urgent Care*	\$50	\$50			\$50			20%			
Inpatient	\$250	10%			20%			20%			
Outpatient	\$200	10%			20%			20%			
Ambulance	\$0	10%			20%			20%			
Outpatient Behavioral*	\$0	30/45			30/45			20%			
Inpatient Behavioral*	\$250	10%			20%			20%			
DME	\$0	10%			20%			20%			
Home Health Care	\$0	10%			20%			20%			

The Benefits Committee recommends an employer provided incentive equal to the deductible if either the PPO 90 or PPO 80 plan is chosen.

The Maximum HSA Contribution for 2025 is \$4,300 for an individual and \$8,550 for a family. (Over 55 - \$1,000 catch up.)

Benefits listed are for in-network services.

Deductibles and OOP Maximum refer to individual/family.

* Anyone enrolled in Medicare is not eligible for an HSA.

	PPO 100 MSP (with Medicare)	PPO 90 MSP (with Medicare)	Recommended Incentive	PPO 80 MSP (with Medicare)	Recommended Incentive
Premiums					
Single	1,108/13,296	990/11,880	500	1,061/12,732	1,500
+Spouse	2,216/26,592	1,980/23,760	1,000	2,122/25,464	3,000
+Child/Children	1,994/23,928	1,782/21,384	1,000	1,910/22,920	3,000
Family	3,324/39,888	2,970/35,640	1,000	3,183/38,196	3,000
2025 Increase	12.49%	9.04%		3.01%	
Benefits					
Deductible	0	500/1,000		1,000/2,000	
Annual Maximum	2,000/4,000	2,500/5,000		3,500/7,000	
Primary	\$30	\$30		\$30	
Specialist	\$45	\$45		\$45	
Diagnostic	0	10%		20%	
ER	\$250	\$250		\$250	
Urgent Care	\$50	\$50		\$50	
Inpatient*	250	10%		20%	
Outpatient	200	10%		20%	
Ambulance	0	10%		20%	
Outpatient Behavioral	0	30/45		30/45	
Inpatient Behavioral	250	10%		20%	
DME	0	10%		20%	
Home Health Care	0	10%		20%	

Benefits are for in-network services.

Deductibles and OOP Maximum refer to individual/family.

Coinsurance % is what the member pays.

* Medicare will be the primary payer for hospitalization with the PPO plan as secondary payer.

Dental Premiums			
	Delta Dental		
	Basic	Copmprehensive	Premium
Single	\$56	\$67	\$103
Employee + Spouse	\$112	\$134	\$206
Employee + Child(ren)	\$101	\$121	\$185
Family	\$168	\$201	\$309

Life Insurance Premiums	
Policy	Premium
\$50,000 (to age 70)	\$18.50
\$12,500 (age 70+)	\$4.12