

**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 |
|------------------------|-------------|-------------|-----------------------|-----------------------|-------------|-----------------------|-----------------------|-------------|--|---------------------------|------------------------------|
| <b>Premiums</b>        |             |             |                       |                       |             |                       |                       |             |  |                           |                              |
| 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%       |  |                           |                              |
| <b>Benefits</b>        |             |             |                       |                       |             |                       |                       |             |  |                           |                              |
| 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.

|                       | <b>PPO 100 MSP<br/>(with Medicare)</b> | <b>PPO 90 MSP (with<br/>Medicare)</b> | <b>Recommended<br/>Incentive</b> | <b>PPO 80 MSP (with<br/>Medicare)</b> | <b>Recommended<br/>Incentive</b> |
|-----------------------|--|---------------------------------------|----------------------------------|---------------------------------------|----------------------------------|
| <b>Premiums</b>       |  |                                       |                                  |                                       |                                  |
| Single                | 1,108/13,296                           | 990/11,880                            | 500                              | 850/10,200                            | 1,500                            |
| +Spouse               | 2,216/26,592                           | 1,980/23,760                          | 1,000                            | 1,700/20,400                          | 3,000                            |
| +Child/Children       | 1,994/23,928                           | 1,782/21,384                          | 1,000                            | 1,530/18,360                          | 3,000                            |
| Family                | 3,324/39,888                           | 2,970/35,640                          | 1,000                            | 2,550/30,600                          | 3,000                            |
| 2025 Increase         | 12.49%                                 | 9.04%                                 |                                  | 3.03%                                 |                                  |
|                       |  |                                       |                                  |                                       |                                  |
|                       |  |                                       |                                  |                                       |                                  |
| <b>Benefits</b>       |  |                                       |                                  |                                       |                                  |
| 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.

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

| <b>Life Insurance Premiums</b> |                |
|--------------------------------|----------------|
| <b>Policy</b>                  | <b>Premium</b> |
| \$50,000 (to age 70)           | \$18.50        |
| \$12,500 (age 70+)             | \$4.12         |