

# Medical PPO Rates Effective July 1, 2024 - June 30, 2025

Salary Range	Medical Type	% of Premium	Monthly Premium	Annual Premium	Employee Annual Cost Based on % of Premium	Employee Bi-weekly Cost Based on % of Premium*	Employer Annual Cost
0 - \$45,000.00	Single	4.7%	\$754.70	\$9,056.40	\$423.84	\$17.66	\$8,632.56
\$45,000.01 - \$65,000.00	Single	12.2%	\$754.70	\$9,056.40	\$1,101.84	\$45.91	\$7,954.56
\$65,000.01 +	Single	23.4%	\$754.70	\$9,056.40	\$2,118.96	\$88.29	\$6,937.44
0 - \$45,000.00	EE + Child(ren)	4.7%	\$1,811.82	\$21,741.84	\$1,017.36	\$42.39	\$20,724.48
\$45,000.01 - \$65,000.00	EE + Child(ren)	12.2%	\$1,811.82	\$21,741.84	\$2,645.28	\$110.22	\$19,096.56
\$65,000.01 +	EE + Child(ren)	23.4%	\$1,811.82	\$21,741.84	\$5,087.04	\$211.96	\$16,654.80
0 - \$45,000.00	EE + Spouse/Partner	4.7%	\$2,032.52	\$24,390.24	\$1,141.44	\$47.56	\$23,248.80
\$45,000.01 - \$65,000.00	EE + Spouse/Partner	12.2%	\$2,032.52	\$24,390.24	\$2,967.36	\$123.64	\$21,422.88
\$65,000.01 +	EE + Spouse/Partner	23.4%	\$2,032.52	\$24,390.24	\$5,706.72	\$237.78	\$18,683.52
0 - \$45,000.00	Family	4.7%	\$2,339.00	\$28,068.00	\$1,313.52	\$54.73	\$26,754.48
\$45,000.01 - \$65,000.00	Family	12.2%	\$2,339.00	\$28,068.00	\$3,414.96	\$142.29	\$24,653.04
\$65,000.01 +	Family	23.4%	\$2,339.00	\$28,068.00	\$6,567.12	\$273.63	\$21,500.88
<b>*NOTE: Bi-weekly deductions are over 24 pay periods.</b>							