

# Medical QHDHP 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	1.9%	\$676.62	\$8,119.44	\$152.16	\$6.34	\$7,967.28
\$45,000.01 - \$65,000.00	Single	4.7%	\$676.62	\$8,119.44	\$380.16	\$15.84	\$7,739.28
\$65,000.01 +	Single	15.0%	\$676.62	\$8,119.44	\$1,215.84	\$50.66	\$6,903.60
0 - \$45,000.00	EE + Child(ren)	1.9%	\$1,624.30	\$19,491.60	\$364.80	\$15.20	\$19,126.80
\$45,000.01 - \$65,000.00	EE + Child(ren)	4.7%	\$1,624.30	\$19,491.60	\$912.24	\$38.01	\$18,579.36
\$65,000.01 +	EE + Child(ren)	15.0%	\$1,624.30	\$19,491.60	\$2,918.88	\$121.62	\$16,572.72
0 - \$45,000.00	EE + Spouse/Partner	1.9%	\$1,822.16	\$21,865.92	\$409.20	\$17.05	\$21,456.72
\$45,000.01 - \$65,000.00	EE + Spouse/Partner	4.7%	\$1,822.16	\$21,865.92	\$1,023.36	\$42.64	\$20,842.56
\$65,000.01 +	EE + Spouse/Partner	15.0%	\$1,822.16	\$21,865.92	\$3,274.32	\$136.43	\$18,591.60
0 - \$45,000.00	Family	1.9%	\$2,096.94	\$25,163.28	\$470.88	\$19.62	\$24,692.40
\$45,000.01 - \$65,000.00	Family	4.7%	\$2,096.94	\$25,163.28	\$1,177.44	\$49.06	\$23,985.84
\$65,000.01 +	Family	15.0%	\$2,096.94	\$25,163.28	\$3,768.24	\$157.01	\$21,395.04

**\*NOTE: Bi-weekly deductions are over 24 pay periods.**