

Medical QHDHP Rates Effective July 1, 2025 - June 30, 2026

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 - \$50,000.00	Single	1.7%	\$754.98	\$9,059.70	\$156.72	\$6.53	\$8,902.98
\$50,000.01 - \$75,000.00	Single	4.3%	\$754.98	\$9,059.70	\$391.44	\$16.31	\$8,668.26
\$75,000.01 +	Single	13.8%	\$754.98	\$9,059.70	\$1,252.32	\$52.18	\$7,807.38
0 - \$50,000.00	EE + Child(ren)	1.7%	\$1,812.48	\$21,749.78	\$375.84	\$15.66	\$21,373.94
\$50,000.01 - \$75,000.00	EE + Child(ren)	4.3%	\$1,812.48	\$21,749.78	\$939.60	\$39.15	\$20,810.18
\$75,000.01 +	EE + Child(ren)	13.8%	\$1,812.48	\$21,749.78	\$3,006.48	\$125.27	\$18,743.30
0 - \$50,000.00	EE + Spouse/Partner	1.7%	\$2,033.24	\$24,398.92	\$421.44	\$17.56	\$23,977.48
\$50,000.01 - \$75,000.00	EE + Spouse/Partner	4.3%	\$2,033.24	\$24,398.92	\$1,053.84	\$43.91	\$23,345.08
\$75,000.01 +	EE + Spouse/Partner	13.8%	\$2,033.24	\$24,398.92	\$3,372.72	\$140.53	\$21,026.20
0 - \$50,000.00	Family	1.7%	\$2,339.87	\$28,078.44	\$485.04	\$20.21	\$27,593.40
\$50,000.01 - \$75,000.00	Family	4.3%	\$2,339.87	\$28,078.44	\$1,212.72	\$50.53	\$26,865.72
\$75,000.01 +	Family	13.8%	\$2,339.87	\$28,078.44	\$3,881.28	\$161.72	\$24,197.16

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