

ISD 319 Medical Rates

September 1, 2024 thru August 31, 2025

		Premiums		HRA	
4th Qtr C/O		Contributions	Monthly Rate	Contributions	**Annual Deductible
HD Option 1					
Single	Employer	80%	\$791.01	80%	\$1,480.00
	Employee	20%	\$197.75	20%	\$370.00
			\$988.76	\$1,850.00	
Family	Employer	80%	\$1,752.86	80%	\$2,960.00
	Employee	20%	\$438.22	20%	\$740.00
			\$2,191.08	\$3,700.00	
HD Option 2					
Single	Employer	80%	\$577.68	80%	\$5,320.00
	Employee	20%	\$144.42	20%	\$1,330.00
			\$722.10	\$6,650.00	
Family	Employer	80%	\$1,280.14	80%	\$10,640.00
	Employee	20%	\$320.04	20%	\$2,660.00
			\$1,600.18	\$13,300.00	

***Deductible pro-rated for mid year enrollment