

Hourly (excludes  
ESA)

## ISD 319 Medical Rates

September 1, 2024 thru August 31, 2025

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

\*\*\*Deductible pro-rated for mid year enrollment