

Healthcare Plan Rate Sheet
19 Pay Employees (No Summer Checks)
January 1, 2024 to December 31, 2024

	Total	EPISD Contribution	Semi-Monthly January 15 - June 15	Semi-Monthly September 15 - December 31
EPISD CDHP				
Employee Only	\$511.00	\$511.00	\$0.00	\$0.00
Employee & Spouse	\$945.00	\$511.00	\$315.64	\$217.00
Employee & Child(ren)	\$640.00	\$511.00	\$93.82	\$64.50
Employee & Family	\$1,254.00	\$511.00	\$540.36	\$371.50
EPISD Traditional PPO				
Employee Only	\$544.00	\$511.00	\$24.00	\$16.50
Employee & Spouse	\$1,337.00	\$511.00	\$600.73	\$413.00
Employee & Child(ren)	\$883.00	\$511.00	\$270.55	\$186.00
Employee & Family	\$1,501.00	\$511.00	\$720.00	\$495.00

***If you enroll for the EPISD CDHP Plan and Select an HSA EPISD will contribute up to \$1000 to your HSA on January 15th.**