

Healthcare Plan Rate Sheet

Substitute Employees

January 1, 2024 to December 31, 2024

	Total	Semi-Monthly January 15 - June 15	Semi-Monthly September 15 - December 31
EPISD CDHP			
Employee Only	\$336.00	\$244.36	\$168.00
Employee & Spouse	\$945.00	\$687.27	\$472.50
Employee & Child(ren)	\$640.00	\$465.46	\$320.00
Employee & Family	\$1,254.00	\$912.00	\$627.00
EPISD Traditional PPO			
Employee Only	\$544.00	\$395.64	\$272.00
Employee & Spouse	\$1,337.00	\$972.36	\$668.50
Employee & Child(ren)	\$883.00	\$642.18	\$441.50
Employee & Family	\$1,501.00	\$1,091.64	\$750.50

If at any time a substitute's paycheck is not enough to cover a premium, the substitute is responsible to make the payment within 5 working days. No further notice will be given.