

NON-UNION STAFF | CALENDAR YEAR 2025

Payroll Deduction Period: January-December

Bi-monthly deduction - will not be deducted on the third pay of a month

MEDICAL INSURANCE PAYROLL DEDUCTIONS

| COVERAGE LEVEL | PH HDHP | PH 500 |
|-------------------|----------|---------|
| SINGLE COVERAGE | \$87.16 | \$16.56 |
| 2 PERSON COVERAGE | \$229.96 | \$88.28 |
| FAMILY COVERAGE | \$212.43 | \$69.74 |

2025 COST CALCULATION: PRIORITY HEALTH MEDICAL PLANS | NON-UNION

| PRIORITY HEALTH MEDICAL PLAN | COVERAGE LEVEL | MONTHLY PREMIUM | ANNUAL PREMIUM | 2025 CAP EMPLOYER MAXIMUM | ANNUAL EMPLOYEE PREMIUM SHARE | 2025 HSA DEDUCTIBLE DEPOSIT MAXIMUM | PER PAY: EMPLOYEE PREMIUM + HSA SHARE DISTRIBUTION (OVER CAP) | TOTAL DEDUCTION PER 24 PAYS |
|------------------------------|----------------|-----------------|----------------|---------------------------|-------------------------------|-------------------------------------|---|-----------------------------|
|------------------------------|----------------|-----------------|----------------|---------------------------|-------------------------------|-------------------------------------|---|-----------------------------|

PRIORITY HDHP POS (HSA)

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|-------------------|------------|-------------|-------------|------------|------------|---------|----------|-----------------|
| SINGLE COVERAGE | \$680.01 | \$8,160.12 | \$7,718.26 | \$441.86 | \$1,650.00 | \$18.41 | \$68.75 | \$87.16 |
| 2 PERSON COVERAGE | \$1,530.03 | \$18,360.36 | \$16,141.28 | \$2,219.08 | \$3,300.00 | \$92.46 | \$137.50 | \$229.96 |
| FAMILY COVERAGE | \$1,904.01 | \$22,848.12 | \$21,049.85 | \$1,798.27 | \$3,300.00 | \$74.93 | \$137.50 | \$212.43 |

PRIORITY VALUE 500

| | | | | | | | | |
|-------------------|------------|-------------|-------------|------------|-----|---------|-----|----------------|
| SINGLE COVERAGE | \$676.30 | \$8,115.60 | \$7,718.26 | \$397.34 | N/A | \$16.56 | N/A | \$16.56 |
| 2 PERSON COVERAGE | \$1,521.67 | \$18,260.04 | \$16,141.28 | \$2,118.76 | N/A | \$88.28 | | \$88.28 |
| FAMILY COVERAGE | \$1,893.63 | \$22,723.56 | \$21,049.85 | \$1,673.71 | N/A | \$69.74 | | \$69.74 |