# Eldon R-1 School District OSBA Health Benefit Association Trust Health Insurance Benefit Plan Options Cost Effective July 1, 2025

## **PPO OPTIONS**

\$500/\$1,000 Deductible PPO For Benefit information, see the 2025-2026 Anthem Plan Description Sheet

	Total Premium	Cost to Employee Payroll Deduction @ \$525.00
Employee	\$704.00	\$179.00
Emp/Spouse	\$1,478.00	\$953.00
Emp/Child	\$1,074.00	\$549.00
Emp/Children	\$1,250.00	\$725.00
Emp/Family	\$1,954.00	\$1,429.00

\$1,000/\$1,500 Deductible PPO For Benefit information, see the 2025-2026 Anthem Plan Description Sheet

	Total Premium	Cost to Employee Payroll Deduction @ \$525.00
Employee	\$665.00	\$140.00
Emp/Spouse	\$1,397.00	\$872.00
Emp/Child	\$1,014.00	\$489.00
Emp/Children	\$1,180.00	\$655.00
Emp/Family	\$1,845.00	\$1,320.00

\$1,500/2,000 Deductible PPO For Benefit information, see the 2025-2026 Anthem Plan Description Sheet

	Total Premium	Cost to Employee Payroll Deduction @ \$525.00
Employee	\$634.00	\$109.00
Emp/Spouse	\$1,331.00	\$806.00
Emp/Child	\$967.00	\$442.00
Emp/Children	\$1,125.00	\$600.00
Emp/Family	\$1,759.00	\$1,234.00

\$2,500/\$3,000 Deductible PPO For Benefit information, see the 2025-2026 Anthem Plan Description Sheet

	Total Premium	Cost to Employee Payroll Deduction @ \$525.00
Employee	\$610.00	\$85.00
Emp/Spouse	\$1,281.00	\$756.00
Emp/Child	\$930.00	\$405.00
Emp/Children	\$1,083.00	\$558.00
Emp/Family	\$1,693.00	\$1,168.00

# **HSA OPTIONS**

#### \$3,300/\$3,300 Deductible HSA For Benefit information, see the 2025-2026 Anthem Plan Description Sheet

	Total Premium	Cost to Employee Payroll Deduction @ \$525.00
Employee	\$595.00	\$70.00
Emp/Spouse	\$1,250.00	\$725.00
Emp/Child	\$907.00	\$382.00
Emp/Children	\$1,056.00	\$531.00
Emp/Family	\$1,651.00	\$1,126.00

#### \$4,000/\$4,500 Deductible HSA For Benefit information, see the 2025-2026 Anthem Plan Description Sheet

	Total Premium	Cost to Employee Payroll Deduction @ \$525.00
Employee	\$548.00	\$23.00
Emp/Spouse	\$1,151.00	\$626.00
Emp/Child	\$836.00	\$311.00
Emp/Children	\$973.00	\$448.00
Emp/Family	\$1,521.00	\$996.00

## \$4,500/\$5,500 Deductible HSA For Benefit information, see the 2025-2026 Anthem Plan Description Sheet

Deductible How I of Berleik Information, see the 2020-2020 Antiferri I lan Description Sheet		
	Total Premium	Cost to Employee Payroll Deduction @ \$525.00
Employee	\$529.00	\$4.00
Emp/Spouse	\$1,111.00	\$586.00
Emp/Child	\$807.00	\$282.00
Emp/Children	\$939.00	\$414.00
Emp/Family	\$1,468.00	\$943.00

#### \$6,000/\$6,500 Deductible HSA For Benefit information, see the 2025-2026 Anthem Plan Description Sheet

	Total Premium	Cost to Employee Payroll Deduction @ \$525.00
Employee	\$487.00	No Cost-\$38.00 will be deposited into HSA account
Emp/Spouse	\$1,023.00	\$536.00
Emp/Child	\$743.00	\$256.00
Emp/Children	\$864.00	\$377.00
Emp/Family	\$1,351.00	\$864.00

<sup>\*\*</sup>NOTE: The above is informational only. Please refer to online information and pricing during enrollment for actual coverage and rates.