2025 Kandiyohi County Health Insurance Premiums Move to BCBS

	\$1,200/\$2,400 w/VEBA					\$2,250/\$4,500 w/VEBA				\$3,500/\$7,000 w/VEBA			\$3,500/\$7,000 - QHDHP HSA Comp			
		Single		Family		Single		Family		Single		Family		Single		Family
Premium - Monthly	\$	1,056.78	\$	2,601.12	\$	948.57	\$	2,334.78	\$	853.22	\$	2,100.07	\$	853.22	\$	2,100.07
Employer Cost - Monthly	\$	898.26	\$	1,820.78	\$	806.27	\$	1,634.34	\$	725.24	\$	1,470.05	\$	825.24	\$	1,670.05
Employee Cost - Monthly	\$	158.52	\$	780.34	\$	142.30	\$	700.44	\$	127.98	\$	630.02	\$	27.98	\$	430.02
24 BiWeekly Payroll Deductions	\$	79.26	\$	390.17	\$	71.15	\$	350.22	\$	63.99	\$	315.01	\$	13.99	\$	215.01
Employer Annual	\$	10,779.12	\$	21,849.36	\$	9,675.24	\$	19,612.08	\$	8,702.88	\$	17,640.60	\$	9,902.88	\$	20,040.60
Employee Annual	\$	1,902.24	\$	9,364.08	\$	1,707.60	\$	8,405.28	\$	1,535.76	\$	7,560.24	\$	335.76	\$	5,160.24
Employer Contribution VEBA/HSA	\$	1,200.00	\$	2,400.00	\$	1,200.00	\$	2,400.00	\$	1,200.00	\$	2,400.00	\$	-	\$	-
Total Employer Cost	\$	11,979.12	\$	24,249.36	\$	10,875.24	\$	22,012.08	\$	9,902.88	\$	20,040.60	\$	9,902.88	\$	20,040.60
Deductible	\$	1,200.00	\$	2,400.00	\$	2,250.00	\$	4,500.00	\$	3,500.00	\$	7,000.00	\$	3,500.00	\$	7,000.00
Out of Pocket Max - In Network	\$	1,200.00	\$	2,400.00	\$	2,250.00	\$	4,500.00	\$	3,500.00	\$	7,000.00	\$	3,500.00	\$	7,000.00
Employee Max Out of Pocket (In																
Network) Risk Including Premium Cost	\$	1,902.24	\$	9,364.08	\$	2,757.60	\$	10,505.28	\$	3,835.76	\$	12,160.24	\$	3,835.76	\$	12,160.24

Premium increase allocation: 1st 5% employer - 2nd 5% employee - increaeses above 10% wiil be shared 50/50 between employer and employee

Premium cost and employer annual does not include County VEBA Contribution: Single \$100.00/month; Family \$200.00/month

HSA Option Single - Employer pays \$100.00/month extra towards premiums instead of HSA Contribution HSA Option Family - Employer pays \$200.00/month extra towards premiums instead of HSA Contribution

2025 IRS limits for HSA Contributions: Self-Only Coverage \$4,300.00; Family Coverage \$8,550.00. Catch Up Contribution if age 55+ is \$1,000.00 2024 IRS limits - Medical Reimbursement \$3,200.00, Dependent Care \$5,000.00/Family