

MESPA 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   | \$87.68  | \$16.56 |
| 2 PERSON COVERAGE | \$231.12 | \$88.28 |
| FAMILY COVERAGE   | \$213.87 | \$69.74 |

2025 COST CALCULATION: PRIORITY HEALTH MEDICAL PLANS | MESPA 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)

|                   |            |             |             |            |            |         |          |                 |
|-------------------|------------|-------------|-------------|------------|------------|---------|----------|-----------------|
| SINGLE COVERAGE   | \$681.04   | \$8,172.48  | \$7,718.26  | \$454.22   | \$1,650.00 | \$18.93 | \$68.75  | <b>\$87.68</b>  |
| 2 PERSON COVERAGE | \$1,532.35 | \$18,388.20 | \$16,141.28 | \$2,246.92 | \$3,300.00 | \$93.62 | \$137.50 | <b>\$231.12</b> |
| FAMILY COVERAGE   | \$1,906.89 | \$22,882.68 | \$21,049.85 | \$1,832.83 | \$3,300.00 | \$76.37 | \$137.50 | <b>\$213.87</b> |

PRIORITY VALUE 500

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