## **Health Insurance Rates FY 2024/2025**

		HRA Card							Court Actual
BASIC PLAN - has a HRA Card	Anthem	(\$2,000) plus	Total EST	Emp Pays	Court Pays	Emp Wkly			Part
with \$2,000 available	Full Rate	Febco Fee \$6	Plan	Per Month	(Est)	Deduction	Month	Annual	(Plan Only)
Employee uses FEBCO Card to manage Funds									
Employee	\$819.02	\$173.00	\$992.02	\$0.00	\$992.02	\$0	\$0	\$0	819.02
Employee Plus Spouse	\$1,705.32	\$173.00	\$1,878.32	\$280.00	\$1,598.32	\$70	\$280	\$3,360	1,425.32
Employee Plus Children	\$1,463.60	\$173.00	\$1,636.60	\$196.00	\$1,440.60	\$49	\$196	\$2,352	1,267.60
Employee Plus Family	\$2,591.63	\$173.00	\$2,764.63	\$520.00	\$2,244.63	\$130	\$520	\$6,240	2,071.63
Enhanced Plan has Anthem Card with \$500 available for patient testing. Example: Lab									
work, X-ray, MRI									
work, Aray, with									
Emp Wkly									
Anthem manages the \$500 through the Anthem Health Member Card.  Deduction Month Annual								Annual	

\$1,015.19

\$2,071.44

\$1,783.37

\$3,127.70

\$935.19

\$20

\$90

\$64

\$167

\$80

\$360

\$256

\$668

\$80.00

\$360.00 \$1,711.44

\$256.00 \$1,527.37

\$668.00 \$2,459.70

\$960

\$4,320

\$3,072

\$8,016

893.52

1,669.77

1,485.70

2,418.03

Waiver Coverage has \$4,275 on FEBCO Card. Employee uses FEBCO Card to manage Funds Amt is prorated by effective date. \$356.25 per month.

\$41.67

\$41.67

\$41.67

\$41.67

\$973.52

\$2,029.77

\$1,741.70

\$3,086.03

**Employee** 

Employee Plus Spouse

Employee Plus Children

**Employee Plus Family**