Council Rock School District 2024-25 Health Plan Contribution Rates Effective 09/01/2024 - 08/31/2025

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PERSONAL CHOICE C4F302 with \$1		•		
Costs by Coverage Level	Yearly	Monthly	24 Pay	20 Pay
Single	\$1,580.52	\$131.71	\$65.86	\$79.03
Employee plus Child	\$3,003.00	\$250.25	\$125.13	\$150.15
Employee plus Children	\$3,556.20	\$296.35	\$148.18	\$177.81
Employee plus Spouse	\$3,872.28	\$322.69	\$161.35	\$193.61
Family	\$4,267.44	\$355.62	\$177.81	\$213.37
PERSONAL CHOICE C3F101 with \$	10/\$30/\$50 Rx Yearly	Monthly	24 Pay	20 Pay
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Single	\$1,759.68	\$146.64	\$73.32	\$87.98
Employee plus Child	\$3,343.44	\$278.62	\$139.31	\$167.17
Employee plus Children	\$3,959.40	\$329.95	\$164.98	\$197.97
Employee plus Spouse	\$4,311.36	\$359.28	\$179.64	\$215.57
Family	\$4,751.28	\$395.94	\$197.97	\$237.56
PERSONAL CHOICE HDHP HD1-HC2	L with Integrated \$10/\$	30/\$50 Rx		
Costs by Coverage Level	Yearly	Monthly	24 Pay	20 Pay
Single	\$730.92	\$60.91	\$30.46	\$36.55
Employee plus Child	\$1,388.88	\$115.74	\$57.87	\$69.44
Employee plus Children	\$1,644.72	\$137.06	\$68.53	\$82.24
Employee plus Spouse	\$1,790.88	\$149.24	\$74.62	\$89.54
Family	\$1,973.64	\$164.47	\$82.24	\$98.68

Retiree/COBRA
Rates
\$746.34
\$1,418.09
\$1,679.30
\$1,828.55
\$2,015.16

Retiree/COBRA
Rates
\$761.57
\$1,447.02
\$1,713.57
\$1,865.88
\$2,056.29

Retiree/COBRA
Rates
\$690.37
\$1,311.73
\$1,553.35
\$1,691.43
\$1,864.03

Council Rock School District 2024-25 Health Plan Contribution Rates Effective 09/01/2024 - 08/31/2025

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PERSONAL CHOICE C4F302 with \$1	0/\$30/\$50 Rx			
Costs by Coverage Level	Yearly	Monthly	24 Pay	20 Pay
Single	\$1,580.52	\$131.71	\$65.86	\$79.03
Employee plus Child	\$3,003.00	\$250.25	\$125.13	\$150.15
Employee plus Children	\$3,556.20	\$296.35	\$148.18	\$177.81
Employee plus Spouse	\$3,872.28	\$322.69	\$161.35	\$193.61
Family	\$4,267.44	\$355.62	\$177.81	\$213.37
PERSONAL CHOICE C3F101 with \$2 Costs by Coverage Level	10/\$30/\$50 Rx Yearly	Monthly	24 Pay	20 Pay
	\$1,759.68	\$146.64	\$73.32	\$87.98
Single	<u> </u>		·	·
Employee plus Child	\$3,343.44	\$278.62	\$139.31	\$167.17
Employee plus Children	\$3,959.40	\$329.95	\$164.98	\$197.97
Employee plus Spouse	\$4,311.36	\$359.28 \$395.94	\$179.64 \$197.97	\$215.57 \$237.56
Family	\$4,751.28	\$595.94	\$197.97	\$237.50
PERSONAL CHOICE HDHP HD1-HC1	with Integrated \$10/\$	30/\$50 Rx		
Costs by Coverage Level	Yearly	Monthly	24 Pay	20 Pay
Single	\$730.92	\$60.91	\$30.46	\$36.55
Employee plus Child	\$1,388.88	\$115.74	\$57.87	\$69.44
Employee plus Children	\$1,644.72	\$137.06	\$68.53	\$82.24
Employee plus Spouse	\$1,790.88	\$149.24	\$74.62	\$89.54
Family	\$1,973.64	\$164.47	\$82.24	\$98.68

Retiree/COBRA
Rates
\$746.34
\$1,418.09
\$1,679.30
\$1,828.55
\$2,015.16

Retiree/COBRA
Rates
\$761.57
\$1,447.02
\$1,713.57
\$1,865.88
\$2,056.29

Retiree/COBRA
Rates
\$690.37
\$1,311.73
\$1,553.35
\$1,691.43
\$1,864.03

Council Rock School District 2024-25 Health Plan Contribution Rates Effective 09/01/2024 - 08/31/2025

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	CRESPA/CONF	IDENTIALS		
PERSONAL CHOICE C4F302 with \$1	0/\$30/\$50 Rx			,
Costs by Coverage Level	Yearly	Monthly	24 Pay	20 Pay
Single	\$1,185.36	\$98.78	\$49.39	\$59.27
Employee plus Child	\$2,252.28	\$187.69	\$93.85	\$112.61
Employee plus Children	\$2,667.12	\$222.26	\$111.13	\$133.36
Employee plus Spouse	\$2,904.12	\$242.01	\$121.01	\$145.21
Family	\$3,200.52	\$266.71	\$133.36	\$160.03
PERSONAL CHOICE C3F1O1 with \$1	10/\$30/\$50 Rx			
Costs by Coverage Level	Yearly	Monthly	24 Pay	20 Pay
Single	\$1,364.52	\$113.71	\$56.86	\$68.23
Employee plus Child	\$2,592.72	\$216.06	\$108.03	\$129.64
Employee plus Children	\$3,070.32	\$255.86	\$127.93	\$153.52
Employee plus Spouse	\$3,343.20	\$278.60	\$139.30	\$167.16
Family	\$3,684.36	\$307.03	\$153.52	\$184.22

Retiree/COBRA	
Rates	
\$746.34	
\$1,418.09	
\$1,679.30	
\$1,828.55	
\$2,015.16	

Retiree/COBRA
Rates
\$761.57
\$1,447.02
\$1,713.57
\$1,865.88
\$2,056.29