



# Borough Employee Health Plan

## Employee Monthly Contribution Rates Effective July 1, 2025

### PLAN 1

**Annual Deductibles:**

- \$500 Individual
- \$1,500 Family

**Out of Pocket Limits:**

- \$2,500/Per Person
- \$7,500/Family

**Employee Monthly Contribution**

Medical/RX Only

- \$212 Employee Only
- \$320 Employee & Child(ren)
- \$423 Employee & Spouse
- \$571 Employee & Family

Medical/RX/Dental/Vision

- \$226 Employee Only
- \$341 Employee & Child(ren)
- \$451 Employee & Spouse
- \$609 Employee & Family

### PLAN 2

**Annual Deductibles:**

- \$1,500 Individual
- \$3,000 Family

**Out of Pocket Limits:**

- \$3,500/Per Person
- \$9,000/Family

**HRA:**

- \$500/Per Person
- \$1,000/Per Family

**Employee Monthly Contribution**

Medical/RX Only

- \$178 Employee Only
- \$270 Employee & Child(ren)
- \$356 Employee & Spouse
- \$481 Employee & Family

Medical/RX/Dental/Vision

- \$192 Employee Only
- \$291 Employee & Child(ren)
- \$384 Employee & Spouse
- \$519 Employee & Family

### PLAN 3

**Annual Deductibles:**

- \$3,000 Individual
- \$6,000 Family

**Out of Pocket Limits:**

- \$5,000/Per Person
- \$12,000/Family

**HRA:**

- \$1,000/Per Person
- \$2,000/Per Family

**Employee Monthly Contribution**

Medical/RX Only

- \$145 Employee Only
- \$220 Employee & Child(ren)
- \$290 Employee & Spouse
- \$392 Employee & Family

Medical/RX/Dental/Vision

- \$159 Employee Only
- \$241 Employee & Child(ren)
- \$318 Employee & Spouse
- \$430 Employee & Family