

Escambia County School District

2025 Funding Rates, ECSD Subsidy, and Employee/Retiree/LOA/Cobra Premiums

Disclaimer: Approved Medical Premiums for 2025 are listed but have not been fully ratified by the beginning of open enrollment. Note: Wellness Bonuses (EE-\$40/Monthly, Non-EE Spouse-\$30) Can Be Earned For Completing Wellness Incentive Program

TIER	Total Rates	ECSD Subsidy	Emp/Ret/LOA &Cobra Premium
.A. PLAN:			
Employee Only	\$647.00	\$581.11	\$65.8
Employee+Spouse	\$1,357.00	\$1,032.77	\$324.2
Employee+Child(ren)	\$1,165.00	\$890.89	\$274.2
Employee+Family	\$1,940.00	\$1,476.45	\$463.5
Dual Spouse	\$1,357.00	\$1,225.47	\$131.5
Dual Spouse+Family	\$1,940.00	\$1,670.83	\$269.2
Cobra (Participant)	\$659.94	\$0.00	\$659.9
Cobra+Spouse	\$1,384.14	\$0.00	\$1,384.7
Cobra+Child(ren)	\$1,188.30	\$0.00	\$1,188.3
Cobra+Family	\$1,978.80	\$0.00	\$1,978.8
Retiree Only & LOA	\$647.00	\$0.00	\$647.0
Retiree+Spouse & LOA	\$1,357.00	\$0.00	\$1,357.0
Retiree+Child(ren) & LOA	\$1,165.00	\$0.00	
Retiree+Family & LOA	\$1,940.00	\$0.00	\$1,940.0
SE HRA PLAN:			
Employee Only	\$668.00	\$532.03	\$135.9
Employee+Spouse	\$1,403.00	\$956.90	\$446.
Employee+Child(ren)	\$1,202.00	\$826.57	\$375.4
Employee+Family	\$2,003.00	\$1,367.41	\$635.
Dual Spouse	\$1,403.00	\$1,165.04	\$237.9
Dual Spouse+Family	\$2,003.00	\$1,616.16	\$386.8
Cobra (Participant)	\$681.36	\$0.00	\$681.3
Cobra+Spouse	\$1,431.06	\$0.00	\$1,431.0
Cobra+Child(ren)	\$1,226.04	\$0.00	\$1,226.0
Cobra+Family	\$2,043.06	\$0.00	\$2,043.0
Retiree Only & LOA	\$668.00	\$0.00	\$668.
Retiree+Spouse & LOA	\$1,403.00	\$0.00	\$1,403.0
Retiree+Child(ren) & LOA	\$1,202.00	\$0.00	\$1,202.0
Retiree+Family & LOA	\$2,003.00	\$0.00	\$2,003.0
0 HRA PLAN:			·
Employee Only	\$685.00	\$490.64	\$194.3
Employee+Spouse	\$1,438.00	\$872.31	\$565.0
Employee+Child(ren)	\$1,231.00	\$755.78	\$475.2
Employee+Family	\$2,055.00	\$1,248.15	\$806.8
Dual Spouse	\$1,438.00	\$1,111.05	\$326.9
Dual Spouse+Family	\$2,055.00	\$1,510.70	\$544.3
Cobra (Participant)	\$698.70	\$0.00	\$698.
Cobra+Spouse	\$1,466.76	\$0.00	\$1,466.
Cobra+Child(ren)	\$1,255.62	\$0.00	\$1,255.0
Cobra+Family	\$2,096.10	\$0.00	
Retiree Only & LOA	\$685.00	\$0.00	
Retiree+Spouse & LOA	\$1,438.00	\$0.00	
Retiree+Child(ren) & LOA	\$1,231.00	\$0.00	
Retiree+Family & LOA	\$2,055.00	\$0.00	
lospital Indemnity Plan	* /*	+	



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Instructional	, Administrative	, Professional	(24 Pag	y/Deduction Periods)	

TIER	Total Datas	ECCD Subsidu	Emp/Det/LOA SCebre Dremiume
H.S.A. PLAN:	Total Rates	ECSD Subsidy	Emp/Ret/LOA &Cobra Premiums
Employee Only	\$323.50	\$290.56	\$32.94
Employee+Spouse	\$678.50	\$516.39	\$162.11
Employee+Child(ren)	\$582.50	\$445.45	\$137.05
Employee+Family	\$970.00	\$738.23	\$231.77
Dual Spouse	\$678.50	\$612.74	\$65.76
Dual Spouse+Family	\$970.00	\$835.42	\$134.58
BASE HRA PLAN:		****	
Employee Only	\$334.00	\$266.02	\$67.98
Employee+Spouse	\$701.50	\$478.45	\$223.05
Employee+Child(ren)	\$601.00	\$413.29	\$187.71
Employee+Family	\$1,001.50	\$683.71	\$317.79
Dual Spouse	\$701.50	\$582.52	\$118.98
Dual Spouse+Family	\$1,001.50	\$808.08	\$193.42
\$500 HRA PLAN:	· · ·		
Employee Only	\$342.50	\$245.32	\$97.18
Employee+Spouse	\$719.00	\$436.16	\$282.84
Employee+Child(ren)	\$615.50	\$377.89	\$237.61
Employee+Family	\$1,027.50	\$624.08	\$403.42
Dual Spouse	\$719.00	\$555.53	\$163.47
Dual Spouse+Family	\$1,027.50	\$755.35	\$272.15
In-Hospital Indemnity Plan			
Employee Only	\$0.25	\$0.25	\$0.00



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Educational Support Personnel (20-Pay/Deduction Periods)					
TIER	Total Rates	ECSD Subsidy	Emp Premiums		
H.S.A. PLAN:					
Employee Only	\$388.20	\$348.67	\$39.53		
Employee+Spouse	\$814.20	\$619.66	\$194.54		
Employee+Child(ren)	\$699.00	\$534.53	\$164.47		
Employee+Family	\$1,164.00	\$885.87	\$278.13		
Dual Spouse	\$814.20	\$735.28	\$78.92		
Dual Spouse+Family	\$1,164.00	\$1,002.50	\$161.50		
BASE HRA PLAN:					
Employee Only	\$400.80	\$319.22	\$81.58		
Employee+Spouse	\$841.80	\$574.14	\$267.66		
Employee+Child(ren)	\$721.20	\$495.94	\$225.26		
Employee+Family	\$1,201.80	\$820.45	\$381.35		
Dual Spouse	\$841.80	\$699.02	\$142.78		
Dual Spouse+Family	\$1,201.80	\$969.70	\$232.10		
\$500 HRA PLAN:					
Employee Only	\$411.00	\$294.38	\$116.62		
Employee+Spouse	\$862.80	\$523.39	\$339.41		
Employee+Child(ren)	\$738.60	\$453.47	\$285.13		
Employee+Family	\$1,233.00	\$748.89	\$484.11		
Dual Spouse	\$862.80	\$666.63	\$196.17		
Dual Spouse+Family	\$1,233.00	\$906.42	\$326.58		
In-Hospital Indemnity Plan					
Employee Only	\$0.30	\$0.30	\$0.00		