



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