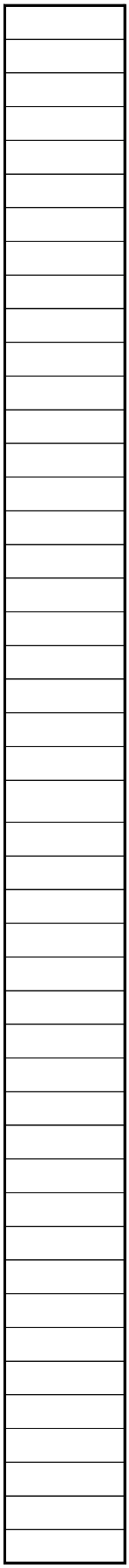
HEALTH INSURANCE ESTIMATE

FY25

EMPLOYEE	MONTHLY PREMIUM	APPROVED HRS	TOWN PORTION	
	7/2024-12/2024		7/2024-12/2024	
2-PERSON	1318.26	40	1318.26	100%
SINGLE	743.58	40	712.48	90%
FAMILY	2089.46	30	2002.06	90%
ADULT/CHILD	1272.12	30	1272.12	100%
SINGLE	743.58	40	712.48	90%
FAMILY	2089.46	40	2002.06	90%
FAMILY	2089.46	40	2002.06	90%
2-PERSON	1318.26	30	1318.26	100%
SINGLE	743.58	40	712.48	90%
FAMILY	2089.46	30	2002.06	90%
SINGLE	743.58	40	712.48	90%
TOTAL MONTHLY PREMIUM PAID BY TOWN			**14766.80**	
TOTAL ESTIMATED PREMIUM PAID BY TOWN 7/2024-12/2024			$88,600.80	
TOTAL ESTIMATED PREMIUM PAID BY TOWN 1/2025-6/2025			$99,232.90	12% increase
TOTAL PREMIUM ESTIMATE			$187,833.70	
TOTAL HRA ESTIMATE FY24/25			$65,000	
TOTAL HEALTH INSURANCE COST ESTIMATE FY24/25			**$252,834.00**	
TOTAL HEALTH INSURANCE BUDGETED FOR FY23/24				**$213,000**
FYI- Silver Standard CHP Reflective Plan premiums(Town Standard) increased by 12% from 2023 to 2024				
Bronze CDHP Select Plan Premiums increased by 10% from 2023 to 2024				
			Edits by: Mary Mead - 1.4.2023	

HEALTH INSURANCE ESTIMATE
FY25