

Premium Rates (Level 1) 30+ Hours/week

Plan year: April 1, 2025 – March 31, 2026

| Health Insurance (Level 1) | Employee | | Employer Monthly Cost | Total Monthly Cost |
|--------------------------------------|----------------|--------------|--------------------------|-----------------------|
| | Per Pay Period | Monthly Cost | | |
| Enrich Point of Service (POS) | | | | |
| Single | \$173.42 | \$346.83 | \$737.02 | \$1,083.85 |
| Employee +1 | \$346.84 | \$693.68 | \$1,474.07 | \$2,167.75 |
| Employee + Children | \$365.30 | \$730.60 | \$1,552.51 | \$2,283.11 |
| Family | \$402.63 | \$805.26 | \$1,711.16 | \$2,516.42 |
| Enrich HMO HDHP Elite | | | | |
| Single | \$14.57 | \$29.14 | \$737.62 | \$766.76 |
| Employee +1 | \$29.14 | \$58.28 | \$1,475.25 | \$1,533.53 |
| Employee + Children | \$30.62 | \$61.25 | \$1,550.47 | \$1,611.72 |
| Family | \$33.88 | \$67.76 | \$1,715.42 | \$1,783.18 |
| Enrich HMO HDHP Plus | | | | |
| Single | \$49.52 | \$99.04 | \$726.31 | \$825.35 |
| Employee +1 | \$99.04 | \$198.08 | \$1,452.63 | \$1,650.71 |
| Employee + Children | \$104.09 | \$208.18 | \$1,526.72 | \$1,734.90 |
| Family | \$115.17 | \$230.34 | \$1,689.12 | \$1,919.46 |
| Explore HMO HDHP | | | | |
| Single | \$142.13 | \$284.26 | \$852.77 | \$1,137.03 |
| Employee +1 | \$284.27 | \$568.54 | \$1,705.58 | \$2,274.12 |
| Employee + Children | \$299.40 | \$598.80 | \$1,796.39 | \$2,395.18 |
| Family | \$329.99 | \$659.98 | \$1,979.94 | \$2,639.92 |



**Marshfield Clinic
Health System**

Premium Rates (Level 2) 20 – 29.9 Hours/week

Plan year: April 1, 2025 – March 31, 2026

| Health Insurance (Level 2) | Employee | | Employer Monthly Cost | Total Monthly Cost |
|--------------------------------------|----------------|--------------|--------------------------|-----------------------|
| | Per Pay Period | Monthly Cost | | |
| Enrich Point of Service (POS) | | | | |
| Single | \$276.39 | \$552.78 | \$531.07 | \$1,083.85 |
| Employee +1 | \$552.77 | \$1,105.54 | \$1,062.21 | \$2,167.75 |
| Employee + Children | \$581.73 | \$1,163.46 | \$1,119.65 | \$2,283.11 |
| Family | \$642.09 | \$1,284.18 | \$1,232.24 | \$2,516.42 |
| Enrich HMO HDHP Elite | | | | |
| Single | \$118.10 | \$236.20 | \$530.56 | \$766.76 |
| Employee +1 | \$236.17 | \$472.34 | \$1,061.19 | \$1,533.53 |
| Employee + Children | \$248.21 | \$496.42 | \$1,115.30 | \$1,611.72 |
| Family | \$274.62 | \$549.24 | \$1,233.94 | \$1,783.18 |
| Enrich HMO HDHP Plus | | | | |
| Single | \$151.58 | \$303.16 | \$522.19 | \$825.35 |
| Employee +1 | \$303.13 | \$606.26 | \$1,044.45 | \$1,650.71 |
| Employee + Children | \$318.59 | \$637.18 | \$1,097.72 | \$1,734.90 |
| Family | \$352.49 | \$704.98 | \$1,214.48 | \$1,919.46 |
| Explore HMO HDHP | | | | |
| Single | \$242.00 | \$484.00 | \$653.03 | \$1,137.03 |
| Employee +1 | \$484.02 | \$968.04 | \$1,306.08 | \$2,274.12 |
| Employee + Children | \$509.77 | \$1,019.54 | \$1,375.64 | \$2,395.18 |
| Family | \$561.88 | \$1,123.76 | \$1,516.16 | \$2,639.92 |



**Marshfield Clinic
Health System**