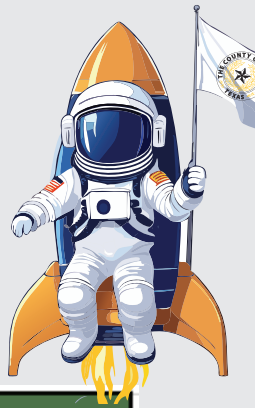


EL PASO COUNTY HEALTH BENEFITS

EMPLOYEE RATE SHEET
1/1/2025 - 12/31/2025



Consumer Driven Health Plan
Employee Bi-Weekly Contribution

	County Contribution	No Discount Deduction	Tobacco Free (2%)	Wellness (4%)	Both Discounts Applied (6%)
Employee Only	\$384.31	\$5.34	\$5.24	\$5.14	\$5.04
Employee & Spouse	\$577.61	\$145.30	\$142.39	\$139.49	\$136.58
Employee & Child(ren)	\$530.05	\$101.93	\$99.89	\$97.85	\$95.81
Employee & Family	\$762.40	\$238.07	\$233.31	\$228.55	\$223.79



Core Plan
Employee Bi-Weekly Contribution

	County Contribution	No Discount Deduction	Tobacco Free (2%)	Wellness (4%)	Both Discounts Applied (6%)
Employee Only	\$393.34	\$35.70	\$34.98	\$34.26	\$33.56
Employee & Spouse	\$626.42	\$226.41	\$221.88	\$217.35	\$212.83
Employee & Child(ren)	\$573.97	\$174.96	\$171.46	\$167.96	\$164.46
Employee & Family	\$834.92	\$358.61	\$351.44	\$344.27	\$337.09

