

Group Medical Insurance Monthly Premiums

1/1/2025

Part-Time Employee (20-29 hours per week)

PLAN		WU Ba		WU Buy-Up Plan					
	Single	Employee + Child/ren	Employee + Spouse	Family	Single Employee + Employee + Family Child/ren Spouse				
Part-time									
Employee Total Washburn Total	\$ 116.52 664.60	·	\$ 437.61 1,150.80	\$ 906.14 1,411.69					
Total Premium	781.12	1,531.06	1,588.41	2,317.83	796.80 1,560.97 1,619.49 2,372				
PLAN	WUF	ligh Deductibl	e Health Plan						
	Single	ngle Employee + Employee Child/ren Spouse		Family					
HDHP - Part-time									
Employee Total Washburn Total	\$ 92.62 688.50	·	\$ 380.53 1,207.88	\$ 787.95 1,529.88					
Total Premium	781.12	1,531.06	1,588.41	2,317.83					

With Employer	Contribution to:
---------------	------------------

Health Savings Account	\$	25.00	\$	37.50	\$	37.50	\$	50.00
------------------------	----	-------	----	-------	----	-------	----	-------