

EXHIBIT J

2025 Health Insurance Premiums Regular Rates

BUY-UP PLAN

Plan #3748 Coverage Type	Employee Premium	
	Bi-monthly	Monthly
Employee Only	\$105.00	\$210.00
Employee & Spouse	\$385.00	\$770.00
Employee & Child(ren)	\$228.00	\$456.00
Employee & Family	\$494.00	\$988.00

MID PLAN

Plan #3769 Coverage Type	Employee Premium	
	Bi-monthly	Monthly
Employee Only	\$46.00	\$92.00
Employee & Spouse	\$310.00	\$620.00
Employee & Child(ren)	\$166.00	\$332.00
Employee & Family	\$397.00	\$794.00

LOW PLAN

Plan #5770 Coverage Type	Employee Premium	
	Bi-monthly	Monthly
Employee Only	\$46.00	\$92.00
Employee & Spouse	\$287.00	\$574.00
Employee & Child(ren)	\$146.00	\$292.00
Employee & Family	\$365.00	\$730.00

H.S.A. PLAN

Plan #5180/81 Coverage Type	Employee Premium	
	Bi-monthly	Monthly
Employee Only	\$46.00	\$92.00
Employee & Spouse	\$247.00	\$494.00
Employee & Child(ren)	\$113.00	\$226.00
Employee & Family	\$309.00	\$618.00

Note: Bi-Monthly reflects 24 premium payments per

EXHIBIT J

2025 Health Insurance Premiums Wellness Preferred Rates		
OAP HIGH/BUY-UP PLAN		
Coverage Type	Employee Premium	
	Bi-monthly	Monthly
Employee Only	\$59.00	\$118.00
Employee & Spouse (Employee AND Spouse meet the criteria)	\$293.00	\$586.00
Employee & Spouse (Employee OR Spouse meet the criteria)	\$339.00	\$678.00
Employee & Child(ren)	\$182.00	\$364.00
Employee & Family (Employee AND Spouse meet the criteria)	\$402.00	\$804.00
Employee & Family (Employee OR Spouse meet the criteria)	\$448.00	\$896.00
OAP MID PLAN		
Coverage Type	Employee Premium	
	Bi-monthly	Monthly
Employee Only	\$0.00	\$0.00
Employee & Spouse (Employee AND Spouse meet the criteria)	\$218.00	\$436.00
Employee & Spouse (Employee OR Spouse meet the criteria)	\$264.00	\$528.00
Employee & Child(ren)	\$120.00	\$240.00
Employee & Family (Employee AND Spouse meet the criteria)	\$305.00	\$610.00
Employee & Family (Employee OR Spouse meet the criteria)	\$351.00	\$702.00
OAP LOW PLAN		
Coverage Type	Employee Premium	
	Bi-monthly	Monthly
Employee Only	\$0.00	\$0.00
Employee & Spouse (Employee AND Spouse meet the criteria)	\$195.00	\$390.00
Employee & Spouse (Employee OR Spouse meet the criteria)	\$241.00	\$482.00
Employee & Child(ren)	\$100.00	\$200.00
Employee & Family (Employee AND Spouse meet the criteria)	\$273.00	\$546.00
Employee & Family (Employee OR Spouse meet the criteria)	\$319.00	\$638.00
HSA PLAN		
Coverage Type	Employee Premium	
	Bi-monthly	Monthly
Employee Only	\$0.00	\$0.00
Employee & Spouse (Employee AND Spouse meet the criteria)	\$155.00	\$310.00
Employee & Spouse (Employee OR Spouse meet the criteria)	\$201.00	\$402.00
Employee & Child(ren)	\$67.00	\$134.00
Employee & Family (Employee AND Spouse meet the criteria)	\$217.00	\$434.00
Employee & Family (Employee OR Spouse meet the criteria)	\$263.00	\$526.00

Note: Bi-Monthly reflects 24 premium payments per year

EXHIBIT J
2024 Rates - for comparison only

2024 Health Insurance Premiums		
Regular Rates		

BUY-UP PLAN		
OAP High/Buy-Up	EMPLOYEE PREMIUM	
Coverage Type	Bi-monthly	Monthly
Employee Only	\$ 99.00	\$ 198.00
Employee & Spouse	\$ 363.00	\$ 726.00
Employee & Child(ren)	\$ 215.00	\$ 430.00
Employee & Family	\$ 466.00	\$ 932.00

MID PLAN		
OAP Mid	EMPLOYEE PREMIUM	
Coverage Type	Bi-monthly	Monthly
Employee Only	\$ 46.00	\$ 92.00
Employee & Spouse	\$ 301.00	\$ 602.00
Employee & Child(ren)	\$ 161.00	\$ 322.00
Employee & Family	\$ 385.00	\$ 770.00

LOW PLAN		
OAP Low	EMPLOYEE PREMIUM	
Coverage Type	Bi-monthly	Monthly
Employee Only	\$ 46.00	\$ 92.00
Employee & Spouse	\$ 279.00	\$ 558.00
Employee & Child(ren)	\$ 142.00	\$ 284.00
Employee & Family	\$ 354.00	\$ 708.00

H.S.A. PLAN		
HAS	EMPLOYEE PREMIUM	
Coverage Type	Bi-monthly	Monthly
Employee Only	\$ 46.00	\$ 92.00
Employee & Spouse	\$ 240.00	\$ 480.00
Employee & Child(ren)	\$ 110.00	\$ 220.00
Employee & Family	\$ 300.00	\$ 600.00

EXHIBIT J
2024 Rates - for comparison only

2024 Health Insurance Premiums
Wellness Preferred Rates

OAP HIGH/BUY-UP PLAN		
Coverage Type	EMPLOYEE PREMIUM	
	Bi-monthly	Monthly
Employee Only	\$ 53.00	\$ 106.00
Employee & Spouse (Employee AND Spouse meet the criteria)	\$ 271.00	\$ 542.00
Employee & Spouse (Employee OR Spouse meet the criteria)	\$ 317.00	\$ 634.00
Employee & Child(ren)	\$ 169.00	\$ 338.00
Employee & Family (Employee AND Spouse meet the criteria)	\$ 374.00	\$ 748.00
Employee & Family (Employee OR Spouse meet the criteria)	\$ 420.00	\$ 840.00

OAP MID PLAN		
Coverage Type	EMPLOYEE PREMIUM	
	Bi-monthly	Monthly
Employee Only	\$0.00	\$0.00
Employee & Spouse (Employee AND Spouse meet the criteria)	\$ 209.00	\$ 418.00
Employee & Spouse (Employee OR Spouse meet the criteria)	\$ 255.00	\$ 510.00
Employee & Child(ren)	\$ 115.00	\$ 230.00
Employee & Family (Employee AND Spouse meet the criteria)	\$ 293.00	\$ 586.00
Employee & Family (Employee OR Spouse meet the criteria)	\$ 339.00	\$ 678.00

OAP LOW PLAN		
Coverage Type	EMPLOYEE PREMIUM	
	Bi-monthly	Monthly
Employee Only	\$0.00	\$0.00
Employee & Spouse (Employee AND Spouse meet the criteria)	\$ 187.00	\$ 374.00
Employee & Spouse (Employee OR Spouse meet the criteria)	\$ 233.00	\$ 466.00
Employee & Child(ren)	\$ 96.00	\$ 192.00
Employee & Family (Employee AND Spouse meet the criteria)	\$ 262.00	\$ 524.00
Employee & Family (Employee OR Spouse meet the criteria)	\$ 308.00	\$ 616.00

HSA PLAN		
Coverage Type	EMPLOYEE PREMIUM	
	Bi-monthly	Monthly
Employee Only	\$0.00	\$0.00
Employee & Spouse (Employee AND Spouse meet the criteria)	\$ 148.00	\$ 296.00
Employee & Spouse (Employee OR Spouse meet the criteria)	\$ 194.00	\$ 388.00
Employee & Child(ren)	\$ 64.00	\$ 128.00
Employee & Family (Employee AND Spouse meet the criteria)	\$ 208.00	\$ 416.00
Employee & Family (Employee OR Spouse meet the criteria)	\$ 254.00	\$ 508.00

Note: Bi-Monthly reflects 24 premium payments per year