

CBRS D INSURANCE PLANS / PREMIUMS AND CONTRIBUTIONS FY2024 - RETIREES

HMO NETWORK BLUE			
		85%	15%
LEVEL	Full Monthly Premium	District Amount 85%	Retiree Amount 15%
Individual	\$ 796.00	\$ 676.60	\$ 119.40
Family	\$ 2,135.00	\$ 1,814.75	\$ 320.25

HMO BLUE NE SAVER				Available July 1, 2023
		85%	15%	
LEVEL	Full Monthly Premium	District Amount 85%	Retiree Amount 15%	District Health Savings Account Contribution
Individual	\$ 678.00	\$ 576.30	\$ 101.70	\$ 1,000.00
Family	\$ 1,814.00	\$ 1,541.90	\$ 272.10	\$ 2,000.00

POS BLUE CHOICE			
		75%	25%
LEVEL	Full Monthly Premium	District Amount 75%	Retiree Amount 25%
Individual	\$ 941.00	\$ 705.75	\$ 235.25
Family	\$ 2,528.00	\$ 1,896.00	\$ 632.00

PPO BLUE CARE ELECT			
		75%	25%
LEVEL	Full Monthly Premium	District Amount 75%	Retiree Amount 25%
Individual	\$ 1,188.00	\$ 891.00	\$ 297.00
Family	\$ 3,187.00	\$ 2,390.25	\$ 796.75

PPO BLUE CARE ELECT SAVER				Available July 1, 2023
		75%	25%	
LEVEL	Full Monthly Premium	District Amount 75%	Retiree Amount 25%	District Health Savings Account Contribution
Individual	\$ 1,010.00	\$ 757.50	\$ 252.50	\$ 1,000.00
Family	\$ 2,709.00	\$ 2,031.75	\$ 677.25	\$ 2,000.00