

CBRSD INSURANCE PLANS / PREMIUMS AND CONTRIBUTIONS FY2024

HMO NETWORK BLUE		80%	20%			
LEVEL	Full Monthly Premium	District Amount 80%	Employee Amount 20%	12-Month Employee Biweekly Contribution	10-Month Employee Biweekly Contribution	Eligible Married Couple Bi-Weekly Deduction 10%
Individual	\$ 796.00	\$ 636.80	\$ 159.20	\$ 79.60	\$ 95.52	\$ 39.80
Family	\$ 2,135.00	\$ 1,708.00	\$ 427.00	\$ 213.50	\$ 256.20	\$ 106.75

HMO BLUE NE SAVER		80%	20%				Available July 1, 2023
LEVEL	Full Monthly Premium	District Amount 80%	Employee Amount 20%	12-Month Employee Biweekly Contribution	10-Month Employee Biweekly Contribution	Eligible Married Couple Bi-Weekly Deduction 10%	District Health Savings Account Contribution
Individual	\$ 678.00	\$ 542.40	\$ 135.60	\$ 67.80	\$ 81.36	\$ 33.90	\$ 1,000.00
Family	\$ 1,814.00	\$ 1,451.20	\$ 362.80	\$ 181.40	\$ 217.68	\$ 90.70	\$ 2,000.00

POS BLUE CHOICE		70%	30%			
LEVEL	Full Monthly Premium	District Amount 70%	Employee Amount 30%	12-Month Employee Biweekly Contribution	10-Month Employee Biweekly Contribution	Eligible Married Couple Bi-Weekly Deduction 10%
Individual	\$ 941.00	\$ 658.70	\$ 282.30	\$ 141.15	\$ 169.38	\$ 47.05
Family	\$ 2,528.00	\$ 1,769.60	\$ 758.40	\$ 379.20	\$ 455.04	\$ 126.40

PPO BLUE CARE ELECT		65%	35%			
LEVEL	Full Monthly Premium	District Amount 65%	Employee Amount 35%	12-Month Employee Biweekly Contribution	10-Month Employee Biweekly Contribution	Eligible Married Couple Bi-Weekly Deduction 10%
Individual	\$ 1,188.00	\$ 772.20	\$ 415.80	\$ 207.90	\$ 249.48	\$ 59.40
Family	\$ 3,187.00	\$ 2,071.55	\$ 1,115.45	\$ 557.73	\$ 669.27	\$ 159.35

PPO BLUE CARE ELECT SAVER		65%	35%				Available July 1, 2023
LEVEL	Full Monthly Premium	District Amount 65%	Employee Amount 35%	12-Month Employee Biweekly Contribution	10-Month Employee Biweekly Contribution	Eligible Married Couple Bi-Weekly Deduction 10%	District Health Savings Account Contribution
Individual	\$ 1,010.00	\$ 656.50	\$ 353.50	\$ 176.75	\$ 212.10	\$ 50.50	\$ 1,000.00
Family	\$ 2,709.00	\$ 1,760.85	\$ 948.15	\$ 474.08	\$ 568.89	\$ 135.45	\$ 2,000.00

DENTAL					
LEVEL	Full Monthly Premium	District Amount 50%	Employee Amount 50%	12-Month Employee Biweekly Contribution	10-Month Employee Biweekly Contribution
Individual	\$ 32.00	\$ 16.00	\$ 16.00	\$ 8.00	\$ 9.60
Family	\$ 88.00	\$ 44.00	\$ 44.00	\$ 22.00	\$ 26.40