NETWORK BLUE		OU 70	ZU 70			
				12-Month	10-Month	
	District			Employee	Employee	Eligible Married Couple
	Full Monthly Amount		Employee	Biweekly	Biweekly	Bi-Weekly Deduction
LEVEL	Premium	80%	Amount 20%	Contribution	Contribution	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

Available Julv 1. 2023

	BLUE NE SAVER				00.70		10 /0							Avu	ubic ouly 1, 2020
Г								12	-Month	1	0-Month				
			District				Employee Employee		mployee	e Eligible Married Couple		e			
		Fu	II Monthly		Amount	Emp	oloyee	Bi	weekly	E	Biweekly	Bi-	Weekly Deduction	Distri	ct Health Savings
	LEVEL	Р	remium		80%	Amou	nt 20%	Con	tribution	Co	ntribution		10%	Acco	ount Contribution
Γ	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

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		1070	5070			
				12-Month	10-Month	
		District	Employee	Employee	Employee	Eligible Married Couple
	Full Monthly	Amount	Amount	Biweekly	Biweekly	Bi-Weekly Deduction
LEVEL	Premium	70%	30%	Contribution	Contribution	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

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BLUE CARE ELECT		65%	35%			
				12-Month	10-Month	
		District	Employee	Employee	Employee	Eligible Married Couple
	Full Monthly	Amount	Amount	Biweekly	Biweekly	Bi-Weekly Deduction
LEVEL	Premium	65%	35%	Contribution	Contribution	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
	Full Monthly	District Amount	Employee Amount	12-Month Employee Biweekly	10-Month Employee Biweekly	Eligible Married Couple Bi-Weekly Deduction	District Health Savings
LEVEL	Premium	65%	35%	Contribution	Contribution	10%	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										
							12-	Month	10-	Month
				District			Em	ployee	Employee	
	Full	Monthly	A	mount	Emplo	yee	Biv	veekly	Biv	weekly
LEVEL	Pr	Premium		50%	Amount	50%	Cont	ribution	Cont	tribution
Individual	\$	32.00	\$	16.00	\$	16.00	\$	8.00	\$	9.60
Family	\$	88.00	\$	44.00	\$	44.00	\$	22.00	\$	26.40