

CBRS D INSURANCE PLANS / PREMIUMS AND CONTRIBUTIONS FY2025 - RETIREES

HMO NETWORK BLUE			
		85%	15%
LEVEL	Full Monthly Premium	District Amount 85%	Retiree Amount 15%
Individual	\$ 852.00	\$ 724.20	\$ 127.80
Family	\$ 2,284.00	\$ 1,941.40	\$ 342.60

HMO BLUE NE SAVER				Available July 1, 2024
		85%	15%	
LEVEL	Full Monthly Premium	District Amount 85%	Retiree Amount 15%	District Health Savings Account Contribution
Individual	\$ 725.00	\$ 616.25	\$ 108.75	\$ 1,000.00
Family	\$ 1,941.00	\$ 1,649.85	\$ 291.15	\$ 2,000.00

POS BLUE CHOICE			
		75%	25%
LEVEL	Full Monthly Premium	District Amount 75%	Retiree Amount 25%
Individual	\$ 1,007.00	\$ 755.25	\$ 251.75
Family	\$ 2,705.00	\$ 2,028.75	\$ 676.25

PPO BLUE CARE ELECT			
		75%	25%
LEVEL	Full Monthly Premium	District Amount 75%	Retiree Amount 25%
Individual	\$ 1,271.00	\$ 953.25	\$ 317.75
Family	\$ 3,410.00	\$ 2,557.50	\$ 852.50

PPO BLUE CARE ELECT SAVER				Available July 1, 2024
		75%	25%	
LEVEL	Full Monthly Premium	District Amount 75%	Retiree Amount 25%	District Health Savings Account Contribution
Individual	\$ 1,081.00	\$ 810.75	\$ 270.25	\$ 1,000.00
Family	\$ 2,899.00	\$ 2,174.25	\$ 724.75	\$ 2,000.00