

CBRSD INSURANCE PLANS / PREMIUMS AND CONTRIBUTIONS FY2025

| HMO NETWORK BLUE | | | | | | |
|---------------------|----------------------|---------------------|---------------------|---|---|---|
| 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 | \$ 852.00 | \$ 681.60 | \$ 170.40 | \$ 85.20 | \$ 102.24 | \$ 42.60 |
| Family | \$ 2,284.00 | \$ 1,827.20 | \$ 456.80 | \$ 228.40 | \$ 274.08 | \$ 114.20 |

| HMO BLUE NE SAVER | | | | | | | Available July 1, 2024 |
|----------------------|----------------------|---------------------|---------------------|---|---|---|--|
| 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 | \$ 725.00 | \$ 580.00 | \$ 145.00 | \$ 72.50 | \$ 87.00 | \$ 36.25 | \$ 1,000.00 |
| Family | \$ 1,941.00 | \$ 1,552.80 | \$ 388.20 | \$ 194.10 | \$ 232.92 | \$ 97.05 | \$ 2,000.00 |

| POS BLUE CHOICE | | | | | | |
|--------------------|----------------------|---------------------|---------------------|---|---|---|
| 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 | \$ 1,007.00 | \$ 704.90 | \$ 302.10 | \$ 151.05 | \$ 181.26 | \$ 50.35 |
| Family | \$ 2,705.00 | \$ 1,893.50 | \$ 811.50 | \$ 405.75 | \$ 486.90 | \$ 135.25 |

| PPO BLUE CARE ELECT | | | | | | |
|------------------------|----------------------|---------------------|---------------------|---|---|---|
| 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 | \$ 1,271.00 | \$ 826.15 | \$ 444.85 | \$ 222.43 | \$ 266.91 | \$ 63.55 |
| Family | \$ 3,410.00 | \$ 2,216.50 | \$ 1,193.50 | \$ 596.75 | \$ 716.10 | \$ 170.50 |

| PPO BLUE CARE ELECT SAVER | | | | | | | Available July 1, 2024 |
|------------------------------|----------------------|---------------------|---------------------|---|---|---|--|
| 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 | \$ 1,081.00 | \$ 702.65 | \$ 378.35 | \$ 189.18 | \$ 227.01 | \$ 54.05 | \$ 1,000.00 |
| Family | \$ 2,899.00 | \$ 1,884.35 | \$ 1,014.65 | \$ 507.33 | \$ 608.79 | \$ 144.95 | \$ 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 |