## CBRSD INSURANCE PLANS / PREMIUMS AND CONTRIBUTIONS FY2025

HMO NETWORK BLUE				80%		20%						
							1:	2-Month	10	0-Month		
			District		Employee		mployee	Employee		Eligible Married Couple		
	Fu	II Monthly	Amount		Employee		Biweekly		Biweekly		Bi-W	eekly Deduction
LEVEL	P	Premium		80%		unt 20%	С	ntribution	Col	ntribution		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

НМО							
BLUE NE SAVER		80%	20%				Available July 1, 2024
		District		12-Month Employee	10-Month Employee	Eligible Married Couple	
	Full Monthly	Amount	Employee	Biweekly	Biweekly	Bi-Weekly Deduction	District Health Savings
LEVEL	Premium	80%	Amount 20%	Contribution	Contribution	10%	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								
DECE CHOICE		1070	5076	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	\$ 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		65%	35%					
	Full Monthly	District Amount	Employee Amount	12-Month Employee Biweekly	Biweekly	Eligible Married Couple Bi-Weekly Deduction		
LEVEL	Premium	65%	35%	Contribution	Contribution	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			65%		35%							A۷	ailable July 1, 2024
						1	2-Month	10	0-Month				
			District	E	Employee	Е	mployee	Eı	mployee	Eligi	ible Married Couple		
	Full Monthly Amount		Amount		Biweekly Biweekly		Bi-Weekly Deduction		District Health Savings				
LEVEL	Р	remium	65%		35%	Co	ntribution	Coi	ntribution		10%	Ac	count 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											
							12	-Month	10-Month		
				District			Employee		Employee		
	Full M	lonthly	/	Amount	En	nployee	Biweekly		Biweekly		
LEVEL	Prer	nium		50%	Amo	unt 50%	Con	tribution	Con	tribution	
Individual	\$	32.00	\$	16.00	\$	16.00	\$	8.00	\$	9.60	
Family	\$	88.00	\$	44.00	\$	44.00	\$	22.00	\$	26.40	