



This is what YOU PAY:

October 1, 2024 - September 30, 2025			
Benefit	Monthly Premium	Employee Per Pay Period	Employer Cost Per Pay Period
BlueCare 48 - HMO			
Individual	\$1,102.12	\$49.60	\$501.46
Child	\$1,675.29	\$284.80	\$552.84
Spouse	\$2,043.73	\$347.43	\$674.43
Family	\$2,548.67	\$433.27	\$841.06
2 Employees - Family	\$2,548.67	\$203.89	\$1,070.44
(Per employee)		\$101.95	\$535.22
Blue Options - PPO 05301			
Individual	\$1,195.65	\$95.65	\$502.17
Child	\$1,817.47	\$354.41	\$554.33
Spouse	\$2,217.22	\$432.36	\$676.25
Family	\$2,765.02	\$539.18	\$843.33
2 Employees - Family	\$2,765.02	\$317.98	\$1,064.53
(Per employee)		\$158.99	\$532.27