CBRSD INSURANCE PLANS / PREMIUMS AND CONTRIBUTIONS FY2026

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	$ 989.00	$ 791.20	$ 197.80	$ 98.90	$ 118.68	$ 49.45
Family	$ 2,650.00	$ 2,120.00	$ 530.00	$ 265.00	$ 318.00	$ 132.50

HMO
BLUE NE SAVER

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	$ 841.00	$ 672.80	$ 168.20	$ 84.10	$ 100.92	$ 42.05
Family	$ 2,252.00	$ 1,801.60	$ 450.40	$ 225.20	$ 270.24	$ 112.60

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	$ 1,169.00	$ 818.30	$ 350.70	$ 175.35	$ 210.42	$ 58.45
Family	$ 3,139.00	$ 2,197.30	$ 941.70	$ 470.85	$ 565.02	$ 156.95

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	$ 1,475.00	$ 958.75	$ 516.25	$ 258.13	$ 309.75	$ 73.75
Family	$ 3,957.00	$ 2,572.05	$ 1,384.95	$ 692.48	$ 830.97	$ 197.85

PPO
BLUE CARE ELECT SAVER

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	$ 1,254.00	$ 815.10	$ 438.90	$ 219.45	$ 263.34	$ 62.70
Family	$ 3,364.00	$ 2,186.60	$ 1,177.40	$ 588.70	$ 706.44	$ 168.20

DENTAL

LEVEL	Full Monthly Premium	District Amount 50%	Employee Amount 50%	12-Month Employee Biweekly Contribution	10-Month Employee Biweekly Contribution
Individual	$ 33.00	$ 16.50	$ 16.50	$ 8.25	$ 9.90
Family	$ 90.00	$ 45.00	$ 45.00	$ 22.50	$ 27.00