

CBRS D INSURANCE PLANS / PREMIUMS AND CONTRIBUTIONS FY2026 - RETIREES

HMO NETWORK BLUE			
		85%	15%
LEVEL	Full Monthly Premium	District Amount 85%	Retiree Amount 15%
Individual	\$ 989.00	\$ 840.65	\$ 148.35
Family	\$ 2,650.00	\$ 2,252.50	\$ 397.50

HMO BLUE NE SAVER			
		85%	15%
LEVEL	Full Monthly Premium	District Amount 85%	Retiree Amount 15%
Individual	\$ 841.00	\$ 714.85	\$ 126.15
Family	\$ 2,252.00	\$ 1,914.20	\$ 337.80

POS BLUE CHOICE			
		75%	25%
LEVEL	Full Monthly Premium	District Amount 75%	Retiree Amount 25%
Individual	\$ 1,169.00	\$ 876.75	\$ 292.25
Family	\$ 3,139.00	\$ 2,354.25	\$ 784.75

PPO BLUE CARE ELECT			
		75%	25%
LEVEL	Full Monthly Premium	District Amount 75%	Retiree Amount 25%
Individual	\$ 1,475.00	\$ 1,106.25	\$ 368.75
Family	\$ 3,957.00	\$ 2,967.75	\$ 989.25

PPO BLUE CARE ELECT SAVER			
		75%	25%
LEVEL	Full Monthly Premium	District Amount 75%	Retiree Amount 25%
Individual	\$ 1,254.00	\$ 940.50	\$ 313.50
Family	\$ 3,364.00	\$ 2,523.00	\$ 841.00