

CBRS D INSURANCE PLANS / PREMIUMS AND CONTRIBUTIONS FY2027 - RETIREES

HMO NETWORK BLUE			
		85%	15%
LEVEL	Full Monthly Premium	District Amount 85%	Retiree Amount 15%
Individual	\$ 1,076.00	\$ 914.60	\$ 161.40
Family	\$ 2,882.00	\$ 2,449.70	\$ 432.30

HMO BLUE NE SAVER			
		85%	15%
LEVEL	Full Monthly Premium	District Amount 85%	Retiree Amount 15%
Individual	\$ 915.00	\$ 777.75	\$ 137.25
Family	\$ 2,449.00	\$ 2,081.65	\$ 367.35

POS BLUE CHOICE			
		75%	25%
LEVEL	Full Monthly Premium	District Amount 75%	Retiree Amount 25%
Individual	\$ 1,271.00	\$ 953.25	\$ 317.75
Family	\$ 3,414.00	\$ 2,560.50	\$ 853.50

PPO BLUE CARE ELECT			
		75%	25%
LEVEL	Full Monthly Premium	District Amount 75%	Retiree Amount 25%
Individual	\$ 1,604.00	\$ 1,203.00	\$ 401.00
Family	\$ 4,303.00	\$ 3,227.25	\$ 1,075.75

PPO BLUE CARE ELECT SAVER			
		75%	25%
LEVEL	Full Monthly Premium	District Amount 75%	Retiree Amount 25%
Individual	\$ 1,364.00	\$ 1,023.00	\$ 341.00
Family	\$ 3,658.00	\$ 2,743.50	\$ 914.50