

CBRSD INSURANCE PLANS / PREMIUMS AND CONTRIBUTIONS FY2027

HMO NETWORK BLUE						
		80%	20%			
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	\$ 1,076.00	\$ 860.80	\$ 215.20	\$ 107.60	\$ 129.12	\$ 53.80
Family	\$ 2,882.00	\$ 2,305.60	\$ 576.40	\$ 288.20	\$ 345.84	\$ 144.10

HMO BLUE NE SAVER						
		80%	20%			
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	\$ 915.00	\$ 732.00	\$ 183.00	\$ 91.50	\$ 109.80	\$ 45.75
Family	\$ 2,449.00	\$ 1,959.20	\$ 489.80	\$ 244.90	\$ 293.88	\$ 122.45

POS BLUE CHOICE						
		70%	30%			
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	\$ 1,271.00	\$ 889.70	\$ 381.30	\$ 190.65	\$ 228.78	\$ 63.55
Family	\$ 3,414.00	\$ 2,389.80	\$ 1,024.20	\$ 512.10	\$ 614.52	\$ 170.70

PPO BLUE CARE ELECT						
		65%	35%			
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	\$ 1,604.00	\$ 1,042.60	\$ 561.40	\$ 280.70	\$ 336.84	\$ 80.20
Family	\$ 4,303.00	\$ 2,796.95	\$ 1,506.05	\$ 753.03	\$ 903.63	\$ 215.15

PPO BLUE CARE ELECT SAVER						
		65%	35%			
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	\$ 1,364.00	\$ 886.60	\$ 477.40	\$ 238.70	\$ 286.44	\$ 68.20
Family	\$ 3,658.00	\$ 2,377.70	\$ 1,280.30	\$ 640.15	\$ 768.18	\$ 182.90

DENTAL						
LEVEL	Full Monthly Premium	District Amount 50%	Employee Amount 50%	12-Month Employee Biweekly Contribution	10-Month Employee Biweekly Contribution	
Individual	\$ 35.00	\$ 17.50	\$ 17.50	\$ 8.75	\$ 10.50	
Family	\$ 96.00	\$ 48.00	\$ 48.00	\$ 24.00	\$ 28.80	