

BlueCross BlueShield

Lower Deductible Health Plan - PPO2

Rates Effective 7/1/2026 - 6/30/2027

Single Coverage	Monthly Premium	Employee Percentage	Employee Portion Per Month	Employee Deduction Per Pay (24 Pays)	Employee Deduction Per Pay (*18 Pays)	Board Amount
Full time	\$1,168.91	15%	\$175.34	\$87.67	\$116.90	\$993.57
Part time	\$1,168.91	50%	\$584.46	\$292.23	\$389.64	\$584.45

Single+Spouse	Monthly Premium	Employee Percentage	Employee Portion Per Month	Employee Deduction Per Pay (24 Pays)	Employee Deduction Per Pay (*18 Pays)	Board Amount
Full time	\$2,454.70	30%	\$736.41	\$368.21	\$490.94	\$1,718.29
Part time	\$2,454.70		\$1,870.25	\$935.13	\$1,246.84	\$584.45

Single+Child(ren)	Monthly Premium	Employee Percentage	Employee Portion Per Month	Employee Deduction Per Pay (24 Pays)	Employee Deduction Per Pay (*18 Pays)	Board Amount
Full time	\$2,220.92	30%	\$666.28	\$333.14	\$444.19	\$1,554.64
Part time	\$2,220.92		\$1,636.47	\$818.24	\$1,090.98	\$584.45

Family	Monthly Premium	Employee Percentage	Employee Portion Per Month	Employee Deduction Per Pay (24 Pays)	Employee Deduction Per Pay (*18 Pays)	Board Amount
Full time	\$3,623.60	24%	\$869.67	\$434.84	\$579.78	\$2,753.93
Part time	\$3,623.60		\$3,039.15	\$1,519.58	\$2,026.10	\$584.45

**18 Pay Deduction Calculations Based on Employment for Full Fiscal Year*

Leaves & Retirees	
Single	\$1,168.91
Single+Spouse	\$2,454.70
Single+Child(ren)	\$2,220.92
Family	\$3,623.60

Cobra +2%	
Single	\$1,192.29
Single+Spouse	\$2,503.79
Single+Child(ren)	\$2,265.34
Family	\$3,696.07