

BlueCross BlueShield

Higher Deductible Health Plan - HDHP

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	\$987.63	0%	\$0.00	\$0.00	\$0.00	\$987.63
Part time	\$987.63	50%	\$493.82	\$246.91	\$329.22	\$493.81

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	\$2,074.03	15%	\$311.11	\$155.56	\$207.41	\$1,762.92
Part time	\$2,074.03		\$1,580.22	\$790.11	\$1,053.48	\$493.81

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	\$1,876.49	15%	\$281.48	\$140.74	\$187.66	\$1,595.01
Part time	\$1,876.49		\$1,382.68	\$691.34	\$921.79	\$493.81

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	\$3,061.63	15%	\$459.25	\$229.63	\$306.17	\$2,602.38
Part time	\$3,061.63		\$2,567.82	\$1,283.91	\$1,711.88	\$493.81

Leaves & Retirees	
Single	\$987.63
Single+Spouse	\$2,074.03
Single+Child(ren)	\$1,876.49
Family	\$3,061.63

Cobra +2%	
Single	\$1,007.38
Single+Spouse	\$2,115.51
Single+Child(ren)	\$1,914.02
Family	\$3,122.86