

**BlueCross BlueShield**  
**Higher Deductible Health Plan - HDHP**  
**Rates Effective 7/1/2024 - 6/30/2025**

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	\$773.82	0%	\$0.00	\$0.00	\$0.00	773.82
Part time	\$773.82	50%	\$386.91	\$193.46	\$257.94	386.91

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	\$1,625.02	15%	\$243.76	\$121.88	\$162.51	1381.26
Part time	\$1,625.02		\$1,238.11	\$619.06	\$825.41	386.91

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	\$1,470.25	15%	\$220.54	\$110.27	\$147.03	1249.71
Part time	\$1,470.25		\$1,083.34	\$541.67	\$722.23	386.91

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	\$2,398.82	15%	\$359.83	\$179.92	\$239.89	2038.99
Part time	\$2,398.82		\$2,011.91	\$1,005.96	\$1,341.28	386.91

Leaves & Retirees	
Single	\$773.82
Single+Spouse	\$1,625.02
Single+Child(ren)	\$1,470.25
Family	\$2,398.82

Cobra +2%	
Single	\$789.29
Single+Spouse	\$1,657.52
Single+Child(ren)	\$1,499.65
Family	\$2,446.79