

BlueCross BlueShield

Lower Deductible Health Plan - PPO2

Rates Effective 7/1/2024 - 6/30/2025

Single Coverage	Monthly Premium	Employee Percentage	Employee Portion Per Month	Employee Deduction Per Pay (24 Pays)	Board Amount
Full time	\$915.85	15%	\$137.38	\$68.69	\$778.47
Part time	\$915.85	50%	\$457.93	\$228.97	\$457.92

Single+Spouse	Monthly Premium	Employee Percentage	Employee Portion Per Month	Employee Deduction Per Pay (24 Pays)	Board Amount
Full time	\$1,923.28	30%	\$576.99	\$288.50	\$1,346.29
Part time	\$1,923.28		\$1,465.36	\$732.68	\$457.92

Single+Child(ren)	Monthly Premium	Employee Percentage	Employee Portion Per Month	Employee Deduction Per Pay (24 Pays)	Board Amount
Full time	\$1,740.11	30%	\$522.04	\$261.02	\$1,218.07
Part time	\$1,740.11		\$1,282.19	\$641.10	\$457.92

Family	Monthly Premium	Employee Percentage	Employee Portion Per Month	Employee Deduction Per Pay (24 Pays)	Board Amount
Full time	\$2,839.13	24%	\$681.40	\$340.70	\$2,157.73
Part time	\$2,839.13		\$2,381.21	\$1,190.61	\$457.92

Leaves & Retirees	
Single	\$915.85
Single+Spouse	\$1,923.28
Single+Child(ren)	\$1,740.11
Family	\$2,839.13

Cobra +2%	
Single	\$934.17
Single+Spouse	\$1,961.75
Single+Child(ren)	\$1,774.91
Family	\$2,895.91