

BlueCross BlueShield

Higher Deductible Health Plan - HDHP Rates Effective 7/1/2025 - 6/30/2026

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	\$842.69	0%	\$0.00	\$0.00	\$0.00	\$842.69
Part time	\$842.69	50%	\$421.35	\$210.68	\$280.90	\$421.34

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	\$1,769.65	15%	\$265.45	\$132.73	\$176.97	\$1,504.20
Part time	\$1,769.65		\$1,348.31	\$674.16	\$898.88	\$421.34

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	\$1,601.10	15%	\$240.17	\$120.09	\$160.12	\$1,360.93
Part time	\$1,601.10		\$1,179.76	\$589.88	\$786.51	\$421.34

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	\$2,612.31	15%	\$391.85	\$195.93	\$261.24	\$2,220.46
Part time	\$2,612.31		\$2,190.97	\$1,095.49	\$1,460.65	\$421.34

Leaves & Retirees	
Single	\$842.69
Single+Spouse	\$1,769.65
Single+Child(ren)	\$1,601.10
Family	\$2,612.31

Cobra +2%	
Single	\$859.54
Single+Spouse	\$1,805.04
Single+Child(ren)	\$1,633.12
Family	\$2,664.55