

BlueCross BlueShield

Lower Deductible Health Plan - PPO2

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	\$997.36	15%	\$149.60	\$74.80	\$99.74	\$847.76
Part time	\$997.36	50%	\$498.68	\$249.34	\$332.46	\$498.68

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	\$2,094.45	30%	\$628.34	\$314.17	\$418.90	\$1,466.11
Part time	\$2,094.45		\$1,595.77	\$797.89	\$1,063.85	\$498.68

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	\$1,894.98	30%	\$568.49	\$284.25	\$379.00	\$1,326.49
Part time	\$1,894.98		\$1,396.30	\$698.15	\$930.87	\$498.68

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	\$3,091.81	24%	\$742.03	\$371.02	\$494.69	\$2,349.78
Part time	\$3,091.81		\$2,593.13	\$1,296.57	\$1,728.76	\$498.68

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

Leaves & Retirees	
Single	\$997.36
Single+Spouse	\$2,094.45
Single+Child(ren)	\$1,894.98
Family	\$3,091.81

Cobra +2%	
Single	\$1,017.31
Single+Spouse	\$2,136.34
Single+Child(ren)	\$1,932.88
Family	\$3,153.65