

**BlueCross BlueShield**  
**Higher Deductible Health Plan - HDHP**  
**Rates Effective 7/1/2023 - 6/30/2024**

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	\$721.17	0%	\$0.00	\$0.00	\$0.00	\$721.17
Part time	\$721.17	50%	\$360.59	\$180.30	\$240.40	\$360.58

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	\$1,514.46	15%	\$227.17	\$113.59	\$151.45	\$1,287.29
Part time	\$1,514.46		\$1,153.88	\$576.94	\$769.26	\$360.58

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	\$1,370.22	15%	\$205.54	\$102.77	\$137.03	\$1,164.68
Part time	\$1,370.22		\$1,009.64	\$504.82	\$673.10	\$360.58

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	\$2,235.62	15%	\$335.35	\$167.68	\$223.57	\$1,900.27
Part time	\$2,235.62		\$1,875.04	\$937.52	\$1,250.03	\$360.58

Leaves & Retirees	
Single	\$721.17
Single+Spouse	\$1,514.46
Single+Child(ren)	\$1,370.22
Family	\$2,235.62

Cobra +2%	
Single	\$735.59
Single+Spouse	\$1,544.74
Single+Child(ren)	\$1,397.62
Family	\$2,280.33