

CBRSD INSURANCE PLANS / PREMIUMS AND CONTRIBUTIONS FY2019


| HMO NETWORK BLUE | | | | | | |
|---------------------|----------------------|---------------------|---------------------|---|---|---|
| LEVEL | Full Monthly Premium | District Amount 85% | Employee Amount 15% | 12-Month Employee Biweekly Contribution | 10-Month Employee Biweekly Contribution | Eligible Married Couple Bi-Weekly Deduction 10% |
| Individual | \$730.00 | \$620.50 | \$109.50 | \$54.75 | \$65.70 | \$36.50 |
| Family | \$1,957.00 | \$1,663.45 | \$293.55 | \$146.78 | \$176.13 | \$97.85 |

| HMO BLUE NE SAVER | | | | | | | Available for your use July 1, 2018 |
|----------------------|----------------------|---------------------|---------------------|---|---|---|--|
| | | | | | | | ↓ |
| LEVEL | Full Monthly Premium | District Amount 85% | Employee Amount 15% | 12-Month Employee Biweekly Contribution | 10-Month Employee Biweekly Contribution | Eligible Married Couple Bi-Weekly Deduction 10% | District Health Savings Account Contribution |
| Individual | \$621.00 | \$527.85 | \$93.15 | \$46.58 | \$55.89 | \$31.05 | \$1,000.00 |
| Family | \$1,663.00 | \$1,413.55 | \$249.45 | \$124.73 | \$149.67 | \$83.15 | \$2,000.00 |

| POS BLUE CHOICE | | | | | | |
|--------------------|----------------------|---------------------|---------------------|---|---|---|
| LEVEL | Full Monthly Premium | District Amount 75% | Employee Amount 25% | 12-Month Employee Biweekly Contribution | 10-Month Employee Biweekly Contribution | Eligible Married Couple Bi-Weekly Deduction 10% |
| Individual | \$863.00 | \$647.25 | \$215.75 | \$107.88 | \$129.45 | \$43.15 |
| Family | \$2,318.00 | \$1,738.50 | \$579.50 | \$289.75 | \$347.70 | \$115.90 |

| PPO BLUE CARE ELECT | | | | | | |
|------------------------|----------------------|---------------------|---------------------|---|---|---|
| LEVEL | Full Monthly Premium | District Amount 75% | Employee Amount 25% | 12-Month Employee Biweekly Contribution | 10-Month Employee Biweekly Contribution | Eligible Married Couple Bi-Weekly Deduction 10% |
| Individual | \$1,089.00 | \$816.75 | \$272.25 | \$136.13 | \$163.35 | \$54.45 |
| Family | \$2,921.00 | \$2,190.75 | \$730.25 | \$365.13 | \$438.15 | \$146.05 |

CBRS D INSURANCE PLANS / PREMIUMS AND CONTRIBUTIONS FY2019

| PPO BLUE CARE ELECT SAVER | | ***New HSA-qualified plan for FY2019*** | | | | | | Available for your use July 1, 2018  |
|------------------------------|----------------------|--|---------------------|---|---|---|--|---|
| LEVEL | Full Monthly Premium | District Amount 75% | Employee Amount 25% | 12-Month Employee Biweekly Contribution | 10-Month Employee Biweekly Contribution | Eligible Married Couple Bi-Weekly Deduction 10% | District Health Savings Account Contribution | |
| Individual | \$926.00 | \$694.50 | \$231.50 | \$115.75 | \$138.90 | \$46.30 | \$1,000.00 | |
| Family | \$2,483.00 | \$1,862.25 | \$620.75 | \$310.38 | \$372.45 | \$124.15 | \$2,000.00 | |
| DENTAL BLUE PROGRAM 2 | | | | | | | | |
| LEVEL | Full Monthly Premium | District Amount 50% | Employee Amount 50% | 12-Month Employee Biweekly Contribution | 10-Month Employee Biweekly Contribution | | | |
| Individual | \$32.00 | \$16.00 | \$16.00 | \$8.00 | \$9.60 | | | |
| Family | \$97.00 | \$48.50 | \$48.50 | \$24.25 | \$29.10 | | | |

*Note: BCBSMA does not offer an HSA-qualified POS plan
CanaRx is not currently available with the HSA plans*