

CBRS D INSURANCE PLANS / PREMIUMS AND CONTRIBUTIONS FY2019: RETIREES

HMO NETWORK BLUE			
LEVEL	Full Monthly Premium	District Amount 85%	Retiree Amount 15%
Individual	\$730.00	\$620.50	\$109.50
Family	\$1,957.00	\$1,663.45	\$293.55

HMO BLUE NE SAVER				Available for your use July 1, 2018
LEVEL	Full Monthly Premium	District Amount 85%	Retiree Amount 15%	District Health Savings Account Contribution
Individual	\$621.00	\$527.85	\$93.15	\$1,000.00
Family	\$1,663.00	\$1,413.55	\$249.45	\$2,000.00

POS BLUE CHOICE			
LEVEL	Full Monthly Premium	District Amount 75%	Retiree Amount 25%
Individual	\$863.00	\$647.25	\$215.75
Family	\$2,318.00	\$1,738.50	\$579.50

PPO BLUE CARE ELECT			
LEVEL	Full Monthly Premium	District Amount 75%	Retiree Amount 25%
Individual	\$1,089.00	\$816.75	\$272.25
Family	\$2,921.00	\$2,190.75	\$730.25

PPO BLUE CARE ELECT SAVER				Available for your use July 1, 2018
LEVEL	Full Monthly Premium	District Amount 75%	Retiree Amount 25%	District Health Savings Account Contribution
Individual	\$926.00	\$694.50	\$231.50	\$1,000.00
Family	\$2,483.00	\$1,862.25	\$620.75	\$2,000.00

Note: BCBSMA does not offer an HSA-qualified POS plan