



2022 CUMBERLAND COUNTY SCHOOLS

HEALTH INSURANCE MONTHLY PREMIUMS JANUARY 1, 2022 - DECEMBER 31, 2022

NETWORK BLUE CROSS PPO AND CIGNA LOCAL PLUS	COVERAGE LEVEL	MONTHLY PREMIUM	CERTIFIED <u>MONTHLY</u> COST		NON-CERTIFIED <u>MONTHLY</u> COST	
			CC-BOE RATES	EE RATES	CC-BOE RATES	EE RATES
PREMIER PLAN	EMPLOYEE	651.00	651.00	0.00	651.00	0.00
	EMPLOYEE + CHILD(REN)	1073.00	1073.00	0.00	651.00	422.00
	EMPLOYEE + SPOUSE	1335.00	958.80	376.20	651.00	684.00
	EMPLOYEE + CHILD(REN) + SPOUSE	1692.00	1351.55	340.45	651.00	1041.00
STANDARD PLAN	EMPLOYEE	609.00	609.00	0.00	609.00	0.00
	EMPLOYEE + CHILD(REN)	1004.00	1004.00	0.00	609.00	395.00
	EMPLOYEE + SPOUSE	1249.00	897.00	352.00	609.00	640.00
	EMPLOYEE + CHILD(REN) + SPOUSE	1557.00	1252.85	304.15	609.00	948.00
LIMITED PPO	EMPLOYEE	558.00	558.00	0.00	558.00	0.00
	EMPLOYEE + CHILD(REN)	919.00	919.00	0.00	558.00	361.00
	EMPLOYEE + SPOUSE	1143.00	821.25	321.75	558.00	585.00
	EMPLOYEE + CHILD(REN) + SPOUSE	1449.00	1157.50	291.50	558.00	891.00
CDHP/H.S.A.	EMPLOYEE	473.00	473.00	0.00	473.00	0.00
	EMPLOYEE + CHILD(REN)	780.00	780.00	0.00	473.00	307.00
	EMPLOYEE + SPOUSE	970.00	696.65	273.35	473.00	497.00
	EMPLOYEE + CHILD(REN) + SPOUSE	1230.00	982.50	247.50	473.00	757.00

OPEN ACCESS And BCBST Network P	COVERAGE LEVEL	MONTHLY PREMIUM	CERTIFIED <u>MONTHLY</u> COST		NON-CERTIFIED <u>MONTHLY</u> COST	
			CC-BOE RATES	EE RATES	CC-BOE RATES	EE RATES
PREMIER PLAN	EMPLOYEE	716.00	716.00	0.00	716.00	0.00
	EMPLOYEE + CHILD(REN)	1138.00	1138.00	0.00	716.00	422.00
	EMPLOYEE + SPOUSE	1465.00	1053.05	411.95	716.00	749.00
	EMPLOYEE + CHILD(REN) + SPOUSE	1822.00	1445.80	376.20	716.00	1106.00
STANDARD PLAN	EMPLOYEE	674.00	674.00	0.00	674.00	0.00
	EMPLOYEE + CHILD(REN)	1069.00	1069.00	0.00	674.00	395.00
	EMPLOYEE + SPOUSE	1379.00	991.25	387.75	674.00	705.00
	EMPLOYEE + CHILD(REN) + SPOUSE	1713.00	1358.80	354.20	674.00	1039.00
LIMITED PPO	EMPLOYEE	623.00	623.00	0.00	623.00	0.00
	EMPLOYEE + CHILD(REN)	984.00	984.00	0.00	623.00	361.00
	EMPLOYEE + SPOUSE	1273.00	915.50	357.50	623.00	650.00
	EMPLOYEE + CHILD(REN) + SPOUSE	1579.00	1251.75	327.25	623.00	956.00
CDHP/H.S.A.	EMPLOYEE	538.00	538.00	0.00	538.00	0.00
	EMPLOYEE + CHILD(REN)	845.00	845.00	0.00	538.00	307.00
	EMPLOYEE + SPOUSE	1100.00	790.90	309.10	538.00	562.00
	EMPLOYEE + CHILD(REN) + SPOUSE	1360.00	1076.75	283.25	538.00	822.00