

2027 CUMBERLAND COUNTY SCHOOLS

HEALTH INSURANCE MONTHLY PREMIUMS JANUARY 1, 2027 - DECEMBER 31, 2027

NETWORK				
BLUE CROSS PPO AND CIGNA LOCAL PLUS			MONTHLY COST	
	COVERAGE LEVEL	MONTHLY PREMIUM	CC-BOE RATES	EE RATES
PREMIER PLAN	EMPLOYEE	856.00	794.00	62.00
	EMPLOYEE + CHILD(REN)	1411.00	1309.00	102.00
	EMPLOYEE + SPOUSE	2011.00	1276.85	734.15
	EMPLOYEE + CHILD(REN) + SPOUSE	2225.00	1649.20	575.80
STANDARD PLAN	EMPLOYEE	794.00	794.00	0.00
	EMPLOYEE + CHILD(REN)	1309.00	1309.00	0.00
	EMPLOYEE + SPOUSE	1867.00	1276.85	590.15
	EMPLOYEE + CHILD(REN) + SPOUSE	2065.00	1649.20	415.80
LIMITED PPO	EMPLOYEE	750.00	750.00	0.00
	EMPLOYEE + CHILD(REN)	1236.00	1236.00	0.00
	EMPLOYEE + SPOUSE	1763.00	1205.85	557.15
	EMPLOYEE + CHILD(REN) + SPOUSE	1950.00	1557.30	392.70
CDHP/H.S.A.	EMPLOYEE	655.00	655.00	0.00
	EMPLOYEE + CHILD(REN)	1080.00	1080.00	0.00
	EMPLOYEE + SPOUSE	1540.00	1053.25	486.75
	EMPLOYEE + CHILD(REN) + SPOUSE	1703.00	1360.35	342.65
COPAY PPO	EMPLOYEE	629.00	629.00	0.00
	EMPLOYEE + CHILD(REN)	1037.00	1037.00	0.00
	EMPLOYEE + SPOUSE	1478.00	1011.05	466.95
	EMPLOYEE + CHILD(REN) + SPOUSE	1636.00	1306.55	329.45
CIGNA OPEN ACCESS And BCBST Network P			MONTHLY COST	
	COVERAGE LEVEL	MONTHLY PREMIUM	CC-BOE RATES	EE RATES
PREMIER PLAN	EMPLOYEE	956.00	794.00	162.00
	EMPLOYEE + CHILD(REN)	1521.00	1309.00	212.00
	EMPLOYEE + SPOUSE	2211.00	1276.85	934.15
	EMPLOYEE + CHILD(REN) + SPOUSE	2425.00	1649.20	775.80
STANDARD PLAN	EMPLOYEE	894.00	794.00	100.00
	EMPLOYEE + CHILD(REN)	1419.00	1309.00	110.00
	EMPLOYEE + SPOUSE	2067.00	1276.85	790.15
	EMPLOYEE + CHILD(REN) + SPOUSE	2265.00	1649.20	615.80
LIMITED PPO	EMPLOYEE	850.00	750.00	100.00
	EMPLOYEE + CHILD(REN)	1346.00	1236.00	110.00
	EMPLOYEE + SPOUSE	1963.00	1205.85	757.15
	EMPLOYEE + CHILD(REN) + SPOUSE	2150.00	1557.30	592.70
CDHP/H.S.A.	EMPLOYEE	755.00	655.00	100.00
	EMPLOYEE + CHILD(REN)	1190.00	1080.00	110.00
	EMPLOYEE + SPOUSE	1740.00	1053.25	686.75
	EMPLOYEE + CHILD(REN) + SPOUSE	1903.00	1360.35	542.65