

Annual Open Enrollment - October 1-31, 2024

2025 Health Insurance Premiums

	BCBST Network S	CIGNA Local Plus	BCBST Network P	CIGNA Open Access
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Premier PPO	BCBST Network S	CIGNA Local Plus	BCBST Network P	CIGNA Open Access
Employee only	151.00	151.00	166.00	166.00
Employee + Children	311.00	311.00	332.25	332.25
Employee + Spouse	424.50	424.50	462.00	462.00
Family	490.25	490.25	527.75	527.75

	Cigna Prepaid Plan	Delta Dental DPPO Plan
Employee only	14.69	20.32
Employee + Children	30.50	54.03
Employee + Spouse	26.03	39.96
Family	35.79	82.75

Standard PPO	BCBST Network S	CIGNA Local Plus	BCBST Network P	CIGNA Open Access
Employee only	140.20	140.20	155.20	155.20
Employee + Children	289.00	289.00	310.25	310.25
Employee + Spouse	394.25	394.25	431.75	431.75
Family	455.50	455.50	493.00	493.00

	Basic Plan	Expanded Plan
Employee only	3.18	6.30
Employee + Children	6.35	12.60
Employee + Spouse	6.03	11.98
Family	9.33	18.54

Limited PPO	BCBST Network S	CIGNA Local Plus	BCBST Network P	CIGNA Open Access
Employee only	132.40	132.40	147.40	147.40
Employee + Children	272.75	272.75	294.00	294.00
Employee + Spouse	372.50	372.50	410.00	410.00
Family	430.00	430.00	467.50	467.50

	Basic Plan	Expanded Plan
Employee only	3.18	6.30
Employee + Children	6.35	12.60
Employee + Spouse	6.03	11.98
Family	9.33	18.54

Local CDHP/HSA	BCBST Network S	CIGNA Local Plus	BCBST Network P	CIGNA Open Access	H S A Contribution by the Board*
Employee only	0.00	0.00	0.00	0.00	500.00
Employee + Children	190.60	190.60	207.60	207.60	1,500.00
Employee + Spouse	260.00	260.00	290.00	290.00	1,500.00
Family	300.40	300.40	330.40	330.40	2,000.00

* If an employee enrolls in the CDHP plan after June 30, 2025, only half of the Board contribution will be made to the employee's health savings account (\$250 for single; \$750 for employee + children or spouse; \$1000 for family). There are certain restrictions related to the CDHP plan; please review these restrictions before choosing this plan.