2026 CUMBERLAND COUNTY SCHOOLS

HEALTH INSURANCE MONTHLY PREMIUMS JANUARY 1, 2026 - DECEMBER 31, 2026

NETWORK							
BLUE CROSS PPO AND CIGNA LOCAL PLUS			**CERTIFIED MONTHLY COST**			**NON-CERTIFIED MONTHLY COST**	
	COVERAGE LEVEL	**MONTHLY PREMIUM**	**CC-BOE RATES**	**EE RATES**		**CC-BOE RATES**	**EE RATES**
PREMIER PLAN	EMPLOYEE	793.00	793.00	**0.00**		793.00	**0.00**
	EMPLOYEE + CHILD(REN)	1307.00	1307.00	**0.00**		793.00	**514.00**
	EMPLOYEE + SPOUSE	1783.00	1238.50	**544.50**		793.00	**990.00**
	EMPLOYEE + CHILD(REN) + SPOUSE	2060.00	1645.85	**414.15**		793.00	**1267.00**
STANDARD PLAN	EMPLOYEE	736.00	736.00	**0.00**		736.00	**0.00**
	EMPLOYEE + CHILD(REN)	1214.00	1214.00	**0.00**		736.00	**478.00**
	EMPLOYEE + SPOUSE	1656.00	1150.00	**506.00**		736.00	**920.00**
	EMPLOYEE + CHILD(REN) + SPOUSE	1914.00	1529.00	**385.00**		736.00	**1178.00**
LIMITED PPO	EMPLOYEE	695.00	695.00	**0.00**		695.00	**0.00**
	EMPLOYEE + CHILD(REN)	1146.00	1091.00	**55.00**		695.00	**451.00**
	EMPLOYEE + SPOUSE	1565.00	1086.50	**478.50**		695.00	**870.00**
	EMPLOYEE + CHILD(REN) + SPOUSE	1807.00	1443.45	**363.55**		695.00	**1112.00**
CDHP/H.S.A.	EMPLOYEE	607.00	607.00	**0.00**		607.00	**0.00**
	EMPLOYEE + CHILD(REN)	1001.00	1001.00	**0.00**		607.00	**394.00**
	EMPLOYEE + SPOUSE	1365.00	948.10	**416.90**		607.00	**758.00**
	EMPLOYEE + CHILD(REN) + SPOUSE	1578.00	1260.65	**317.35**		607.00	**971.00**
CIGNA OPEN ACCESS And BCBST Network P			**CERTIFIED MONTHLY COST**			**NON-CERTIFIED MONTHLY COST**	
	COVERAGE LEVEL	**MONTHLY PREMIUM**	**CC-BOE RATES**	**EE RATES**		**CC-BOE RATES**	**EE RATES**
PREMIER PLAN	EMPLOYEE	**883.00**	883.00	**0.00**		883.00	**0.00**
	EMPLOYEE + CHILD(REN)	**1407.00**	1407.00	**0.00**		830.00	**524.00**
	EMPLOYEE + SPOUSE	**1963.00**	1369.00	**594.00**		883.00	**1080.00**
	EMPLOYEE + CHILD(REN) + SPOUSE	**2240.00**	1781.85	**458.15**		883.00	**1357.00**
STANDARD PLAN	EMPLOYEE	**826.00**	826.00	**0.00**		826.00	**0.00**
	EMPLOYEE + CHILD(REN)	**1314.00**	1314.00	**0.00**		826.00	**488.00**
	EMPLOYEE + SPOUSE	**1836.00**	1280.50	**555.50**		826.00	**1010.00**
	EMPLOYEE + CHILD(REN) + SPOUSE	**2094.00**	1665.00	**429.00**		826.00	**1268.00**
LIMITED PPO	EMPLOYEE	**785.00**	785.00	**0.00**		785.00	**0.00**
	EMPLOYEE + CHILD(REN)	**1246.00**	1246.00	**0.00**		785.00	**461.00**
	EMPLOYEE + SPOUSE	**1745.00**	1217.00	**528.00**		785.00	**960.00**
	EMPLOYEE + CHILD(REN) + SPOUSE	**1987.00**	1579.45	**407.55**		785.00	**1202.00**
CDHP/H.S.A.	EMPLOYEE	**697.00**	697.00	**0.00**		697.00	**0.00**
	EMPLOYEE + CHILD(REN)	**1101.00**	1101.00	**0.00**		697.00	**404.00**
	EMPLOYEE + SPOUSE	**1545.00**	1078.60	**466.40**		697.00	**848.00**
	EMPLOYEE + CHILD(REN) + SPOUSE	**1758.00**	1396.65	**361.35**		697.00	**1061.00**