2024 CUMBERLAND COUNTY SCHOOLS

HEALTH INSURANCE MONTHLY PREMIUMS JANUARY 1, 2024 - DECEMBER 31, 2024

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	713.00	713.00	0.00	713.00	0.00
	EMPLOYEE + CHILD(REN)	1175.00	1175.00	0.00	713.00	462.00
	EMPLOYEE + SPOUSE	1604.00	1113.95	490.05	713.00	891.00
	EMPLOYEE + CHILD(REN) + SPOUSE	1852.00	1479.65	372.35	713.00	1139.00
STANDARD PLAN	EMPLOYEE	662.00	662.00	0.00	662.00	0.00
	EMPLOYEE + CHILD(REN)	1092.00	1092.00	0.00	662.00	430.00
	EMPLOYEE + SPOUSE	1490.00	1034.60	455.40	662.00	828.00
	EMPLOYEE + CHILD(REN) + SPOUSE	1721.00	1375.05	345.95	662.00	1059.00
LIMITED PPO	EMPLOYEE	625.00	625.00	0.00	625.00	0.00
	EMPLOYEE + CHILD(REN)	1031.00	1031.00	0.00	625.00	406.00
	EMPLOYEE + SPOUSE	1407.00	976.90	430.10	625.00	782.00
	EMPLOYEE + CHILD(REN) + SPOUSE	1625.00	1298.30	326.70	625.00	1000.00
CDHP/H.S.A.	EMPLOYEE	546.00	546.00	0.00	546.00	0.00
	EMPLOYEE + CHILD(REN)	900.00	900.00	0.00	546.00	354.00
	EMPLOYEE + SPOUSE	1228.00	852.90	375.10	546.00	682.00
	EMPLOYEE + CHILD(REN) + SPOUSE	1419.00	1133.55	285.45	546.00	873.00

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	788.00	788.00	0.00	788.00	0.00
	EMPLOYEE + CHILD(REN)	1260.00	1260.00	0.00	788.00	472.00
	EMPLOYEE + SPOUSE	1754.00	1222.70	531.30	788.00	966.00
	EMPLOYEE + CHILD(REN) + SPOUSE	2002.00	1593.90	408.10	788.00	1214.00
STANDARD PLAN	EMPLOYEE	737.00	737.00	0.00	737.00	0.00
	EMPLOYEE + CHILD(REN)	1177.00	1177.00	0.00	737.00	440.00
	EMPLOYEE + SPOUSE	1640.00	1143.35	496.65	737.00	903.00
	EMPLOYEE + CHILD(REN) + SPOUSE	1871.00	1489.30	381.70	737.00	1134.00
LIMITED PPO	EMPLOYEE	700.00	700.00	0.00	700.00	0.00
	EMPLOYEE + CHILD(REN)	1116.00	1116.00	0.00	700.00	416.00
	EMPLOYEE + SPOUSE	1557.00	1085.65	471.35	700.00	857.00
	EMPLOYEE + CHILD(REN) + SPOUSE	1775.00	1412.55	362.45	700.00	1075.00
CDHP/H.S.A.	EMPLOYEE	621.00	621.00	0.00	621.00	0.00
	EMPLOYEE + CHILD(REN)	985.00	985.00	0.00	621.00	364.00
	EMPLOYEE + SPOUSE	1378.00	961.65	416.35	621.00	757.00
	EMPLOYEE + CHILD(REN) + SPOUSE	1569.00	1247.80	321.20	621.00	948.00