Health Insurance
Cost Comparison FY24 to FY 25

EMPLOYEE PREMIUMS BASED ON PLAN & COVERAGE LEVEL

3 - Plans 4 - Coverage Levels	2024 BCBST NETWORK S	2025 BCBST NETWORK S 1/1/2025	Net Monthly Increase	Net Annual Increase	2024 CIGNA LOCAL PLUS	2025 CIGNA LOCAL PLUS 1/1/2025	Net Monthly Increase	Net Annual Increase
PREMIER PPO								
Employee Only	159.00	167.00	**8.00**	**96.00**	159.00	167.00	**8.00**	**96.00**
Employee + Child(ren)	238.00	251.00	**13.00**	**156.00**	238.00	251.00	**13.00**	**156.00**
Employee + Spouse	357.00	376.00	**19.00**	**228.00**	357.00	376.00	**19.00**	**228.00**
Employee + Spouse + Child(ren)	412.00	434.00	**22.00**	**264.00**	412.00	434.00	**22.00**	**264.00**
STANDARD PPO								
Employee Only	102.00	107.00	**5.00**	**60.00**	102.00	107.00	**5.00**	**60.00**
Employee + Child(ren)	153.00	161.00	**8.00**	**96.00**	153.00	161.00	**8.00**	**96.00**
Employee + Spouse	230.00	242.00	**12.00**	**144.00**	230.00	242.00	**12.00**	**144.00**
Employee + Spouse + Child(ren)	265.00	279.00	**14.00**	**168.00**	265.00	279.00	**14.00**	**168.00**
CDHP/HSA								
Employee Only	71.00	74.00	**3.00**	**36.00**	71.00	74.00	**3.00**	**36.00**
Employee + Child(ren)	107.00	113.00	**6.00**	**72.00**	107.00	113.00	**6.00**	**72.00**
Employee + Spouse	160.00	169.00	**9.00**	**108.00**	160.00	169.00	**9.00**	**108.00**
Employee + Spouse + Child(ren)	185.00	195.00	**10.00**	**120.00**	185.00	195.00	**10.00**	**120.00**

3 - Plans 4 - Coverage Levels	2024 BCBST NETWORK P	2025 BCBST NETWORK P 1/1/2025	Net Monthly Increase	Net Annual Increase	2024 CIGNA OPEN ACCESS	2025 CIGNA OPEN ACCESS 1/1/2025	Net Monthly Increase	Net Annual Increase
PREMIER PPO								
Employee Only	234.00	242.00	**8.00**	**96.00**	234.00	242.00	**8.00**	**96.00**
Employee + Child(ren)	323.00	336.00	**13.00**	**156.00**	323.00	336.00	**13.00**	**156.00**
Employee + Spouse	507.00	526.00	**19.00**	**228.00**	507.00	526.00	**19.00**	**228.00**
Employee + Spouse + Child(ren)	562.00	584.00	**22.00**	**264.00**	562.00	584.00	**22.00**	**264.00**
STANDARD PPO								
Employee Only	177.00	182.00	**5.00**	**60.00**	177.00	182.00	**5.00**	**60.00**
Employee + Child(ren)	238.00	246.00	**8.00**	**96.00**	238.00	246.00	**8.00**	**96.00**
Employee + Spouse	380.00	392.00	**12.00**	**144.00**	380.00	392.00	**12.00**	**144.00**
Employee + Spouse + Child(ren)	415.00	429.00	**14.00**	**168.00**	415.00	429.00	**14.00**	**168.00**
CDHP/HSA								
Employee Only	146.00	149.00	**3.00**	**36.00**	146.00	149.00	**3.00**	**36.00**
Employee + Child(ren)	192.00	198.00	**6.00**	**72.00**	192.00	198.00	**6.00**	**72.00**
Employee + Spouse	310.00	319.00	**9.00**	**108.00**	310.00	319.00	**9.00**	**108.00**
Employee + Spouse + Child(ren)	335.00	345.00	**10.00**	**120.00**	335.00	345.00	**10.00**	**120.00**

EMPLOYER PAID PREMIUMS PER PLAN & COVERAGE

3 - Plans 4 - Coverage Levels	2024 EMPLOYER SHARE	2025 EMPLOYER SHARE 1/1/2025	Net Monthly Increase	Net Annual Increase
PREMIER PPO				
Employee Only	634.00	669.00	**35.00**	**420.00**
Employee + Child(ren)	951.00	1003.00	**52.00**	**624.00**
Employee + Spouse	1427.00	1505.00	**78.00**	**936.00**
Employee + Spouse + Child(ren)	1648.00	1738.00	**90.00**	**1080.00**
STANDARD PPO				
Employee Only	634.00	669.00	**35.00**	**420.00**
Employee + Child(ren)	951.00	1003.00	**52.00**	**624.00**
Employee + Spouse	1427.00	1505.00	**78.00**	**936.00**
Employee + Spouse + Child(ren)	1648.00	1738.00	**90.00**	**1080.00**
CDHP/HSA				
Employee Only	634.00	669.00	**35.00**	**420.00**
Employee + Child(ren)	951.00	1003.00	**52.00**	**624.00**
Employee + Spouse	1427.00	1505.00	**78.00**	**936.00**
Employee + Spouse + Child(ren)	1648.00	1738.00	**90.00**	**1080.00**