

**BLUE CROSS/BLUE SHIELD COMMUNITY BLUE PPO #1
Health Insurance Rates**

Effective January 1, 2025

	<u>Monthly Total Premium</u>	<u>Monthly Employee Contribution</u>	<u>Monthly College Contribution</u>	<u>Yearly Total Premium</u>	<u>Yearly College Contribution</u>	<u>Yearly Employee Contribution</u>	<u>Estimated Tax Rate</u>	<u>Yearly Employee Estimated Net Savings</u>	<u>Yearly Employee Estimated Net Cost</u>
Single	\$764.75	\$153	\$611.75	\$9,177.00	\$7,341.00	\$1,836.00	37.00%	\$679.32	\$1,156.68
Two Party	\$1,833.10	\$367	\$1,466.10	\$21,997.20	\$17,593.20	\$4,404.00	37.00%	\$1,629.48	\$2,774.52
Family	\$2,291.95	\$458	\$1,833.95	\$27,503.40	\$22,007.40	\$5,496.00	37.00%	\$2,033.52	\$3,462.48