

2024 ORS HEALTH INSURANCE PREMIUMS

BCBST NETWORK S and CIGNA LOCALPLUS

PREMIER PPO

	Emp Only	Emp:Child(ren)	Emp:Spouse	Emp:Sp:Child(ren)
Total Annual Premium	\$8,556.00	\$14,100.00	\$19,248.00	\$22,224.00
Total Monthly Premium	\$713.00	\$1,175.00	\$1,604.00	\$1,852.00
Monthly Board Share	\$606.05	\$822.50	\$1,122.80	\$1,296.40
Monthly Employee Share	\$106.95	\$352.50	\$481.20	\$555.60
20 Payperiods*	\$64.17	\$211.50	\$288.72	\$333.36
<i>Annualized Premiums</i>	<i>\$1,283.40</i>	<i>\$4,230.00</i>	<i>\$5,774.40</i>	<i>\$6,667.20</i>

STANDARD PPO

	Emp Only	Emp:Child(ren)	Emp:Spouse	Emp:Sp:Child(ren)
Total Annual Premium	\$7,944.00	\$13,104.00	\$17,880.00	\$20,652.00
Total Monthly Premium	\$662.00	\$1,092.00	\$1,490.00	\$1,721.00
Monthly Board Share	\$562.70	\$764.40	\$1,043.00	\$1,204.70
Monthly Employee Share	\$99.30	\$327.60	\$447.00	\$516.30
20 Payperiods*	\$59.58	\$196.56	\$268.20	\$309.78
<i>Annualized Premiums</i>	<i>\$1,191.60</i>	<i>\$3,931.20</i>	<i>\$5,364.00</i>	<i>\$6,195.60</i>

LIMITED PPO

	Emp Only	Emp:Child(ren)	Emp:Spouse	Emp:Sp:Child(ren)
Total Annual Premium	\$7,500.00	\$12,372.00	\$16,884.00	\$19,500.00
Total Monthly Premium	\$625.00	\$1,031.00	\$1,407.00	\$1,625.00
Monthly Board Share	\$531.25	\$721.70	\$984.90	\$1,137.50
Monthly Employee Share	\$93.75	\$309.30	\$422.10	\$487.50
20 Payperiods*	\$56.25	\$185.58	\$253.26	\$292.50
<i>Annualized Premiums</i>	<i>\$1,125.00</i>	<i>\$3,711.60</i>	<i>\$5,065.20</i>	<i>\$5,850.00</i>

LOCAL CDHP/HSA

	Emp Only	Emp:Child(ren)	Emp:Spouse	Emp:Sp:Child(ren)
Total Annual Premium	\$6,552.00	\$10,800.00	\$14,736.00	\$17,028.00
Total Monthly Premium	\$546.00	\$900.00	\$1,228.00	\$1,419.00
Monthly Board Share	\$464.10	\$630.00	\$859.60	\$993.30
Monthly Employee Share	\$81.90	\$270.00	\$368.40	\$425.70
20 Payperiods*	\$49.14	\$162.00	\$221.04	\$255.42
<i>Annualized Premiums</i>	<i>\$982.80</i>	<i>\$3,240.00</i>	<i>\$4,420.80</i>	<i>\$5,108.40</i>

* NOTES Deductions taken per paycheck.

Stated premiums are for full-time employees.

Board Share of premiums will be adjusted for licensed part time employees based on percentage of employment.

Monthly premiums are deducted over twenty pays.

The Board pays 85% of the cost for Full Time Employee Only premiums and

70% of the cost for Full Time Employee + (Family) premiums.

2024 ORS HEALTH INSURANCE PREMIUMS

BCBST NETWORK P and CIGNA OPEN ACCESS

PREMIER PPO

	Emp Only	Emp:Child(ren)	Emp:Spouse	Emp:Sp:Child(ren)
Total Annual Premium	\$9,456.00	\$15,120.00	\$21,048.00	\$24,024.00
Total Monthly Premium	\$788.00	\$1,260.00	\$1,754.00	\$2,002.00
Monthly Board Share	\$669.80	\$882.00	\$1,227.80	\$1,401.40
Monthly Employee Share	\$118.20	\$378.00	\$526.20	\$600.60
20 Payperiods*	\$70.92	\$226.80	\$315.72	\$360.36
<i>Annualized Premiums</i>	<i>\$1,418.40</i>	<i>\$4,536.00</i>	<i>\$6,314.40</i>	<i>\$7,207.20</i>

STANDARD PPO

	Emp Only	Emp:Child(ren)	Emp:Spouse	Emp:Sp:Child(ren)
Total Annual Premium	\$8,844.00	\$14,124.00	\$19,680.00	\$22,452.00
Total Monthly Premium	\$737.00	\$1,177.00	\$1,640.00	\$1,871.00
Monthly Board Share	\$626.45	\$823.90	\$1,148.00	\$1,309.70
Monthly Employee Share	\$110.55	\$353.10	\$492.00	\$561.30
20 Payperiods*	\$66.33	\$211.86	\$295.20	\$336.78
<i>Annualized Premiums</i>	<i>\$1,326.60</i>	<i>\$4,237.20</i>	<i>\$5,904.00</i>	<i>\$6,735.60</i>

LIMITED PPO

	Emp Only	Emp:Child(ren)	Emp:Spouse	Emp:Sp:Child(ren)
Total Annual Premium	\$8,400.00	\$13,392.00	\$18,684.00	\$21,300.00
Total Monthly Premium	\$700.00	\$1,116.00	\$1,557.00	\$1,775.00
Monthly Board Share	\$595.00	\$781.20	\$1,089.90	\$1,242.50
Monthly Employee Share	\$105.00	\$334.80	\$467.10	\$532.50
20 Payperiods*	\$63.00	\$200.88	\$280.26	\$319.50
<i>Annualized Premiums</i>	<i>\$1,260.00</i>	<i>\$4,017.60</i>	<i>\$5,605.20</i>	<i>\$6,390.00</i>

LOCAL CDHP/HSA

	Emp Only	Emp:Child(ren)	Emp:Spouse	Emp:Sp:Child(ren)
Total Annual Premium	\$7,452.00	\$11,820.00	\$16,536.00	\$18,828.00
Total Monthly Premium	\$621.00	\$985.00	\$1,378.00	\$1,569.00
Monthly Board Share	\$527.85	\$689.50	\$964.60	\$1,098.30
Monthly Employee Share	\$93.15	\$295.50	\$413.40	\$470.70
20 Payperiods*	\$55.89	\$177.30	\$248.04	\$282.42
<i>Annualized Premiums</i>	<i>\$1,117.80</i>	<i>\$3,546.00</i>	<i>\$4,960.80</i>	<i>\$5,648.40</i>

* NOTES Deductions taken per paycheck.

Stated premiums are for full-time employees.

Board Share of premiums will be adjusted for licensed part time employees based on percentage of employment.

Monthly premiums are deducted over twenty pays.

The Board pays 85% of the cost for Full Time Employee Only premiums and

70% of the cost for Full Time Employee + (Family) premiums.