

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

Effective January 1, 2026

| | <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 | \$874.43 | \$175 | \$699.43 | \$10,493.16 | \$8,393.16 | \$2,100.00 | 37.00% | \$777.00 | \$1,323.00 |
| Two Party | \$2,098.62 | \$420 | \$1,678.62 | \$25,183.44 | \$20,143.44 | \$5,040.00 | 37.00% | \$1,864.80 | \$3,175.20 |
| Family | \$2,623.28 | \$525 | \$2,098.28 | \$31,479.36 | \$25,179.36 | \$6,300.00 | 37.00% | \$2,331.00 | \$3,969.00 |