

2019 Health Plan Employee Rates

FULL TIME BENEFIT ELIGIBLE FACULTY AND STAFF

Coverage Category	2019 Semi-Monthly & Bi-Weekly Premiums for 24 Pay Periods*		
	BCBS PPO Option 5	BCBS High Deductible PPO Simply Blue with HSA	BCN HMO PLAN
Single	\$41.00	\$31.75	\$10.63
Two Person	\$82.08	\$63.46	\$21.13
Family (3 or 4)	\$98.45	\$79.29	\$26.38
Family Plus (5 or more)	\$114.83	\$95.21	\$31.75

16-PAY FOR FULL TIME FACULTY AND LECTURERS

Coverage Category	2019 Semi-Monthly Premiums for 16 Pay Periods*		
	BCBS PPO Option 5	BCBS High Deductible PPO Simply Blue with HSA	BCN HMO PLAN
Single	\$61.50	\$47.63	\$15.94
Two Person	\$123.13	\$95.19	\$31.69
Family (3 or 4)	\$147.69	\$118.94	\$39.56
Family Plus (5 or more)	\$172.25	\$142.82	\$47.63

* If a month has three paychecks, no health care deduction is taken from the third check in the month.