FY2021 PLAN RATES	FY 2021 Monthly Rate 9/1/2020	FY 2021 District Rate 70%	FY 2021 Employee Rate 30%	FY 2021 24 Pay Deduction	FY 2021 21 Pay Deductions	FY 2021 Retiree Deduction 50%	FY 2021 COBRA 102%
Blue Care Elect							
Individual	$1,153.51	$807.46	$346.05	$173.03	$197.74	$576.76	$1,176.58
Family	$3,025.93	$2,118.15	$907.78	$453.89	$518.73	$1,512.97	$3,086.45
Blue Choice NE							
Individual	$1,099.30	$769.51	$329.79	$164.90	$188.45	$549.65	$1,121.29
Family	$2,883.64	$2,018.55	$865.09	$432.55	$494.34	$1,441.82	$2,941.31
HMO Blue NE							
Individual	$883.29	$618.30	$264.99	$132.49	$151.42	$441.65	$900.96
Family	$2,336.06	$1,635.24	$700.82	$350.41	$400.47	$1,168.03	$2,382.78
			Retiree Supplement Plans 50%				
MEDEX II 1/1/2020	$381.30					$190.65	
Managed Blue for Seniors 1/1/2020	$319.78					$159.89	
Supplements change on Jan 1st							
			Dental Rates 50%				
Dental Blue Freedom							
Individual	$46.31	$23.16	$23.16	$11.58	$13.23	$23.16	$47.24
Family	$123.90	$61.95	$61.95	$30.98	$35.40	$61.95	$126.38