

Table 8



## Medical Proposed Rates

Group Name:	<b>League Insurance Government Health Team</b>		
Effective Date:	July 1, 2025	Prepared on:	April 23, 2025

## Plan Info

Plan Name

HSA

## Benefits

In Network

Copays (PCP/SPC)

Deductible (Single/Family)

Coinsurance (Member Pays)

Out-Of-Pocket (Single/Family)

Pharmacy

Out Of Network

Deductible (Single/Family)

Coinsurance (Member Pays)

Out-Of-Pocket (Single/Family)

PPO OPT 1	PPO OPT 2	PPO OPT 3
Embedded	Embedded	Embedded
No	No	No
\$30/\$45	\$25/\$50	\$30/\$50
\$1,000/\$2,000	\$2,000/\$4,000	\$3,000/\$6,000
20%	20%	30%
\$4,000/\$8,000	\$6,000/\$12,000	\$6,000/\$12,000
\$15; \$45; \$80; \$300	\$15; \$45; \$80; \$300	\$15; \$45; \$80; \$300
\$2,000/\$4,000	\$4,000/\$8,000	\$6,000/\$12,000
40%	40%	50%
\$8,000/\$16,000	\$10,000/\$20,000	\$12,000/\$24,000
Network Blue	Network Blue	Network Blue
Proposed	Proposed	Proposed
\$1,061.09	\$958.41	\$867.17
\$2,175.23	\$1,964.74	\$1,777.70
\$1,856.91	\$1,677.22	\$1,517.55
\$3,077.16	\$2,779.39	\$2,514.79
Select Blue	Select Blue	Select Blue
Proposed	Proposed	Proposed
\$1,018.65	\$920.07	\$832.48
\$2,088.23	\$1,886.14	\$1,706.58
\$1,782.64	\$1,610.12	\$1,456.84
\$2,954.09	\$2,668.20	\$2,414.19
BluePrint Health	BluePrint Health	BluePrint Health
Proposed	Proposed	Proposed
\$954.98	\$862.57	\$780.45
\$1,957.71	\$1,768.27	\$1,599.92
\$1,671.22	\$1,509.50	\$1,365.79
\$2,769.44	\$2,501.45	\$2,263.31

## Monthly Premium Rates

Employee

Employee &amp; Spouse

Employee &amp; Children

Employee &amp; Family

## Monthly Premium Rates

Employee

Employee &amp; Spouse

Employee &amp; Children

Employee &amp; Family

## Monthly Premium Rates

Employee

Employee &amp; Spouse

Employee &amp; Children

Employee &amp; Family

\*Please be advised that Blue Cross and Blue Shield of Nebraska does not perform plan discrimination testing. Such activities are the responsibility of the employer.

Produced by Group Underwriting

Prepared By: UW

Table 8



## Medical Proposed Rates

Group Name:	<b>League Insurance Government Health Team</b>		
Effective Date:	July 1, 2025	Prepared on:	April 23, 2025

## Plan Info

Plan Name	HSA OPT 1	HSA OPT 2	HSA OPT 3	HSA OPT 4
HSA	Aggregate Yes	Aggregate Yes	Embedded Yes	Embedded Yes
<b>Benefits</b>				
In Network				
Copays (PCP/SPC)	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
Deductible (Single/Family)	\$2,500/\$5,000	\$3,000/\$6,000	\$4,500/\$9,000	\$6,750/\$13,500
Coinsurance (Member Pays)	20%	0%	20%	0%
Out-Of-Pocket (Single/Family)	\$3,675/\$7,350	\$3,000/\$6,000	\$6,500/\$13,000	\$6,750/\$13,500
Pharmacy	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
Out Of Network				
Deductible (Single/Family)	\$5,000/\$10,000	\$6,000/\$12,000	\$9,000/\$18,000	\$13,500/\$27,000
Coinsurance (Member Pays)	40%	20%	40%	0%
Out-Of-Pocket (Single/Family)	\$9,000/\$18,000	\$10,000/\$20,000	\$13,000/\$26,000	\$13,500/\$27,000
<b>Monthly Premium Rates</b>	<b>Network Blue</b>	<b>Network Blue</b>	<b>Network Blue</b>	<b>Network Blue</b>
	Proposed	Proposed	Proposed	Proposed
Employee	\$891.54	\$917.66	\$813.03	\$723.03
Employee & Spouse	\$1,827.66	\$1,881.20	\$1,666.71	\$1,482.21
Employee & Children	\$1,560.20	\$1,605.91	\$1,422.80	\$1,265.30
Employee & Family	\$2,585.47	\$2,661.21	\$2,357.79	\$2,096.79
<b>Monthly Premium Rates</b>	<b>Select Blue</b>	<b>Select Blue</b>	<b>Select Blue</b>	<b>Select Blue</b>
	Proposed	Proposed	Proposed	Proposed
Employee	\$855.88	\$880.95	\$780.51	\$694.11
Employee & Spouse	\$1,754.55	\$1,805.95	\$1,600.05	\$1,422.93
Employee & Children	\$1,497.79	\$1,541.66	\$1,365.89	\$1,214.69
Employee & Family	\$2,482.05	\$2,554.76	\$2,263.48	\$2,012.92
<b>Monthly Premium Rates</b>	<b>BluePrint Health</b>	<b>BluePrint Health</b>	<b>BluePrint Health</b>	<b>BluePrint Health</b>
	Proposed	Proposed	Proposed	Proposed
Employee	\$802.39	\$825.89	\$731.73	\$650.73
Employee & Spouse	\$1,644.90	\$1,693.07	\$1,500.05	\$1,334.00
Employee & Children	\$1,404.18	\$1,445.31	\$1,280.53	\$1,138.78
Employee & Family	\$2,326.93	\$2,395.08	\$2,122.02	\$1,887.12

\*Please be advised that Blue Cross and Blue Shield of Nebraska does not perform plan discrimination testing. Such activities are the responsibility of the employer.

Produced by Group Underwriting

Prepared By: UW