

FY 2025 Working Rates

100% Premium Rates

100% MONTHLY PREMIUM

	Coverage Tier	FY 2024	FY 2025		
Plan	rier		Rates	\$ Change	% Change
Blue Care Elect Deductible	Individual	\$1,440.00	\$1,522.00	\$82.00	
	Family	\$3,583.00	\$3,787.00	\$204.00	
Blue Care Elect Value Plan	Individual	\$1,593.00	\$1,684.00	\$91.00	
	Family	\$3,961.00	\$4,187.00	\$226.00	
Blue Care Elect PPO	Individual	\$1,093.00	\$1,155.00	\$62.00	
Saver (HSA)	Family	\$2,706.00	\$2,860.00	\$154.00	5.7%
Network Blue Deductible	Individual	\$836.00	\$884.00	\$48.00	5.7 /0
	Family	\$2,190.00	\$2,315.00	\$125.00	
Network Blue NE Value Plan	Individual	\$887.00	\$938.00	\$51.00	
	Family	\$2,326.00	\$2,459.00	\$133.00	
Network Blue NE Saver (HSA)	Individual	\$650.00	\$687.00	\$37.00	
	Family	\$1,796.00	\$1,898.00	\$102.00	

Senior Plan Rate - Effective January 1, 2024

Aetna Medicare Advantage Plan \$305.00

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