2025 HSBT Rates

PLAN	Deduction Code	Cost Per Month	Annual Cost	BGCS Pays Annually	Board %	Employee Pays Annually	Employee Owes 24 Pays	Employee Owes 18 Pays	
PLAN 1 / PLAN 2	**$1500 / $3000**		**OPM $6000 / $10000**						
Single	**3H2SN**	$ 904	$ 10,848	$ 7,733	71.29%	$ 3,115	$ 129.79	NA	
Emp + Spouse	**3H2ES**	$ 2,309	$ 27,708	$ 15,522	56.02%	$ 12,186	$ 507.75	NA	
Emp + Child(ren)	**3H2EC**	$ 1,779	$ 21,348	$ 12,512	58.61%	$ 8,836	$ 368.17	NA	
Family	**3H2FA**	$ 2,754	$ 33,048	$ 17,813	53.90%	$ 15,235	$ 634.79	NA	
PLAN 3	**$2700 / $5400**		**OPM $6000 / $10000**						
Single	**3H3SN**	$ 791	$ 9,492	$ 8,561	90.19%	$ 931	$ 38.79	$ 51.72	3SNH3
Emp + Spouse	**3H3ES**	$ 2,018	$ 24,216	$ 17,999	74.33%	$ 6,217	$ 259.04	$ 345.39	3ESH3
Emp + Child(ren)	**3H3EC**	$ 1,559	$ 18,708	$ 14,572	77.89%	$ 4,136	$ 172.33	$ 229.78	3ECH3
Family	**3H3FA**	$ 2,432	$ 29,184	$ 20,990	71.92%	$ 8,194	$ 341.42	$ 455.22	3FAH3
PLAN 4	**$3500 / $7000**		**OPM $6900 / $11500**			**$1000 HSA over 20 pays**			
Single	**3H4SN**	$ 647	$ 7,764	$ 7,381	95.07%	$ 383	$ 15.96	$ 21.28	3SNH4
Emp + Spouse	**3H4ES**	$ 1,629	$ 19,548	$ 15,879	81.23%	$ 3,669	$ 152.88	$ 203.83	3ESH4
Emp + Child(ren)	**3H4EC**	$ 1,281	$ 15,372	$ 13,298	86.51%	$ 2,074	$ 86.42	$ 115.22	3ECH4
Family	**3H4FA**	$ 1,957	$ 23,484	$ 18,404	78.37%	$ 5,080	$ 211.67	$ 282.22	3FAH4
PLAN 5	**$5700 / $11400**		**OPM $6900 / $13800**			**$1000 HSA over 20 pays**			
Single	**3H5SN**	$ 595	$ 7,140	$ 6,800	95.24%	$ 340	$ 14.17	$ 18.89	3SNH5
Emp + Spouse	**3H5ES**	$ 1,484	$ 17,808	$ 14,426	81.01%	$ 3,382	$ 140.92	$ 187.89	3ESH5
Emp + Child(ren)	**3H5EC**	$ 1,168	$ 14,016	$ 12,136	86.59%	$ 1,880	$ 78.33	$ 104.44	3ECH5
Family	**3H5FA**	$ 1,783	$ 21,396	$ 16,794	78.49%	$ 4,602	$ 191.75	$ 255.67	3FAH5
DENTAL CORE									
Single	3DCSN	35.00	420.00	374.00	89.05%	$ 46	$ 1.92	$ 2.56	3SNDC
Emp + Spouse	3DCES	78.00	936.00	422.00	45.09%	$ 514	$ 21.42	$ 28.56	3ESDC
Emp + Child(ren)	3DCEC	64.00	768.00	398.00	51.82%	$ 370	$ 15.42	$ 20.56	3ECDC
Family	3DCFA	110.00	1320.00	446.00	33.79%	$ 874	$ 36.42	$ 48.56	3FADC
DENTAL ENHANCED									
Single	3DESN	50.00	600.00	398.00	66.33%	202	$ 8.42	$ 11.22	3SNDC
Emp + Spouse	3DEES	107.00	1284.00	446.00	34.74%	838	$ 34.92	$ 46.56	3EDDE
Emp + Child(ren)	3DEEC	89.00	1068.00	422.00	39.51%	646	$ 26.92	$ 35.89	3ECDE
Family	3DEFA	152.00	1824.00	494.00	27.08%	1330	$ 55.42	$ 73.89	3FADE
VISION CERTIFIED									
Single	3VSNC	$ 8.00	$ 96.00	$ 96.00	100.00%	0	$ -	NA	
Emp + Spouse	3VESC	$ 15.00	$ 180.00	$ 91.27	50.71%	88.73	$ 3.70	NA	
Emp + Child(ren)	3VECC	$ 16.00	$ 192.00	$ 90.72	47.25%	101.28	$ 4.22	NA	
Family	3VFAC	$ 26.00	$ 312.00	$ 97.20	31.15%	214.8	$ 8.95	NA	
VISION CLASSIFIED									
Single	3VSN4	$ 8.00	$ 96.00	$ 7.20	7.50%	88.8	$ 3.70	$ 4.93	3VSN9
Emp + Spouse	3VES4	$ 15.00	$ 180.00	$ 2.40	1.33%	177.6	$ 7.40	$ 9.87	3VES9
Emp + Child(ren)	3VEC4	$ 16.00	$ 192.00	$ 1.92	1.00%	190.08	$ 7.92	$ 10.56	3VEC9
Family	3VFA4	$ 26.00	$ 312.00	$ 8.40	2.69%	303.6	$ 12.65	$ 16.87	3VFA9