

**City of Fargo**  
**Blue Cross Blue Shield of North Dakota (BCBSND)**  
**Health Insurance Premiums**  
**Effective January 1, 2024**

Active Employees							
BCBSND BlueAccess							
		Employee Pay Period Contribution	COF Pay Period Contribution	Employee Monthly Contribution	COF Monthly Contribution	Combined Monthly Premium	Total Annual Premium
<b>Full-time 40*</b> 2080 annual hrs	Single	\$ 52.18	\$ 320.57	\$ 104.36	\$ 641.14	\$ 745.50	\$ 8,946.00
	Family	\$ 180.39	\$ 721.56	\$ 360.78	\$ 1,443.12	\$ 1,803.90	\$ 21,646.80
<b>Full-time 30-39*</b> 1560-2017 annual hrs	Single	\$ 126.73	\$ 246.02	\$ 253.46	\$ 492.04	\$ 745.50	\$ 8,946.00
	Family	\$ 360.78	\$ 541.17	\$ 721.56	\$ 1,082.34	\$ 1,803.90	\$ 21,646.80
<b>Part-time 20-29*</b> 1040-1559 annual hrs	Single	\$ 186.37	\$ 186.38	\$ 372.74	\$ 372.76	\$ 745.50	\$ 8,946.00
	Family	\$ 541.17	\$ 360.78	\$ 1,082.34	\$ 721.56	\$ 1,803.90	\$ 21,646.80

\*Premiums apply to employees who are benefit eligible as defined in COF policy.

COBRA Rates	
	Monthly
COBRA Single	\$ 760.41
COBRA Family	\$ 1,839.98

**Health Insurance is effective the 1st of  
the month following date of hire.**