

City of Fargo
Blue Cross Blue Shield of North Dakota (BCBSND)
Health Insurance Premiums - Effective January 1, 2025

BCBSND BlueAccess - 3-Tier							
		Employee Pay Period Contribution	COF Pay Period Contribution	Employee Monthly Contribution	COF Monthly Contribution	Combined Monthly Premium	Total Annual Premium
Full-time 40* 2080 annual hrs	Individual	\$ 55.93	\$ 343.57	\$ 111.86	\$ 687.14	\$ 799.00	\$ 9,588.00
	Parent + Children	\$ 140.63	\$ 562.52	\$ 281.26	\$ 1,125.04	\$ 1,406.30	\$ 16,875.60
	Family	\$ 207.74	\$ 830.96	\$ 415.48	\$ 1,661.92	\$ 2,077.40	\$ 24,928.80
Full-time 30-39* 1560-2079 annual hrs	Single	\$ 135.83	\$ 263.67	\$ 271.66	\$ 527.34	\$ 799.00	\$ 9,588.00
	Parent + Children	\$ 281.26	\$ 421.89	\$ 562.52	\$ 843.78	\$ 1,406.30	\$ 16,875.60
	Family	\$ 415.48	\$ 623.22	\$ 830.96	\$ 1,246.44	\$ 2,077.40	\$ 24,928.80
Part-time 20-29* 1040-1559 annual hrs	Single	\$ 199.75	\$ 199.75	\$ 399.50	\$ 399.50	\$ 799.00	\$ 9,588.00
	Parent + Children	\$ 421.89	\$ 281.26	\$ 843.78	\$ 562.52	\$ 1,406.30	\$ 16,875.60
	Family	\$ 623.22	\$ 415.48	\$ 1,246.44	\$ 830.96	\$ 2,077.40	\$ 24,928.80

COBRA Monthly Premiums	
COBRA Single	\$ 814.98
COBRA Parent+	\$ 1,434.43
COBRA Family	\$ 2,118.95

Health Insurance is effective the 1st of the month following date of hire. Premiums apply to employees who are benefit eligible as defined in COF Policy.