

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

BCBSND Blue Saver 100 (3300 Deductible) Health Plan - 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	\$ 52.76	\$ 324.09	\$ 105.52	\$ 648.18	\$ 753.70	\$ 9,044.40
	Parent + Children	\$ 132.66	\$ 530.64	\$ 265.32	\$ 1,061.28	\$ 1,326.60	\$ 15,919.20
	Family	\$ 195.97	\$ 783.88	\$ 391.94	\$ 1,567.76	\$ 1,959.70	\$ 23,516.40

Full-time 30-39* 1560-2079 annual hrs	Single	\$ 128.13	\$ 248.72	\$ 256.26	\$ 497.44	\$ 753.70	\$ 9,044.40
	Parent + Children	\$ 265.32	\$ 397.98	\$ 530.64	\$ 795.96	\$ 1,326.60	\$ 15,919.20
	Family	\$ 391.94	\$ 587.91	\$ 783.88	\$ 1,175.82	\$ 1,959.70	\$ 23,516.40

Part-time 20-29* 1040-1559 annual hrs	Single	\$ 188.43	\$ 188.43	\$ 376.85	\$ 376.85	\$ 753.70	\$ 9,044.40
	Parent + Children	\$ 397.98	\$ 265.32	\$ 795.96	\$ 530.64	\$ 1,326.60	\$ 15,919.20
	Family	\$ 587.91	\$ 391.94	\$ 1,175.82	\$ 783.88	\$ 1,959.70	\$ 23,516.40

COBRA Monthly Premiums	
COBRA Single	\$ 768.77
COBRA Parent+	\$ 1,353.13
COBRA Family	\$ 1,998.89

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.