

Table 6



Medical Proposed Rates

Group Name:	League Insurance Government Health Team	Prepared on:	March 30, 2026
Effective Date:	July 1, 2026		

Plan Info

	PPO OPT 1	PPO OPT 2	PPO OPT 3
Plan Name	Embedded	Embedded	Embedded
HSA	No	No	No
Benefits			
In Network			
Copays (PCP/SPC)	\$30/\$45	\$25/\$50	\$30/\$50
Deductible (Single/Family)	\$1,000/\$2,000	\$2,000/\$4,000	\$3,000/\$6,000
Coinsurance (Member Pays)	20%	20%	30%
Out-Of-Pocket (Single/Family)	\$4,000/\$8,000	\$6,000/\$12,000	\$6,000/\$12,000
Pharmacy	\$15; \$45; \$80; \$300	\$15; \$45; \$80; \$300	\$15; \$45; \$80; \$300
Out Of Network			
Deductible (Single/Family)	\$2,000/\$4,000	\$4,000/\$8,000	\$6,000/\$12,000
Coinsurance (Member Pays)	40%	40%	50%
Out-Of-Pocket (Single/Family)	\$8,000/\$16,000	\$12,000/\$24,000	\$12,000/\$24,000
Monthly Premium Rates	Network Blue	Network Blue	Network Blue
	Proposed	Proposed	Proposed
Employee	\$1,107.23	\$1,000.05	\$904.86
Employee & Spouse	\$2,269.82	\$2,050.10	\$1,854.96
Employee & Children	\$1,937.65	\$1,750.09	\$1,583.51
Employee & Family	\$3,210.97	\$2,900.15	\$2,624.09
Monthly Premium Rates	Select Blue	Select Blue	Select Blue
	Proposed	Proposed	Proposed
Employee	\$1,062.94	\$960.05	\$868.67
Employee & Spouse	\$2,179.03	\$1,968.10	\$1,780.77
Employee & Children	\$1,860.15	\$1,680.09	\$1,520.17
Employee & Family	\$3,082.53	\$2,784.15	\$2,519.14
Monthly Premium Rates	BluePrint Health	BluePrint Health	BluePrint Health
	Proposed	Proposed	Proposed
Employee	\$996.51	\$900.05	\$814.37
Employee & Spouse	\$2,042.85	\$1,845.10	\$1,669.46
Employee & Children	\$1,743.89	\$1,575.09	\$1,425.15
Employee & Family	\$2,889.88	\$2,610.15	\$2,361.67

*Please be advised that Blue Cross and Blue Shield of Nebraska does not perform plan discrimination testing. Such activities are the responsibility of the employer.

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Prepared By: UW

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Group Name:	League Insurance Government Health Team		
Effective Date:	July 1, 2026	Prepared on:	March 30, 2026

Plan Info

Plan Name	HSA OPT 1	HSA OPT 2	HSA OPT 3	HSA OPT 4
	Aggregate	Aggregate	Embedded	Embedded
HSA	Yes	Yes	Yes	Yes
Benefits				
In Network				
Copays (PCP/SPC)	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
Deductible (Single/Family)	\$2,500/\$5,000	\$3,000/\$6,000	\$4,500/\$9,000	\$6,750/\$13,500
Coinsurance (Member Pays)	20%	0%	20%	0%
Out-Of-Pocket (Single/Family)	\$3,675/\$7,350	\$3,000/\$6,000	\$6,500/\$13,000	\$6,750/\$13,500
Pharmacy	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
Out Of Network				
Deductible (Single/Family)	\$5,000/\$10,000	\$6,000/\$12,000	\$9,000/\$18,000	\$13,500/\$27,000
Coinsurance (Member Pays)	40%	20%	40%	0%
Out-Of-Pocket (Single/Family)	\$9,000/\$18,000	\$10,000/\$20,000	\$13,000/\$26,000	\$13,500/\$27,000
Monthly Premium Rates	Network Blue	Network Blue	Network Blue	Network Blue
	Proposed	Proposed	Proposed	Proposed
Employee	\$930.27	\$957.54	\$848.36	\$754.44
Employee & Spouse	\$1,907.05	\$1,962.96	\$1,739.14	\$1,546.60
Employee & Children	\$1,627.97	\$1,675.70	\$1,484.63	\$1,320.27
Employee & Family	\$2,697.78	\$2,776.87	\$2,460.24	\$2,187.88
Monthly Premium Rates	Select Blue	Select Blue	Select Blue	Select Blue
	Proposed	Proposed	Proposed	Proposed
Employee	\$893.06	\$919.24	\$814.43	\$724.26
Employee & Spouse	\$1,830.77	\$1,884.44	\$1,669.58	\$1,484.73
Employee & Children	\$1,562.86	\$1,608.67	\$1,425.25	\$1,267.46
Employee & Family	\$2,589.87	\$2,665.80	\$2,361.85	\$2,100.35
Monthly Premium Rates	BluePrint Health	BluePrint Health	BluePrint Health	BluePrint Health
	Proposed	Proposed	Proposed	Proposed
Employee	\$837.24	\$861.79	\$763.52	\$679.00
Employee & Spouse	\$1,716.34	\$1,766.67	\$1,565.22	\$1,391.95
Employee & Children	\$1,465.17	\$1,508.13	\$1,336.16	\$1,188.25
Employee & Family	\$2,428.00	\$2,499.19	\$2,214.21	\$1,969.10

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