

Blue Cross Blue Shield



Galesburg CUSD #205 2026 Health Insurance Plan Options

PLAN COMPARISON

Category	PPO	HDHP 1	HDHP 2
Deductible (Ind.)	\$1,000	\$3,400	\$6,000
Deductible (Fam.)	\$2,000	\$6,800	\$12,000
OOP Max (Ind.)	\$3,700	\$3,400	\$7,000
Co-Insurance	20%	0%	20%
Primary Care	\$45	20% after deductible	20% after deductible
Specialist Visit	\$70	20% after deductible	20% after deductible
ER Visit	\$500 + 20%	20% after deductible	20% after deductible

EMPLOYEE MONTHLY COST (2026)

Tier	PPO	HDHP 1	HDHP 2
Employee Only	\$82.66	\$76.94	\$68.67
Employee + Spouse	\$1,046.38	\$976.53	\$863.82
Employee + Child	\$862.45	\$801.50	\$719.25
Employee + Family	\$1,826.16	\$1,701.08	\$1,514.40