

Blue Cross / Blue Shield Health Care

RATES EFFECTIVE JANUARY 2024			
Plan and Family Tier	Monthly Premium	Employer Contribution	Employee Contribution
PPO			
Employee Only	\$1,069.51	\$802.13	\$267.38
Employee + One	\$1,884.73	\$1,413.55	\$471.18
Employee + Family	\$2,852.06	\$2,139.05	\$713.02
HDHP/HSA			
Employee Only	\$962.56	\$770.05	\$192.51
Employee + One	\$1,696.26	\$1,357.01	\$339.25
Employee + Family	\$2,566.86	\$2,053.49	\$513.37
HMO (Blue Advantage)			
Employee Only	\$770.05	\$616.04	\$154.01
Employee + One	\$1,357.01	\$1,085.61	\$271.40
Employee + Family	\$2,053.49	\$1,642.79	\$410.70
PPO Blue Choice			
Employee Only	\$954.59	\$811.40	\$143.19
Employee + One	\$1,681.98	\$1,345.58	\$336.40
Employee + Family	\$2,545.88	\$2,036.70	\$509.18

MetLife Dental Care

Plan and Family Tier	Monthly Premium	Employer Contribution	Employee Contribution
PPO			
Employee Only	\$51.90	\$34.02	\$17.88
Employee + One	\$97.85	\$64.14	\$33.71
Employee + Family	\$148.12	\$97.10	\$51.02