

2023 Health Insurance Rates

Set amount based on 85% of Option 2 (Mid-Plan)

Option 1	HHP	2500	Employee Deduction Per Mo.	Employee Deduction Per	Benefit Amount
	Insurance Cost				
E only	687.00		19.74	9.87	667.26
E+1	1,287.00		35.80	17.90	1,251.20
Family	1,536.80 1,583.00		46.20	23.10	1,536.80

Option 2	BCBS	2000	Employee Deduction Per Mo.	Employee Deduction Per	Benefit Amount
	Insurance Cost				
E only	785.00		117.74	58.87	667.26
E+1	1,472.00		220.80	110.40	1,251.20
Family	1,808.00		271.20	135.60	1,536.80

Option 3	BCBS	1500	Employee Deduction Per Mo.	Employee Deduction Per	Benefit Amount
	Insurance Cost				
E only	844.00		176.74	88.38	667.26
E+1	1,583.00		331.80	165.90	1,251.20
Family	1,944.00		407.20	203.60	1,536.80

Option 4	BCBS	PPO Plan A	Employee Deduction Per Mo.	Employee Deduction Per	Benefit Amount
	Insurance Cost				
E only	1,014.00		346.74	173.36	667.26
E+1	1,901.00		649.80	324.90	1,251.20
Family	2,334.00		797.20	398.60	1,536.80

Option 1D	Dental	Plan A	Employee Deduction Per Mo.	Employee Deduction Per	Benefit Amount
	Insurance Cost				
E only	31.60		4.74	2.37	26.86
E+1	63.10		9.46	4.73	53.65
Family	82.05		12.30	6.15	69.75

Option 1V	Vision	VSP	Employee Deduction Per Mo.	Employee Deduction Per	Benefit Amount
	Insurance Cost				
E only	5.70		0.86	0.43	4.85
E+1	11.35		1.70	0.85	9.65
Family	14.75		2.20	1.10	12.55

53.64

4.84

2024 Health Insurance Rates

Set amount based on 85% of Option 2 (Mid-Plan)

Option 1	HHP	2500	Employee Deduction Per Mo.	Employee Deduction Per	Benefit Amount
	Insurance Cost				
E only	776.00		22.06	11.03	753.94
E+1	1,454.00		40.46	20.23	1,413.54
Family	1,789.00		52.46	26.23	1,736.54

Option 2	BCBS	2000	Employee Deduction Per Mo.	Employee Deduction Per	Benefit Amount
	Insurance Cost				
E only	887.00		133.06	66.53	753.94
E+1	1,663.00		249.46	124.73	1,413.54
Family	2,043.00		306.46	153.23	1,736.54

Option 3	BCBS	1500	Employee Deduction Per Mo.	Employee Deduction Per	Benefit Amount
	Insurance Cost				
E only	954.00		200.06	100.03	753.94
E+1	1,789.00		375.46	187.73	1,413.54
Family	2,197.00		460.46	230.23	1,736.54

Option 4	BCBS	PPO Plan A	Employee Deduction Per Mo.	Employee Deduction Per	Benefit Amount
	Insurance Cost				
E only	1,146.00		392.06	196.03	753.94
E+1	2,149.00		735.46	367.73	1,413.54
Family	2,637.00		900.46	450.23	1,736.54

Option 1D	Dental	Plan A	Employee Deduction Per Mo.	Employee Deduction Per	Benefit Amount
	Insurance Cost				
E only	34.15		5.12	2.56	29.03
E+1	68.15		10.22	5.11	57.93
Family	88.65		13.30	6.65	75.35

Option 1V	Vision	VSP	Employee Deduction Per Mo.	Employee Deduction Per	Benefit Amount
	Insurance Cost				
E only	5.70		0.86	0.43	4.84
E+1	11.35		1.70	0.85	9.65
Family	14.75		2.20	1.10	12.55

2024 Health Insurance Rates

Set amount based on 75% of Option 2 (Mid-Plan)

Option 1	HHPH	2500	Employee	Employee	
	Insurance Cost		Deduction Per Mo.	Deduction Per	Benefit Amount
E only	776.00		110.74	55.37	665.26
E+1	1,454.00		206.74	103.37	1,247.26
Family	1,789.00		256.74	128.37	1,532.26

Option 2	BCBS	2000	Employee	Employee	
	Insurance Cost		Deduction Per Mo.	Deduction Per	Benefit Amount
E only	887.00		221.74	110.87	665.26
E+1	1,663.00		415.74	207.87	1,247.26
Family	2,043.00		510.74	255.37	1,532.26

Option 3	BCBS	1500	Employee	Employee	
	Insurance Cost		Deduction Per Mo.	Deduction Per	Benefit Amount
E only	954.00		288.74	144.37	665.26
E+1	1,789.00		541.74	270.87	1,247.26
Family	2,197.00		664.74	332.37	1,532.26

Option 4	BCBS	PPO Plan A	Employee	Employee	
	Insurance Cost		Deduction Per Mo.	Deduction Per	Benefit Amount
E only	1,146.00		480.74	240.37	665.26
E+1	2,148.00		900.74	450.37	1,247.26
Family	2,637.00		1,104.74	552.37	1,532.26

Option 1D	Dental	Plan A	Employee	Employee	
	Insurance Cost		Deduction Per Mo.	Deduction Per	Benefit Amount
E only	34.15		8.52	4.26	25.63
E+1	68.15		17.02	8.51	51.13
Family	88.65		22.16	11.08	66.49

Option 1V	Vision	VSP	Employee	Employee	
	Insurance Cost		Deduction Per Mo.	Deduction Per	Benefit Amount
E only	5.70		1.42	0.71	4.28
E+1	11.35		2.82	1.41	8.53
Family	14.75		3.68	1.84	11.07