

2023-2024 Contribution Schedule for All Employees

**Please place a check mark next to your choice for FY'24 Health, Dental
and Vision Benefits**

No changes will be allowed after August 31, 2023

Health Plan PPO 0727	Total Cost	Employer Monthly Cost	Employee Monthly Cost	Employee Semi- Monthly Cost
EE	\$ 1,090.25	\$ 1,041.19	\$ 49.06	\$ 24.53
EE/Spouse	\$ 2,102.36	\$ 1,547.24	\$ 555.12	\$ 277.56
EE/Child	\$ 1,918.27	\$ 1,455.19	\$ 463.08	\$ 231.54
EE/Family	\$ 2,746.42	\$ 1,869.28	\$ 877.14	\$ 438.57

Health Plan BO 03559	Total Cost	Employer Monthly Cost	Employee Monthly Cost	Employee Semi- Monthly Cost
EE	\$ 1,041.19	\$ 1,041.19	\$ -	\$ -
EE/Spouse	\$ 1,974.15	\$ 1,507.67	\$ 466.48	\$ 233.24
EE/Child	\$ 1,804.51	\$ 1,422.85	\$ 381.66	\$ 190.83
EE/Family	\$ 2,567.87	\$ 1,804.53	\$ 763.34	\$ 381.67

Health Plan BO 05901	Total Cost	Employer Monthly Cost	Employee Monthly Cost	Employee Semi- Monthly Cost
EE	\$ 857.84	\$ 857.84	\$ -	\$ -
EE/Spouse	\$ 1,654.20	\$ 1,347.70	\$ 306.50	\$ 153.25
EE/Child	\$ 1,509.36	\$ 1,275.28	\$ 234.08	\$ 117.04
EE/Family	\$ 2,160.97	\$ 1,601.07	\$ 559.90	\$ 279.95

Dental High	Total Cost	Employer Monthly Cost	Employee Monthly Cost	Employee Semi- Monthly Cost
EE	\$ 31.97	\$ 31.97	\$ -	\$ -
EE/Spouse	\$ 63.94	\$ 47.96	\$ 15.98	\$ 7.99
EE/Child	\$ 57.73	\$ 44.85	\$ 12.88	\$ 6.44
EE/Family	\$ 102.64	\$ 67.30	\$ 35.34	\$ 17.67

Vision Plan NVA	Total Cost	Employer Monthly Cost	Employee Monthly Cost	Employee Semi- Monthly Cost
EE	\$ 5.24	\$ -	\$ 5.24	\$ 2.62
EE/Spouse	\$ 9.83	\$ -	\$ 9.83	\$ 4.92
EE/Child	\$ 8.18	\$ -	\$ 8.18	\$ 4.09
EE/Family	\$ 16.19	\$ -	\$ 16.19	\$ 8.10