2024 Benefit Plans
Employee Contributions

MONTHLY

	Blue Care HMO 130/131 w H.S.A.	Blue Options PPO 5192/5193 w/ H.S.A.	Blue Options PPO 03769	Delta Dental High	Delta Dental Low	EyeMed Vision
Employee Only	$ 96.51	$ 118.46	$ 178.21	$ 27.12	$ 16.96	$ 5.46
Employee + Spouse	$ 302.82	$ 333.94	$ 497.07	$ 57.22	$ 36.90	$ 10.37
Employee + Child(ren)	$ 233.33	$ 269.40	$ 402.37	$ 61.66	$ 47.71	$ 10.92
Employee + Family	$ 415.47	$ 466.96	$ 711.68	$ 92.22	$ 64.16	$ 16.05

BI-WEEKLY

	Blue Care HMO 130/131 w/ H.S.A.	Blue Options PPO 5192/5193 w/ H.S.A.	Blue Options PPO 03769	Delta Dental High	Delta Dental Low	EyeMed Vision
Employee Only	$ 44.54	$ 54.68	$ 82.25	$ 12.52	$ 7.83	$ 2.52
Employee + Spouse	$ 139.76	$ 154.13	$ 229.42	$ 26.41	$ 17.03	$ 4.79
Employee + Child(ren)	$ 107.69	$ 124.34	$ 185.71	$ 28.46	$ 22.02	$ 5.04
Employee + Family	$ 191.75	$ 215.52	$ 328.47	$ 43.56	$ 29.61	$ 7.41