

2024 Active Employees Monthly MEDICAL Premiums

ALL REGIONS					
	BCBST NETWORK S	CIGNA LOCALPLUS	BCBST NETWORK P	CIGNA OPEN ACCESS	EMPLOYER SHARE
PREMIER PPO					
Employee Only	\$159.00	\$159.00	\$234.00	\$234.00	\$634.00
Employee + Child(ren)	\$238.00	\$238.00	\$323.00	\$323.00	\$951.00
Employee + Spouse	\$357.00	\$357.00	\$507.00	\$507.00	\$1,427.00
Employee + Spouse + Child(ren)	\$412.00	\$412.00	\$562.00	\$562.00	\$1,648.00
STANDARD PPO					
Employee Only	\$102.00	\$102.00	\$177.00	\$177.00	\$634.00
Employee + Child(ren)	\$153.00	\$153.00	\$238.00	\$238.00	\$951.00
Employee + Spouse	\$230.00	\$230.00	\$380.00	\$380.00	\$1,427.00
Employee + Spouse + Child(ren)	\$265.00	\$265.00	\$415.00	\$415.00	\$1,648.00
CDHP/HSA					
Employee Only	\$71.00	\$71.00	\$146.00	\$146.00	\$634.00
Employee + Child(ren)	\$107.00	\$107.00	\$192.00	\$192.00	\$951.00
Employee + Spouse	\$160.00	\$160.00	\$310.00	\$310.00	\$1,427.00
Employee + Spouse + Child(ren)	\$185.00	\$185.00	\$335.00	\$335.00	\$1,648.00

2024 Monthly DENTAL Premiums

	CIGNA DHMO (PREPAID) PLAN	DELTA DENTAL DPPO PLAN
ACTIVE MEMBERS	EMPLOYEE PREMIUM	EMPLOYEE PREMIUM
Employee Only	\$7.09	\$10.01
Employee + Child(ren)	\$14.73	\$26.61
Employee + Spouse	\$12.57	\$19.68
Employee + Spouse + Child(ren)	\$17.29	\$40.76

2024 Monthly VISION Premiums

	BASIC PLAN	EXPANDED PLAN
ACTIVE MEMBERS		
Employee Only	\$3.18	\$6.30
Employee + Child(ren)	\$6.35	\$12.60
Employee + Spouse	\$6.03	\$11.98
Employee + Spouse + Child(ren)	\$9.33	\$18.54