

2024 Active Employees Monthly Health 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 PROVIDER) PLAN			DELTA DENTAL DPPO PLAN		
ACTIVE MEMBERS	TOTAL PREMIUM (LOCAL EDUCATION AND LOCAL GOVERNMENT)	STATE EMPLOYEE PREMIUM	STATE EMPLOYER PREMIUM	TOTAL PREMIUM (LOCAL EDUCATION AND LOCAL GOVERNMENT)	STATE EMPLOYEE PREMIUM	STATE EMPLOYER PREMIUM
Employee Only	\$14.19	\$7.09	\$7.10	\$20.02	\$10.01	\$10.01
Employee + Child(ren)	\$29.47	\$14.73	\$14.74	\$53.23	\$26.61	\$26.62
Employee + Spouse	\$25.15	\$12.57	\$12.58	\$39.37	\$19.68	\$19.69
Employee + Spouse + Child(ren)	\$34.58	\$17.29	\$17.29	\$81.53	\$40.76	\$40.77
COBRA PARTICIPANTS						
Employee Only/Single		\$14.47			\$20.42	
Employee + Child(ren)		\$30.06			\$54.29	
Employee + Spouse		\$25.65			\$40.16	
Employee + Spouse + Child(ren)		\$35.27			\$83.16	
COBRA DISABILITY PARTICIPANTS						
Employee Only/Single		\$21.29			\$30.03	
Employee + Child(ren)		\$44.21			\$79.85	
Employee + Spouse		\$37.73			\$59.06	
Employee + Spouse + Child(ren)		\$51.87			\$122.30	
RETIREE PARTICIPANTS						
Retiree Only		\$15.77			\$26.87	
Retiree + Child(ren)		\$32.74			\$60.69	
Retiree + Spouse		\$27.95			\$52.96	
Retiree + Spouse + Child(ren)		\$38.40			\$95.90	

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
COBRA PARTICIPANTS		
Employee Only/Single	\$3.24	\$6.43
Employee + Child(ren)	\$6.48	\$12.85
Employee + Spouse	\$6.15	\$12.22
Employee + Spouse + Child(ren)	\$9.52	\$18.91
COBRA DISABILITY PARTICIPANTS		
Employee Only/Single	\$4.77	\$9.45
Employee + Child(ren)	\$9.53	\$18.90
Employee + Spouse	\$9.05	\$17.97
Employee + Spouse + Child(ren)	\$14.00	\$27.81
RETIREE PARTICIPANTS		
Retiree Only	\$3.18	\$6.30
Retiree + Child(ren)	\$6.35	\$12.60
Retiree + Spouse	\$6.03	\$11.98
Retiree + Spouse + Child(ren)	\$9.33	\$18.54
Spouse Only	\$3.18	\$6.30
One Child Only	\$3.18	\$6.30
Two or More Children Only	\$6.35	\$12.60
Spouse + Children Only	\$6.35	\$12.60