

## 2024 Staff Rates Medical Rates

## FULL TIME BENEFIT ELIGIBLE AP, AC, AH, CA, VF, FM

Semi-Monthly & Bi-Weekly Premiums for 24 Pay Periods\*

Coverage Category	BCBS PPO	BCBS High Deductible PPO	BCN
	Option 5	Simply Blue with HSA	HMO PLAN
Single	\$67.68	\$20.62	\$13.31
Two Person	\$194.50	\$49.46	\$42.24
Family (3 or 4)	\$257.17	\$61.84	\$65.68
Family Plus (5 or more)	\$326.87	\$71.12	\$91.80

## FULL TIME BENEFIT ELIGIBLE - CS, PE/PT, PS

Semi-Monthly & Bi-Weekly Premiums for 24 Pay Periods\*

Coverage Category	BCBS PPO	BCBS High Deductible PPO	BCN
	Option 5	Simply Blue with HSA	HMO PLAN
Single	\$61.23	\$18.65	\$20.01
Two Person	\$176.34	\$44.76	\$39.80
Family (3 or 4)	\$232.68	\$55.95	\$49.68
Family Plus (5 or more)	\$295.74	\$64.35	\$59.81

## **FULL TIME BENEFIT ELIGIBLE - CP**

Semi-Monthly Premiums for 16 Pay Periods\*

Coverage Category	BCBS PPO	BCBS High Deductible PPO	BCN
	Option 5	Simply Blue with HSA	HMO PLAN
Single	\$74.33	\$22.64	\$0.00
Two Person	\$214.08	\$54.32	\$0.00
Family (3 or 4)	\$282.47	\$67.92	\$0.00
Family Plus (5 or more)	\$359.03	\$78.12	\$0.00

<sup>\*</sup> If a month has three paychecks, no health care deduction is taken from the third check in the month.