## **Proposed Monthly Employee Contributions**

| Blue Cross (PPO)   Single   | C & AFSCME Employee Contribution (Proposed) fective 1/1/24 | Change  |
|---|--|---------|
| Couple   \$283.00   Family   \$379.00   | ICCLIVE 1/1/24   | Onlange |
| Family   \$379.00   | \$138.00   | -\$2.00 |
| Blue Cross (HMO)   Single   \$90.00   Couple   \$189.00   Family   \$270.00   | \$279.00   | -\$4.00 |
| Couple \$189.00 Family \$270.00  Kaiser (HMO) Single \$70.00 Couple \$141.00 Family \$199.00  Delta Dental (PPO) Single \$7.00 Couple \$11.00 Family \$17.00  DeltaCare (DHMO) Single \$2.00 Couple \$4.00 Family \$5.00  Dental Health Services (DHMO) Single \$2.00 Couple \$4.00 Family \$5.00 | \$374.00   | -\$5.00 |
| Family   \$270.00   | \$105.00   | \$15.00 |
| Kaiser (HMO)       Single   | \$221.00   | \$32.00 |
| Couple \$141.00 Family \$199.00  Delta Dental (PPO) Single \$7.00 Couple \$11.00 Family \$17.00  DeltaCare (DHMO) Single \$2.00 Couple \$4.00 Family \$5.00  Dental Health Services (DHMO) Single \$2.00 Couple \$4.00 Family \$5.00  | \$316.00   | \$46.00 |
| Family  | \$77.00  | \$7.00  |
| Delta Dental (PPO)  Single \$7.00 Couple \$11.00 Family \$17.00  DeltaCare (DHMO)  Single \$2.00 Couple \$4.00 Family \$5.00  Dental Health Services (DHMO)  Single \$2.00 Couple \$4.00 Family \$5.00  | \$154.00   | \$13.00 |
| Couple \$11.00 Family \$17.00  DeltaCare (DHMO) Single \$2.00 Couple \$4.00 Family \$5.00  Dental Health Services (DHMO) Single \$2.00 Couple \$3.00 Family \$5.00  | \$217.00   | \$18.00 |
| Family   \$17.00  | \$7.00   | \$0.00  |
| DeltaCare (DHMO)  Single \$2.00 Couple \$4.00 Family \$5.00  Dental Health Services (DHMO)  Single \$2.00 Couple \$3.00 Family \$5.00   | \$11.00  | \$0.00  |
| Couple \$4.00 Family \$5.00  Dental Health Services (DHMO) Single \$2.00 Couple \$3.00 Family \$5.00  | \$17.00  | \$0.00  |
| Dental Health Services (DHMO)  Single Couple Family  \$5.00  \$2.00  \$3.00  Family  \$5.00   | \$2.00   | \$0.00  |
| Dental Health Services (DHMO) Single \$2.00 Couple \$3.00 Family \$5.00   | \$4.00   | \$0.00  |
| (DHMO) Single \$2.00<br>Couple \$3.00<br>Family \$5.00  | \$5.00   | \$0.00  |
| Couple \$3.00<br>Family \$5.00  |  |         |
| Family \$5.00   | \$2.00   | \$0.00  |
|   | \$4.00   | \$1.00  |
|   | \$6.00   | \$1.00  |
| Vision Service Plan Single \$1.00   | \$1.00   | \$0.00  |
| Couple \$2.00   | \$2.00   | \$0.00  |
| Family \$3.00   | \$3.00   | \$0.00  |

Non-Contract and AFSCME Employees contribute 10% (rounded to whole dollar) towards their individually selected plan's medical and dental premiums