

Proposed Monthly Premium Rates

Provider	Coverage Option	CY 2022	CY 2023	%Change	Est # of Employees (1/1/23)
Blue Cross (PPO)	Single	\$1,287.95	\$1,403.82	9.0%	210
	Couple	\$2,592.61	\$2,825.86	9.0%	175
	Family	\$3,477.42	\$3,790.27	9.0%	320
Blue Cross (HMO)	Single	\$825.58	\$899.90	9.0%	80
	Couple	\$1,733.69	\$1,889.76	9.0%	63
	Family	\$2,476.52	\$2,699.45	9.0%	151
Kaiser (HMO)	Single	\$680.53	\$702.53	3.2%	419
	Couple	\$1,361.06	\$1,405.05	3.2%	255
	Family	\$1,925.90	\$1,988.15	3.2%	481
Delta Dental (PPO)	Single	\$54.60	\$65.46	18.9%	469
	Couple	\$94.89	\$113.76	18.9%	422
	Family	\$142.58	\$170.94	18.9%	784
DeltaCare (DHMO)	Single	\$20.21	\$20.21	0.00%	82
	Couple	\$36.71	\$36.71	0.00%	52
	Family	\$54.32	\$54.32	0.00%	92
Dental Health Services (DHMO)	Single	\$16.82	\$17.95	6.7%	62
	Couple	\$32.60	\$34.80	6.7%	35
	Family	\$49.15	\$52.46	6.7%	101
Vision Service Plan	Single	\$9.99	\$11.25	12.6%	279
	Couple	\$14.45	\$16.27	12.6%	263
	Family	\$25.90	\$29.15	12.6%	495
Voluntary Waiver of Coverage:*					
	Medical	\$265.00			115
	Dental	\$38.00			82
* Waiver of Medical coverage requires proof of alternative coverage.					