Proposed Monthly Employee Contributions

Provider	Coverage Option	NC & AFSCME Employee Contribution	NC & AFSCME Employee Contribution (Proposed) Effective 1/1/26	Change
Provider	Option	(Current)	Ellective 1/1/20	Change
Blue Cross (PPO)	Single	\$150.00	\$164.00	\$14.00
,	Couple	\$303.00	\$330.00	\$27.00
	Family	\$407.00	\$443.00	\$36.00
Blue Cross (HMO)	Single	\$97.00	\$101.00	\$4.00
	Couple	\$205.00	\$211.00	\$6.00
	Family	\$292.00	\$302.00	\$10.00
Kaiser (HMO)	Single	\$83.00	\$97.00	\$14.00
, ,	Couple	\$167.00	\$194.00	\$27.00
	Family	\$236.00	\$274.00	\$38.00
Delta Dental (PPO)	Single	\$7.00	\$7.00	\$0.00
	Couple	\$11.00	\$11.00	\$0.00
	Family	\$17.00	\$17.00	\$0.00
DeltaCare (DHMO)	Single	\$2.00	\$2.00	\$0.00
	Couple	\$4.00	\$4.00	\$0.00
	Family	\$5.00	\$5.00	\$0.00
Dental Health Services				
(DHMO)	Single	\$2.00	\$2.00	\$0.00
	Couple	\$3.00	\$4.00	\$1.00
	Family	\$5.00	\$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