

Proposed Monthly Employee Contributions

| Provider | Coverage Option | NC & AFSCME Employee Contribution (Current) | NC & AFSCME Employee Contribution (Proposed) Effective 1/1/23 | Change |
|-------------------------------|------------------------|--|--|---------------|
| Blue Cross (PPO) | Single | \$129.00 | \$140.00 | \$11.00 |
| | Couple | \$259.00 | \$283.00 | \$24.00 |
| | Family | \$348.00 | \$379.00 | \$31.00 |
| Blue Cross (HMO) | Single | \$83.00 | \$90.00 | \$ 7.00 |
| | Couple | \$173.00 | \$189.00 | \$16.00 |
| | Family | \$248.00 | \$270.00 | \$22.00 |
| Kaiser (HMO) | Single | \$68.00 | \$70.00 | \$ 2.00 |
| | Couple | \$136.00 | \$141.00 | \$ 5.00 |
| | Family | \$193.00 | \$199.00 | \$ 6.00 |
| Delta Dental (PPO) | Single | \$5.00 | \$7.00 | \$2.00 |
| | Couple | \$9.00 | \$11.00 | \$2.00 |
| | Family | \$14.00 | \$17.00 | \$3.00 |
| 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 | \$3.00 | \$0.00 |
| | Family | \$5.00 | \$5.00 | \$0.00 |
| Vision Service Plan | Single | \$1.00 | \$1.00 | \$0.00 |
| | Couple | \$1.00 | \$2.00 | \$1.00 |
| | 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