

## Proposed Monthly Premium Rates

<b>Provider</b>	<b>Coverage Option</b>	<b>CY 2023</b>	<b>CY 2024</b>	<b>%Change</b>	<b>Est # of Employees (1/1/24)</b>
Blue Cross (PPO)	Single	\$1,403.82	\$1,384.59	-1.4%	226
	Couple	\$2,825.86	\$2,787.15	-1.4%	194
	Family	\$3,790.27	\$3,738.34	-1.4%	328
Blue Cross (HMO)	Single	\$899.90	\$1,052.79	16.9%	99
	Couple	\$1889.76	\$2,210.83	16.9%	85
	Family	\$2,699.45	\$3,158.08	16.9%	151
Kaiser (HMO)	Single	\$702.53	\$767.84	9.3%	545
	Couple	\$1,405.05	\$1,535.67	9.3%	311
	Family	\$1,988.15	\$2,172.97	9.3%	528
Delta Dental (PPO)	Single	\$65.46	\$65.46	0.0%	637
	Couple	\$113.76	\$113.76	0.0%	641
	Family	\$170.94	\$170.94	0.0%	843
DeltaCare (DHMO)	Single	\$20.21	\$20.21	0.0%	81
	Couple	\$36.71	\$36.71	0.0%	42
	Family	\$54.32	\$54.32	0.0%	79
Dental Health Services (DHMO)	Single	\$17.95	\$19.56	9.0%	56
	Couple	\$34.80	\$37.93	9.0%	35
	Family	\$52.46	\$57.18	9.0%	99
Vision Service Plan	Single	\$11.25	\$11.25	0.0%	426
	Couple	\$16.27	\$16.27	0.0%	440
	Family	\$29.15	\$29.15	0.0%	643
Voluntary Waiver of Coverage:*					
	Medical	\$277.00			94
	Dental	\$40.00			87

\* Waiver of Medical coverage requires proof of alternative coverage.