

Proposed Monthly Premium Rates

Provider	Coverage Option	CY 2024	CY 2025	%Change	Est # of Employees (1/1/25)
Blue Cross (PPO)	Single	\$1,384.59	\$1,509.21	9.0%	299
	Couple	\$2,787.15	\$3,037.99	9.0%	308
	Family	\$3,738.34	\$4,074.79	9.0%	359
Blue Cross (HMO)	Single	\$1,052.79	\$976.46	-7.2%	93
	Couple	\$2,210.83	\$2,050.55	-7.2%	87
	Family	\$3,158.08	\$2,929.12	-7.2%	151
Kaiser (HMO)	Single	\$767.84	\$837.07	9.0%	584
	Couple	\$1,535.67	\$1,674.14	9.0%	317
	Family	\$2,172.97	\$2,368.91	9.0%	504
Delta Dental (PPO)	Single	\$65.46	\$65.46	0.0%	673
	Couple	\$113.76	\$113.76	0.0%	661
	Family	\$170.94	\$170.94	0.0%	841
DeltaCare (DHMO)	Single	\$20.21	\$20.21	0.0%	71
	Couple	\$36.71	\$36.71	0.0%	45
	Family	\$54.32	\$54.32	0.0%	75
Dental Health Services (DHMO)	Single	\$19.56	\$19.56	0.0%	43
	Couple	\$37.93	\$37.93	0.0%	35
	Family	\$57.18	\$57.18	0.0%	89
Vision Service Plan	Single	\$11.25	\$11.25	0.0%	450
	Couple	\$16.27	\$16.27	0.0%	460
	Family	\$29.15	\$29.15	0.0%	668
Voluntary Waiver of Coverage:*					
	Medical	\$277.00			164
	Dental	\$40.00			96
* Waiver of Medical coverage requires proof of alternative coverage.					