

# 2023

## M O N T H L Y

**TOTAL  
PREMIUM**

**COLLEGE  
CONTRIB.**

**EMPLOYEE  
CONTRIB.**

### **ACTIVES- CAPITAL BLUECROSS**

#### **Standard PPO**

INDIVIDUAL	\$641.65	\$578.06	\$63.59
EMPL+SP/PARTNER	1,762.01	1,186.00	576.01
PARENT/CHILD	1,499.30	1,181.33	317.97
PARENT/CHILDREN	1,576.20	1,237.22	338.98
FAMILY	1,838.90	1,240.67	598.23

#### **High Deductible/HSA**

INDIVIDUAL	\$605.24	\$578.06	\$27.18
EMPL+SP/PARTNER	1,571.78	1,186.00	385.78
PARENT/CHILD	1,374.26	1,181.33	192.93
PARENT/CHILDREN	1,432.07	1,237.22	194.85
FAMILY	1,629.54	1,240.67	388.87

#### **Low Deductible**

INDIVIDUAL	\$787.83	\$578.06	\$209.77
EMPL+SP/PARTNER	2,240.14	1,186.00	1,054.14
PARENT/CHILD	1,906.18	1,181.33	724.85
PARENT/CHILDREN	2,003.89	1,237.22	766.67
FAMILY	2,337.91	1,240.67	1,097.24

#### **Capital BlueCross Dental PPO Preferred**

SINGLE COVERAGE	\$39.52	-	\$39.52
TWO-PARTY	79.06	-	79.06
THREE OR MORE	102.24	-	102.24