**2024**

**M O N T H L Y**

# TOTAL COLLEGE EMPLOYEE

# PREMIUM CONTRIB. CONTRIB.

# ACTIVES- CAPITAL BLUE CROSS

**Standard PPO**

INDIVIDUAL $673.73 $606.96 $66.77

EMPL+SP/PARTNER 1,850.11 1,245.30 604.81

PARENT/CHILD 1,574.27 1,240.40 333.87

PARENT/CHILDREN 1,655.01 1,299.08 355.93

FAMILY 1,930.84 1,302.70 628.14

**High Deductible/HSA**

INDIVIDUAL $629.26 $606.96 $22.30

EMPL+SP/PARTNER 1,637.87 1,245.30 392.57

PARENT/CHILD 1,430.47 1,240.40 190.07

PARENT/CHILDREN 1,491.18 1,299.08 192.10

FAMILY 1,698.52 1,302.70 395.82

**Low Deductible**

INDIVIDUAL $827.22 $606.96 $220.26

EMPL+SP/PARTNER 2,352.15 1,245.30 1,106.85

PARENT/CHILD 2,001.49 1,240.40 761.09

PARENT/CHILDREN 2,104.09 1,299.08 805.01

FAMILY 2,454.81 1,302.70 1,152.11

**Delta Dental PPO**

SINGLE COVERAGE $33.60 - $33.60

TWO-PARTY 67.22 - 67.22

THREE OR MORE 86.92 - 86.92