2027

M O N T H L Y

	TOTAL PREMIUM	COLLEGE CONTRIB.	EMPLOYEE CONTRIB.
ACTIVES- CAPITAL BLUE CROSS			
Standard PPO			
INDIVIDUAL	$957.53	$813.90	$143.63
EMPL+SP	2,629.41	1,917.81	711.60
EMPL/CHILD	2,237.39	1,844.58	392.81
EMPL/CHILDREN	2,352.12	1,933.37	418.75
FAMILY	2,744.15	2,005.10	739.05
High Deductible/HSA			
INDIVIDUAL	$752.80	$752.80	$0.00
EMPL+SP	2,071.91	1,673.88	398.03
EMPL/CHILD	1,762.30	1,591.34	170.96
EMPL/CHILDREN	1,852.93	1,680.20	172.73
FAMILY	2,162.46	1,761.30	401.16
Low Deductible			
INDIVIDUAL	$1,222.26	$813.90	$408.36
EMPL+SP	3,475.43	1,917.81	1,557.62
EMPL/CHILD	2,957.32	1,844.58	1,112.74
EMPL/CHILDREN	3,108.92	1,933.37	1,175.55
FAMILY	3,627.12	2,005.10	1,622.02
DELTA DENTAL PPO			
SINGLE COVERAGE	$35.95	-	$35.95
TWO-PARTY	71.93	-	71.93
THREE OR MORE	93.00	-	93.00
NVA VISION			
INDIVIDUAL	$5.29	-	$5.29
EMPL+SP	10.58	-	10.58
EMPL+CHILD(REN)	14.22	-	14.22
FAMILY	20.64	-	20.64