BENEFITS DEDUCTION AMOUNTS

FY 2024 **7/1/2023**

Health Insurance **Blue Cross/Blue Shield**		Monthly Premium	Employee Monthly Premium	Bi-Weekly Deductions (24.00)
Network Blue HMO with Dental Rider				
	Ind	940.04	235.00	117.50
	Fam	2,542.03	635.50	317.75
Network Blue HMO - No Dental Rider				
	Ind	916.06	229.02	114.51
	Fam	2,477.18	619.30	309.65
Blue Care Elect PPO				
	Ind	1,186.14	296.54	148.27
	Fam	2,866.87	716.72	358.36
Altus Dental - 100% EMPLOYEE PAID				
	Ind		40.50	20.25
	Fam		118.58	59.29
Blue 20/20 Vision - 100% EMPLOYEE PAID				
	Ind			7.40
	Ind+Spouse			12.58
	Ind+Child(ren)			12.95
	Fam			20.36