

# BlueCross BlueShield

## Lower Deductible Health Plan - PPO2

### Rates Effective 7/1/2023 - 6/30/2024

Single Coverage	Monthly Premium	Employee Percentage	Employee Portion Per Month	Employee Deduction Per Pay (24 Pays)	Employee Deduction Per Pay (18 Pays)	Board Amount
Full time	\$853.54	15%	\$128.04	\$64.02	\$85.36	\$725.50
Part time	\$853.54	50%	\$426.77	\$213.39	\$284.52	\$426.77

Single+Spouse	Monthly Premium	Employee Percentage	Employee Portion Per Month	Employee Deduction Per Pay (24 Pays)	Employee Deduction Per Pay (18 Pays)	Board Amount
Full time	\$1,792.43	30%	\$537.73	\$268.87	\$358.49	\$1,254.70
Part time	\$1,792.43		\$1,365.66	\$682.83	\$910.44	\$426.77

Single+Child(ren)	Monthly Premium	Employee Percentage	Employee Portion Per Month	Employee Deduction Per Pay (24 Pays)	Employee Deduction Per Pay (18 Pays)	Board Amount
Full time	\$1,621.72	30%	\$486.52	\$243.26	\$324.35	\$1,135.20
Part time	\$1,621.72		\$1,194.95	\$597.48	\$796.64	\$426.77

Family	Monthly Premium	Employee Percentage	Employee Portion Per Month	Employee Deduction Per Pay (24 Pays)	Employee Deduction Per Pay (18 Pays)	Board Amount
Full time	\$2,645.97	24%	\$635.04	\$317.52	\$423.36	\$2,010.93
Part time	\$2,645.97		\$2,219.20	\$1,109.60	\$1,479.47	\$426.77

Leaves & Retirees	
Single	\$853.54
Single+Spouse	\$1,792.43
Single+Child(ren)	\$1,621.72
Family	\$2,645.97

Cobra +2%	
Single	\$870.61
Single+Spouse	\$1,828.28
Single+Child(ren)	\$1,654.15
Family	\$2,698.89