



EMPLOYEE CONTRIBUTIONS EFFECTIVE JANUARY 1, 2023

Benefit Plan	Employer Premium Monthly	Employee Premium Monthly	20 Payroll Deductions	24 Payroll Deductions
MEDICAL: BCBSM / PPO PLAN				
Employee	\$340.00	\$383.93	\$230.36	\$191.97
Double	\$700.00	\$1037.43	\$622.46	\$518.72
Family	\$850.00	\$1321.81	\$793.08	\$660.90
MEDICAL: BCN: HMO				
Employee	\$340.00	\$151.16	\$90.70	\$75.58
Double	\$700.00	\$478.78	\$287.27	\$239.39
Family	\$850.00	\$623.49	\$374.09	\$311.74
MEDICAL: BCN: HMO / HSA				
Employee	\$340.00	\$91.18	\$54.71	\$45.59
Double	\$700.00	\$334.82	\$200.89	\$167.41
Family	\$850.00	\$443.53	\$266.12	\$221.77
VOLUNTARY DENTAL RATES: DELTA DENTAL				
Employee	\$0	\$39.38	\$23.63	\$19.69
Double	\$0	\$74.21	\$44.53	\$37.11
Family	\$0	\$142.11	\$85.27	\$71.06
VOLUNTARY VISION RATES: DELTA DENTAL				
Employee	\$0	\$8.13	\$4.88	\$4.07
Double	\$0	\$16.26	\$9.76	\$8.13
Family	\$0	\$26.19	\$15.71	\$13.10

Savings Over PPO Annually		
Coverage Type:	Standard BCN HMO	BCN HMO / HSA
Single	\$2,793.24	\$3,513.00
Double	\$6,703.80	\$8,431.32
Family	\$8,379.84	\$10,539.36