



## EMPLOYEE CONTRIBUTIONS EFFECTIVE JANUARY 1, 2023

Benefit Plan	Employer Premium Per Month	Employee Premium Per Month	20 Payroll Deductions	24 Payroll Deductions
<b>MEDICAL: BCBSM / PPO PLAN</b>				
Employee	\$445.00	\$278.93	\$167.36	\$139.47
Double	\$640.00	\$1097.43	\$658.46	\$548.72
Family	\$740.00	\$1431.81	\$859.08	\$715.90
<b>MEDICAL: BCN: HMO</b>				
Employee	\$340.00	\$151.16	\$90.70	\$75.58
Double	\$650.00	\$528.78	\$317.27	\$264.39
Family	\$750.00	\$723.49	\$434.09	\$361.74
<b>MEDICA: BCN: HSA / HMO</b>				
Employee	\$340.00	\$91.18	\$54.71	\$45.59
Double	\$650.00	\$384.82	\$230.89	\$192.41
Family	\$750.00	\$543.53	\$326.12	\$271.77
<b>VOLUNTARY DENTAL RATES: DELTA DENTAL</b>				
Employee	\$0	\$39.38	\$23.63	\$19.69
Double	\$0	\$74.21	\$44.53	\$37.11
Family	\$0	\$142.11	\$85.27	\$71.06
<b>VOLUNTARY VISION RATES: DELTA DENTAL/VSP</b>				
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:	BCN Standard HMO	BCN HSA HMO
Single	\$1,533.24	\$2,253.01
Double	\$6,823.85	\$8,551.36
Family	\$8,499.84	\$10,659.31