

2024 HEALTH INSURANCE RATES

Capital Blue Cross PPO	2024 Monthly Deduction	2024 BW Deduction	2024 Tobacco Monthly Deduction	2024 Tobacco BW Deduction
Employee	\$152.00	\$70.15	\$302.00	\$139.38
Employee + Spouse	\$348.00	\$160.62	\$498.00	\$229.85
Employee + Child	\$263.00	\$121.38	\$413.00	\$190.62
Employee + Children	\$430.00	\$198.46	\$580.00	\$267.59
Employee + Family	\$474.00	\$218.77	\$624.00	\$288.00

Capital Blue Cross Qualified High Deductible Health Plan (QHDHP) + Health Savings Account	2024 Monthly Deduction	2024 BW Deduction	2024 Tobacco Monthly Deduction	2024 Tobacco BW Deduction
Employee	\$121.00	\$55.85	\$271.00	\$125.08
Employee + Spouse	\$277.00	\$127.85	\$427.00	\$197.08
Employee + Child	\$210.00	\$96.92	\$360.00	\$166.15
Employee + Children	\$343.00	\$158.31	\$493.00	\$227.54
Employee + Family	\$378.00	\$174.46	\$528.00	\$243.69

2024 VISION INSURANCE RATES

Capital Blue Cross Vision Plan	2024 Monthly Deduction	2024 BW Deduction
Employee	\$3.40	\$1.57
Employee + Spouse	\$9.83	\$4.54
Employee + Child	\$9.83	\$4.54
Employee + Children	\$9.83	\$4.54
Employee + Family	\$9.83	\$4.54

2024 DENTAL INSURANCE RATES

Delta Dental	Delta Base Plan		Delta Buy-Up Plan	
	Monthly	Biweekly	Monthly	Biweekly
Employee	\$29.19	\$13.47	\$38.05	\$17.56
Employee + Spouse	\$58.43	\$26.97	\$76.16	\$35.15
Employee + Child	\$58.43	\$26.97	\$76.16	\$35.15
Employee + Children	\$76.17	\$35.16	\$99.29	\$45.83
Employee + Family	\$76.17	\$35.16	\$99.29	\$45.83