

**BLUE CROSS/BLUE SHIELD COMMUNITY BLUE PPO #1
Health Insurance Rates**

Effective January 1, 2024

	<u>Monthly Total Premium</u>	<u>Monthly Employee Contribution</u>	<u>Monthly College Contribution</u>	<u>Yearly Total Premium</u>	<u>Yearly College Contribution</u>	<u>Yearly Employee Contribution</u>	<u>Estimated Tax Rate</u>	<u>Yearly Employee Estimated Net Savings</u>	<u>Yearly Employee Estimated Net Cost</u>
Single	\$665.00	\$133	\$532.00	\$7,980.00	\$6,384.00	\$1,596.00	37.00%	\$590.52	\$1,005.48
Two Party	\$1,594.00	\$319	\$1,275.00	\$19,128.00	\$15,300.00	\$3,828.00	37.00%	\$1,416.36	\$2,411.64
Family	\$1,993.00	\$399	\$1,594.00	\$23,916.00	\$19,128.00	\$4,788.00	37.00%	\$1,771.56	\$3,016.44