

Monthly Premium Rates

Provider	Coverage Option	CY 2023	CY 2024	%Change
Blue Cross (PPO)	Single	\$1,403.82	\$1,384.59	-1.4%
	Couple	\$2,825.86	\$2,787.15	-1.4%
	Family	\$3,790.27	\$3,738.34	-1.4%
Blue Cross (HMO)	Single	\$899.90	\$1,052.79	16.9%
	Couple	\$1,889.76	\$2,210.83	16.9%
	Family	\$2,699.45	\$3,158.08	16.9%
Kaiser (HMO)	Single	\$702.53	\$767.84	9.3%
	Couple	\$1,405.05	\$1,535.67	9.3%
	Family	\$1,988.15	\$2,172.97	9.3%
Delta Dental (PPO)	Single	\$65.46	\$65.46	0.0%
	Couple	\$113.76	\$113.76	0.0%
	Family	\$170.94	\$170.94	0.0%
DeltaCare (DHMO)	Single	\$20.21	\$20.21	0.0%
	Couple	\$36.71	\$36.71	0.0%
	Family	\$54.32	\$54.32	0.0%
Dental Health Services (DHMO)	Single	\$17.95	\$19.56	9.0%
	Couple	\$34.80	\$37.93	9.0%
	Family	\$52.46	\$57.18	9.0%
Vision Service Plan	Single	\$11.25	\$11.25	0.0%
	Couple	\$16.27	\$16.27	0.0%
	Family	\$29.15	\$29.15	0.0%
Voluntary Waiver of Coverage:*				
	Medical	\$277.00		
	Dental	\$40.00		
* Waiver of Medical coverage requires proof of alternative coverage.				

Monthly Employee Contributions

Provider	Coverage Option	NC & AFSCME Employee Contribution (Current)	NC & AFSCME Employee Contribution Effective 1/1/24
Blue Cross (PPO)	Single	\$140.00	\$138.00
	Couple	\$283.00	\$279.00
	Family	\$379.00	\$374.00
Blue Cross (HMO)	Single	\$90.00	\$105.00
	Couple	\$189.00	\$221.00
	Family	\$270.00	\$316.00
Kaiser (HMO)	Single	\$70.00	\$77.00
	Couple	\$141.00	\$154.00
	Family	\$199.00	\$217.00
Delta Dental (PPO)	Single	\$7.00	\$7.00
	Couple	\$11.00	\$11.00
	Family	\$17.00	\$17.00
DeltaCare (DHMO)	Single	\$2.00	\$2.00
	Couple	\$4.00	\$4.00
	Family	\$5.00	\$5.00
Dental Health Services (DHMO)	Single	\$2.00	\$2.00
	Couple	\$3.00	\$4.00
	Family	\$5.00	\$6.00
Vision Service Plan	Single	\$1.00	\$1.00
	Couple	\$2.00	\$2.00
	Family	\$3.00	\$3.00

Non-Contract and AFSCME Employees contribute 10% (rounded to whole dollar) towards their individually selected plan's medical and dental premiums