Monthly Premium Rates

Drovidor	Coverage	CV 2024	CY 2025	0/ Changa		
Provider	Option	CY 2024	C 1 2025	%Change		
Blue Cross (PPO)	Single	\$1,384.59	\$1,509.21	9.0%		
	Couple	\$2,787.15	\$3,037.99	9.0%		
	Family	\$3,738.34	\$4,074.79	9.0%		
Blue Cross (HMO)	Single	\$1,052.79	\$976.46	-7.2%		
,	Couple	\$2,210.83	\$2,050.55	-7.2%		
	Family	\$3,158.08	\$2,929.12	-7.2%		
Kaiser (HMO)	Single	\$767.84	\$837.07	9.0%		
	Couple	\$1,535.67	\$1,674.14	9.0%		
	Family	\$2,172.97	\$2,368.91	9.0%		
Delta Dental (PPO)	Single	\$65.46	\$65.46	0.0%		
, ,	Couple	\$113.76	\$113.76	0.0%		
	Family	\$170.94	\$170.94	0.0%		
DoltoCaro (DUMO)	Singlo	\$20.21	\$20.21	0.0%		
DeltaCare (DHMO)	Single Couple	\$36.71	\$36.71	0.0%		
	Family	\$54.32	\$54.32	0.0%		
	•					
Dental Health Services	Single	\$19.56	\$19.56	0.0%		
(DHMO)	Couple Family	\$37.93 \$57.18	\$37.93 \$57.18	0.0% 0.0%		
	1 annly	ψ01.10	ψ07.10	0.070		
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	NC & AFSCME Employee Contribution (Proposed) Effective 1/1/25	Chango
Provider	Option	(Current)	Ellective 1/1/25	Change
Blue Cross (PPO)	Single	\$138.00	\$150.00	\$12.00
, ,	Couple	\$279.00	\$303.00	\$24.00
	Family	\$374.00	\$407.00	\$33.00
Blue Cross (HMO)	Single	\$105.00	\$97.00	-\$8.00
, ,	Couple	\$221.00	\$205.00	-\$16.00
	Family	\$316.00	\$292.00	-\$24.00
Kaiser (HMO)	Single	\$77.00	\$83.00	\$6.00
,	Couple	\$154.00	\$167.00	\$13.00
	Family	\$217.00	\$236.00	\$19.00
Delta Dental (PPO)	Single	\$7.00	\$7.00	\$0.00
	Couple	\$11.00	\$11.00	\$0.00
	Family	\$17.00	\$17.00	\$0.00
DeltaCare (DHMO)	Single	\$2.00	\$2.00	\$0.00
	Couple	\$4.00	\$4.00	\$0.00
	Family	\$5.00	\$5.00	\$0.00
Dental Health Services				
(DHMO)	Single	\$2.00	\$2.00	\$0.00
	Couple	\$3.00	\$3.00	\$0.00
	Family	\$5.00	\$5.00	\$0.00
Vision Service Plan	Single	\$1.00	\$1.00	\$0.00
	Couple	\$2.00	\$2.00	\$0.00
	Family	\$3.00	\$3.00	\$0.00

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