



**Blue Cross Blue Shield
2022-2023 Insurance Rates
Total Monthly Premium**

-ESU #13 contributes \$492 towards premium for full time employees for months worked-
All employees with an FTE under 1.0 (under 40 hours/week) please contact the payroll office
for information on ESU #13's contribution.

Standard Blue Preferred Health and Dental - \$650 Deductible

(An application must be filled out the first time you sign up for Health or Dental Insurance.)

Employee (EE) Health (H) Dental (D)

Total Cost per Plan		Employee Cost for a 1.0 FTE Employee
EE H/EE D	\$818.78	EE Share \$326.78
EE H/EE & Children D	\$843.85	EE Share \$351.85
EE H/EE & Spouse D	\$851.24	EE Share \$359.24
EE H/Family D	\$872.53	EE Share \$380.53
EE & Children H/EE D	\$1489.64	EE Share \$997.64
EE & Children H/EE & Children D	\$1514.71	EE Share \$1022.71
EE & Children H/EE & Spouse D	\$1522.10	EE Share \$1030.10
EE & Children H/Family D	\$1543.39	EE Share \$1051.39
EE & Spouse H/EE D	\$1686.94	EE Share \$1194.94
EE & Spouse H/EE Children D	\$1712.01	EE Share \$1220.01
EE & Spouse H/EE & Spouse D	\$1719.40	EE Share \$1227.40
EE & Spouse H/Family D	\$1740.69	EE Share \$1248.69
Family H/EE D	\$2255.00	EE Share \$1763.00
Family H/EE and Children D	\$2280.07	EE Share \$1788.07
Family H/EE & Spouse D	\$2287.46	EE Share \$1795.46
Family H/Family D	\$2308.75	EE Share \$1816.75