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| --- | --- | --- | --- | --- |
|  | **2024 Monthly Premium** | | |  |
| **Health Plan Name & Carrier** | **Single Coverage** | **Plus 1 Dependent Coverage** | **Family Coverage** | **% of Change from 2023** |
| Anthem BCBS BlueCard PPO **100** | $1242 | $2236 | $3478 | 5.97% |
| Anthem BCBS BlueCard PPO **90** | $1145 | $2061 | $3206 | 6.02% |
| Anthem BCBS BlueCard PPO **80** | $1038 | $1868 | $2906 | 6.02% |
| Anthem BCBS BlueCard PPO **70** | $939 | $1690 | $2629 | 5.97% |  |  |  |  |  |  |
| Anthem BCBS CDHP-20  Consumer Directed Health Plan with Health Savings Account (HSA) **Annual Deductible, $3000 single, $5450 family** | $911 | $1640 | $2551 | 6.07% |  |  |  |  |  |  |
| **Cigna Employee Assistance Program (EAP)** | $4.00 | $4.00 | $4.00 | 0 .00% |
| Kaiser **High Option** Plan | $1259 | $2266 | $3525 | 5.98% |
| Kaiser **EPO 80** Plan | $1049 | $1888 | $2937 | 7.04% |
| Kaiser CDHP-20 Consumer Directed Health Plan with Health Savings Account (HSA) **Annual Deductible, $2800 individual, $5450 family** | $876 | $1577 | $2453 | 6.96% |
| **All Delta Dental Plan include Orthodontia** |  |  |  |  |
| Delta Dental Comprehensive | $62 | $112 | $174 | 0.00% |
| Delta Dental Premium | $82 | $148 | $230 | 0.00% |
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