

2018-2019 Monthly Rates For Health Benefits
July 1, 2018 – June 30, 2019

- **The percentage an employee contributes is based on their Collective Bargaining Agreement or Contract for Community Blue Flex PPO and Community Blue Flex EPO**
- **Individuals selecting PPO coverage will be responsible for their premium plus the difference between the EPO and PPO rates.**
- **Part-Time employees pay full amount as shown**

CBF PPO

\$ 600.05 Individual
\$1,345.34 Parent/Child
\$1,479.87 Parent/Children
\$1,630.10 Husband/Wife
\$1,694.85 Family

United Concordia Dental

\$26.71 Individual
\$87.81 Family

Davis Vision

\$ 4.88 Individual
\$11.92 Family

CBF EPO

\$ 560.56 Individual
\$1,257.35 Parent/Child
\$1,383.06 Parent/Children
\$1,522.81 Husband/Wife
\$1,583.40 Family