

Monthly Rates For Health Benefits July 1, 2023 – June 30, 2024

- The percentage an employee contributes is based on their Collective Bargaining Agreement or Contract for Performance Flex Blue EPO Benefits and Performance Flex Blue PPO Benefits.
- 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

\$\overline{806.28} Individual (Employee Only)

\$1,807.70 Parent & Child

\$1,988.46 Parent & Children

\$2,190.30 Employee & Spouse

\$2,277.31 Family

CBF EPO

\$ 753.20 Individual (Employee Only)

\$1,689.45 Parent & Child

\$1,858.35 Parent & Children

\$2,046.14 Employee & Spouse

\$2,127.56 Family

United Concordia Dental

\$ 30.63 Individual (Employee Only)

\$100.72 Family

Davis Vision

\$ 6.34 Individual (Employee Only)

\$ 15.48 Family