

## Monthly Rates For Health Benefits July 1, 2024 – June 30, 2025

- 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**

\$ 878.85	Individual	(Employee Only)

\$1,970.39 Parent & Child

\$2,167.42 Parent & Children

\$2,387.43 Employee & Spouse

\$2,482.27 Family

## CBF EPO

\$	820.99	Individual	(Employee	Only)
----	--------	------------	-----------	-------

\$1,841.50 Parent & Child

\$2,025.60 Parent & Children

\$2,230.29 Employee & Spouse

\$2,319.04 Family

# **United Concordia Dental**

\$105.76 Family

#### **Davis Vision**

\$	6.53	Individual	(Employee	Only)
Ψ	0.55	IIIai viauui	(Limple) cc	

\$ 15.94 Family