



Plan Year 2023

Health Insurance

	Total Premium	COBRA	Add'l 11 Month Extension (SSI Disabled)	Senior Retired
GREEN PLAN				
Employee Only	737.70	\$752.45	\$1,106.55	\$737.70
Employee Plus Spouse	1,407.14	\$1,435.28	\$1,789.38	\$1,407.14
Employee Plus Child(ren)	1,208.42	\$1,232.59	\$1,586.68	\$1,208.42
Employee Plus Spouse and Child(ren)	2,143.88	\$2,186.76	\$2,540.85	\$2,143.88
BLUE PLAN				
Employee Only	677.59	\$691.14	\$1,016.39	\$677.59
Employee Plus Spouse	1,313.86	\$1,340.14	\$1,665.38	\$1,313.86
Employee Plus Child(ren)	1,130.45	\$1,153.06	\$1,478.30	\$1,130.45
Employee Plus Spouse and Child(ren)	2,004.69	\$2,044.78	\$2,370.03	\$2,004.69
RED PLAN				
Employee Only	548.20	\$559.16	\$822.30	\$548.20
Employee Plus Spouse	1,086.64	\$1,108.37	\$1,371.51	\$1,086.64
Employee Plus Child(ren)	936.41	\$955.14	\$1,218.27	\$936.41
Employee Plus Spouse and Child(ren)	1,654.24	\$1,687.32	\$1,950.46	\$1,654.24

Dental Insurance

	Total Premium	COBRA	Add'l 11 Month Extension (SSI Disabled)	Senior Retired
Delta Dental PPO Plan 1				
Employee Only	14.29	\$14.58	\$21.44	\$14.29
Two Person	47.32	\$48.27	\$55.13	\$47.32
Family	84.91	\$86.61	\$93.47	\$84.91
Delta Dental PPO Plan 2				
Two Person	33.15	\$33.81	\$49.73	\$33.15
Family	59.51	\$60.70	\$76.61	\$59.51