CERTIFIED STAFF
BLUE CROSS BLUE SHIELD OF TN
MEDICAL AND DENTAL PREMIUMS
EFFECTIVE September 1, 2024

MEDICAL (BOE 85%)

Hired before 7.1.16

PREFERRED PLAN		OR	STANDARD PLAN	
SINGLE	$133.82		SINGLE	$87.09
TWO-PTY	$262.38		TWO-PTY	$170.74
FAMILY	$314.16		FAMILY	$204.46

DENTAL

SINGLE	$43.44
TWO-PARTY	$87.28
FAMILY	$131.28

VISION

SINGLE	$7.79
TWO-PARTY	$12.73
FAMILY	$24.16

Insurance premiums are deducted from your paycheck 10 times a year, coverage is for 12 months.

If enrolling in coverage after September 1st, an increased deduction will be taken to pay for summer coverage.