

**CERTIFIED STAFF
BLUE CROSS BLUE SHIELD OF TN
MEDICAL AND DENTAL PREMIUM
Effective January 1, 2024**

MEDICAL (BOE 80%)

Hired after 7.1.16

PREFERRED PLAN *OR* STANDARD PLAN

SINGLE	\$173.23	SINGLE	\$ 112.73
TWO-PTY	339.65	TWO-PTY	221.03
FAMILY	406.68	FAMILY	264.66

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.