PREMIUM RATE SHEET
BI-WEEKLY
CLASSIFIED STAFF Hired before July 1, 2016
Effective 9/1/2024

BI-WEEKLY RATES-DEDUCTIONS TAKEN 20 TIMES A YEAR
**If enrolling after September 1st, an increased deduction will be taken to pay for summer coverage. **

MEDICAL

PREFERRED PPO PLAN		STANDARD PPO PLAN	
Employees working **6 ½** hours or less per day (BOE 75%)			
Single	$111.52	Single	$72.57
2-Party	$218.65	2-Party	$142.29
Family	$261.81	Family	$170.37
Employees working **7** hours per day (BOE 80%)			
Single	$89.22	Single	$58.06
2-Party	$174.91	2-Party	$113.84
Family	$209.44	Family	$136.30
Employees working **7 ½ to 8** hours per day (BOE 85%)			
Single	$66.91	Single	$43.55
2-Party	$131.19	2-Party	$85.38
Family	$157.09	Family	$102.23

DENTAL		VISION	
Single	$21.72	Single	$3.89
2-Party	$43.64	2-Party	$6.37
Family	$65.64	Family	$12.08