

2022-23 MONTHLY BLUE CROSS BLUE SHIELD PREMIUM AMOUNTS**Paraeducators & Skills Trainers (9 month)***Effective 9-1-22*

ESU pays 85% of premium prorated according to FTE

Health Coverage (EHA \$850 Deductible Plan)

Coverage Level	Total Monthly Premium	Monthly ESU Share	Monthly Employee Share (pre-tax)
Employee Only	1,023.89	923.89	100.00
Employee & Children	1,894.23	1,610.09	284.13
Employee & Spouse	2,150.20	1,827.67	322.53
Employee, Spouse & Children	2,887.16	2,454.09	433.07

Dental Coverage (EHA PPO Option 2 - 100% A, 75% B, 50% C)

Coverage Level	Total Monthly Premium	Monthly ESU Share	Monthly Employee Share (pre-tax)
Employee Only	39.39	33.48	5.91
Employee & Children	72.81	61.89	10.92
Employee & Spouse	82.67	70.27	12.40
Employee, Spouse & Children	111.05	94.40	16.65