

**2022-23 MONTHLY BLUE CROSS BLUE SHIELD PREMIUM AMOUNTS****Non-Union (12 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               | 767.92                | 667.92            | 100.00                           |
| Employee & Children         | 1,420.67              | 1,207.57          | 213.10                           |
| Employee & Spouse           | 1,612.65              | 1,370.75          | 241.90                           |
| Employee, Spouse & Children | 2,165.37              | 1,840.56          | 324.81                           |

**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               | 29.54                 | 25.11             | 4.43                             |
| Employee & Children         | 54.61                 | 46.42             | 8.19                             |
| Employee & Spouse           | 62.00                 | 52.70             | 9.30                             |
| Employee, Spouse & Children | 83.29                 | 70.80             | 12.49                            |