

2023-2024 MONTHLY BLUE CROSS BLUE SHIELD PREMIUM AMOUNTS**ESU 6 Teacher Association Benefit Table***Effective 9-1-2023*

ESU pays 100% 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	782.05	782.05	-
Employee & Children	1,446.81	1,446.81	-
Employee & Spouse	1,642.32	1,642.32	-
Employee, Spouse & Children	2,205.22	2,205.22	-

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	29.54	-
Employee & Children	54.61	54.61	-
Employee & Spouse	62.00	62.00	-
Employee, Spouse & Children	83.29	83.29	-