Annual Open Enrollment - October 1-29, 2022

2023 Health Insurance Premiums

Cigna **Delta Dental** CIGNA **BCBST** CIGNA **BCBST** Prepaid Plan DPPO Plan **Dental Premiums Local Plus** Network P Open Access Network S **Premier PPO** Employee only 13.84 136.60 149.60 149.60 136.60 Employee only 28.75 297.75 Employee + Children 281.50 281.50 297.75 Employee + Children 24.54 367.25 367.25 399.75 399.75 Employee + Spouse Employee + Spouse 33.74 476.25 Family 443.75 443.75 476.25 Family Standard PPO 140.00 Employee only 127.00 127.00 140.00 Basic Plan **Expanded Plan** 261.50 261.50 277.75 277.75 **Vision Premiums** Employee + Children 341.00 341.00 373.50 373.50 Employee + Spouse 3.18 444.75 Employee only 412.25 412.25 444.75 Family Employee + Children 6.35 Limited PPO 6.03 133.00 Employee + Spouse Employee only 120.00 120.00 133.00 9.33 247.50 263.75 263.75 Family 247.50 Employee + Children 322.75 322.75 355.25 355.25 Employee + Spouse 422.75 422.75 390.25 390.25 Family **HSA** Contribution Local CDHP/HSA by the Board* 0.00 500.00 0.00 0.00 0.00 Employee only 185.60 1,500.00 Employee + Children 172.60 172.60 185.60 225.00 251.00 251.00 1,500.00 225.00 Employee + Spouse 298.00 2,000.00 272.00 272.00 298.00 Family

2023 Dental & Vision Insurance Premiums

19.82

52.70

38.98

80.72

6.30

12.60

11.98

18.54

^{*} If an employee enrolls in the CDHP plan after June 30, 2023, only half of the Board contribution will be made to the employee's health savings account (\$250 for single; \$750 for employee + children or spouse; \$1000 for family). There are certain restrictions related to the CDHP plan; please review these restrictions before choosing this plan.