

2023-24 MONTHLY BLUE CROSS BLUE SHIELD PREMIUM AMOUNTS**Non-Union (12 month)***Effective 9-1-23*

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	823.21	723.21	100.00
Employee & Children	1,522.96	1,294.52	228.44
Employee & Spouse	1,728.76	1,469.45	259.31
Employee, Spouse & Children	2,321.28	1,973.09	348.19

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