

2023-24 MONTHLY BLUE CROSS BLUE SHIELD PREMIUM AMOUNTS

Paraeducators (9 month)

Effective 9-1-23

ESU pays 85% of premium prorated according to FTE

Premium is deducted September through May for coverage September 1, 2023 - August 31, 2024.

Health Coverage (EHA \$850 Deductible Plan)

Coverage Level	Total Monthly Premium	Monthly ESU Share	Monthly Employee Share (pre-tax)
Employee Only	1,097.61	997.61	100.00
Employee & Children	2,030.61	1,726.02	304.59
Employee & Spouse	2,305.01	1,959.26	345.75
Employee, Spouse & Children	3,095.04	2,630.78	464.26

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	16.66