

2024 HEALTH BENEFIT RATES

COBRA

Blue Shield Medical Full Network HMO 15/100 (High HMO)	
TIER	PREMIUM
Emp Only	\$ 876.57
Emp + Spouse	\$ 1,652.33
Emp + Child(ren)	\$ 1,498.63
Emp + Family	\$ 2,329.41
Blue Shield Trio HMO 15/100 (Low HMO)	
TIER	PREMIUM
Emp Only	\$ 662.89
Emp + Spouse	\$ 1,458.35
Emp + Child(ren)	\$ 1,193.20
Emp + Family	\$ 2,054.95
Blue Shield Traditional PPO 250/750 (High PPO)	
TIER	PREMIUM
Emp Only	\$ 969.53
Emp + Spouse	\$ 2,133.00
Emp + Child(ren)	\$ 1,745.17
Emp + Family	\$ 3,005.59
Blue Shield HDHP/HSA PPO 2800/3200/5200 (Low PPO)	
TIER	PREMIUM
Emp Only	\$ 678.61
Emp + Spouse	\$ 1,497.24
Emp + Child(ren)	\$ 1,224.33
Emp + Family	\$ 2,111.20
MetLife Dental - DPPO	
Emp Only	\$ 60.83
Emp + Spouse	\$ 119.88
Emp + Child(ren)	\$ 146.82
Emp + Family	\$ 223.98
MetLife Dental - DMO	
Emp Only	\$ 16.68
Emp + Spouse	\$ 31.69
Emp + Child(ren)	\$ 33.35
Emp + Family	\$ 47.53
MES Vision Plan	
Emp Only	\$ 11.59
Emp + 1 Dep	\$ 20.87
Emp + 2 or more Dep	\$ 29.90

