

2023 COBRA/Retiree Rates		
<u>Coverage/Enrollment</u>		<u>COBRA/Retiree Premium</u>
Preferred Care Blue Network		
PPO/Employee		\$ 843.60
PPO/Employee+Spouse		\$ 1,687.18
PPO/Employee+Child(ren)		\$ 1,628.13
PPO/Family		\$ 2,623.57
BlueSelect Plus Network		
PPO/Employee		\$ 753.91
PPO/Employee+Spouse		\$ 1,507.82
PPO/Employee+Child(ren)		\$ 1,455.05
PPO/Family		\$ 2,344.67
Preferred Care Blue Network		
BlueSaver QHDHP/Employee		\$ 775.95
BlueSaver QHDHP/Employee+Spouse		\$ 1,551.90
BlueSaver QHDHP/Employee+Child(ren)		\$ 1,497.59
BlueSaver QHDHP/Family		\$ 2,413.21
BlueSelect Plus Network		
BlueSaver QHDHP/Employee		\$ 680.74
BlueSaver QHDHP/Employee+Spouse		\$ 1,361.48
BlueSaver QHDHP/Employee+Child(ren)		\$ 1,313.83
BlueSaver QHDHP/Family		\$ 2,117.09
Retiree Plan - \$5K deductible and BSP Network		
BlueSaver QHDHP/Employee		\$ 586.69
BlueSaver QHDHP/Employee+Spouse		\$ 1,173.39
BlueSaver QHDHP/Employee+Child(ren)		\$ 1,132.33
BlueSaver QHDHP/Family		\$ 1,824.63
Retiree plan - \$3K deductible and BSP Network		
BlueSaver QHDHP/Employee		\$ 636.56
BlueSaver QHDHP/Employee+Spouse		\$ 1,273.13
BlueSaver QHDHP/Employee+Child(ren)		\$ 1,228.57
BlueSaver QHDHP/Family		\$ 1,979.72
Dental Stand-alone Plan		
Delta Dental/Employee		\$ 29.77
Delta Dental/Employee+Spouse		\$ 59.54
Delta Dental/Employee+Child(ren)		\$ 80.09
Delta Dental/Family		\$ 119.68
Vision Stand-alone Plan (w/ or w/o County Medical)		
EyeMed/Employee		\$ 5.02
EyeMed/Employee+Spouse		\$ 10.06
EyeMed/Employee+Child(ren)		\$ 10.76
EyeMed/Family		\$ 17.20