

<b>BLUE CROSS BLUE SHIELD MONTHLY COSTS</b>				
	<u>Employee-Only</u>	<u>Employee + Spouse</u>	<u>Employee + Children</u>	<u>Family</u>
Basic Medical (HMO)	<b>FREE</b>	\$625.30	\$511.64	\$1,136.98
Premium Medical (PPO)	\$257.70	\$1,166.46	\$1,001.16	\$1,909.94
Dental	<b>FREE</b>	\$43.56	\$50.70	\$94.20
Vision	<b>FREE</b>	\$6.12	\$6.80	\$13.18
<b> </b>				
	<u>Employee-Only</u>	<u>Employee + Spouse</u>	<u>Employee + Children</u>	<u>Family</u>
Accident Insurance	\$13.12	\$21.68	\$25.40	\$39.80
Hospital Indemnity	\$17.40	\$40.56	\$30.48	\$55.96
<b> </b>				
Voluntary Life Insurance	<i>Rates are determined by coverage amount and enrollment age. See plan document or enrollment portal for details.</i>			
<b>MINIMUM ESSENTIAL COVERAGE (KEY BENEFIT)</b>				
	<u>Employee</u>	<u>Employee + Spouse</u>	<u>Employee + Children</u>	<u>Family</u>
MEC (Preventative Only)	\$16.58	\$51.44	\$107.50	\$142.34

Rates effective 7/1/2026