

## 2023 Combined Fringe Full Time Rate Sheet

	Preferred Care Blue Blue Saver QHDHP - High Deduct.	Blue Select Plus QDHP - High Deduct.	Preferred Care Blue PPO	Blue Select Plus PPO	Blue Select Plus EPO	Blue Care HMO
Family Plan Premium	\$1,931.05	\$1,735.03	\$2,662.95	\$2,379.09	\$2,411.79	\$2,700.10
Combined Fringe (\$792 x 2)	\$1,584.00	\$1,584.00	\$1,584.00	\$1,584.00	\$1,584.00	\$1,584.00
<b>Salary Reduction with Combined Fringe</b>	\$347.05	\$151.03	\$1,078.95	\$795.09	\$827.79	\$1,161.10
Employee Only Plan	\$0.00	\$0.00	\$81.50	\$0.00	\$0.00	\$93.72
Employee Plus Chid(ren)	\$410.21	\$287.70	\$867.65	\$690.24	\$710.67	\$890.87
<b>Salary Reduction without Combined Fringe</b>	\$410.21	\$287.70	\$949.15	\$690.24	\$710.67	\$984.59

	Preferred Care Blue Blue Saver QHDHP - High Deduct.	Blue Select Plus QDHP - High Deduct.	Preferred Care Blue PPO	Blue Select Plus PPO	Blue Select Plus EPO	Blue Care HMO
Family Plan Premium	\$1,931.05	\$1,735.03	\$2,662.95	\$2,379.09	\$2,411.79	\$2,700.10
Combined Fringe (\$742 x 2)	\$1,484.00	\$1,484.00	\$1,484.00	\$1,484.00	\$1,484.00	\$1,484.00
<b>Salary Reduction with Combined Fringe</b>	\$447.05	\$251.03	\$1,178.95	\$895.09	\$927.79	\$1,216.10
Employee Only Plan	\$0.00	\$0.00	\$131.50	\$50.00	\$50.00	\$143.72
Employee Plus Chid(ren)	\$460.21	\$337.70	\$917.65	\$740.24	\$760.67	\$940.87
<b>Salary Reduction without Combined Fringe</b>	\$460.21	\$337.70	\$1,049.15	\$790.24	\$810.67	\$1,084.59

*Carrying Plan*  
*Name:* \_\_\_\_\_  
*Employee ID:* \_\_\_\_\_  
*Plan Selected:* \_\_\_\_\_  
  
*Signature:* \_\_\_\_\_

*Spouse Name:* \_\_\_\_\_  
*Employee ID:* \_\_\_\_\_  
  
*Signature:* \_\_\_\_\_