

2023-2024 Health Insurance Deductions

Semi Monthly - 8th & 23rd Payroll Deductions **with Health Screening**

	Employee Only	Employee & Spouse	Employee + Child(ren)	Family
Preferred Care Blue Traditional PPO	\$201.06	\$951.40	\$662.81	\$1,413.15
	Employee Only	Employee & Spouse	Employee + Child(ren)	Family
Preferred Care Blue QHDHP - \$3000	\$141.05	\$813.33	\$554.77	\$1,227.07
	Employee Only	Employee & Spouse	Employee + Child(ren)	Family
Blue Select Plus Spira Care EPO - \$2000	\$103.03	\$725.95	\$486.36	\$1,109.28
	Employee Only	Employee & Spouse	Employee + Child(ren)	Family
Blue Select Plus Spira Care EPO - \$3500	\$81.61	\$676.69	\$447.82	\$1,042.88
	Employee Only	Employee & Spouse	Employee + Child(ren)	Family
Spira EPO Blue Select Plus QHDHP - \$4000	\$26.24	\$549.30	\$348.13	\$871.20

Semi Monthly - 8th & 23rd payroll deductions **without Health Screening**

	Employee Only	Employee & Spouse	Employee + Child(ren)	Family
Preferred Care Blue Traditional PPO	\$216.56	\$966.90	\$678.31	\$1,428.65
	Employee Only	Employee & Spouse	Employee + Child(ren)	Family
Preferred Care Blue QHDHP - \$3000	\$156.55	\$828.83	\$570.27	\$1,242.57
	Employee Only	Employee & Spouse	Employee + Child(ren)	Family
Blue Select Plus Spira Care \$2000	\$118.53	\$741.45	\$501.86	\$1,124.78
	Employee Only	Employee & Spouse	Employee + Child(ren)	Family
Blue Select Plus Spira Care \$3500	\$97.11	\$692.19	\$463.32	\$1,058.38
	Employee Only	Employee & Spouse	Employee + Child(ren)	Family
Spira EPO Blue Select Plus QHDHP - \$4000	\$41.74	\$564.80	\$363.63	\$886.70

20223 - 2024 Delta Dental Deductions

Semi Monthly - 8th & 23rd Payroll Deductions

	Employee Only	Employee & Spouse	Employee + Child(ren)	Family
Low Plan Option	\$12.82	\$25.10	\$34.56	\$47.40
High Plan Option	\$23.48	\$46.00	\$63.56	\$82.88

2023 - 2024 Davis Vision Deductions

Semi Monthly - 8th & 23rd Payroll Deductions

	Employee Only	Employee & Spouse	Employee + Child(ren)	Family
Vision Plan	\$4.07	\$8.13	\$8.54	\$11.89