

## 2024 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	\$1,983.19	\$1,781.87	\$2,734.85	\$2,443.32	\$2,476.90	\$2,773.01
Combined Fringe (\$792 x 2)	\$1,632.00	\$1,632.00	\$1,632.00	\$1,632.00	\$1,632.00	\$1,632.00
<b>Salary Reduction with Combined Fringe</b>	\$351.19	\$149.87	\$1,102.85	\$811.32	\$844.90	\$1,141.01
Employee Only Plan	\$0.00	\$0.00	\$81.08	\$0.00	\$0.00	\$93.63
Employee Plus Chid(ren)	\$418.67	\$292.85	\$888.46	\$706.26	\$727.24	\$912.31
<b>Salary Reduction without Combined Fringe</b>	\$418.67	\$292.85	\$969.54	\$706.26	\$727.24	\$1,005.94

	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	\$1,983.19	\$1,781.87	\$2,734.85	\$2,444.32	\$2,746.90	\$2,773.01
Combined Fringe (\$742 x 2)	\$1,532.00	\$1,532.00	\$1,532.00	\$1,532.00	\$1,532.00	\$1,532.00
<b>Salary Reduction with Combined Fringe</b>	\$451.19	\$249.87	\$1,202.85	\$912.32	\$1,214.90	\$1,241.01
Employee Only Plan	\$0.00	\$0.00	\$131.08	\$50.00	\$50.00	\$143.63
Employee Plus Chid(ren)	\$468.67	\$342.85	\$938.46	\$756.26	\$777.24	\$962.31
<b>Salary Reduction without Combined Fringe</b>	\$468.67	\$342.85	\$1,069.54	\$806.26	\$827.24	\$1,105.94

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

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