

**PER PAYCHECK INSURANCE DEDUCTIONS
EFFECTIVE JUNE 1, 2022**

MEDICAL

HMO (Blue Advantage – 196)

HMO SINGLE	\$54.00
HMO EMPLOYEE & SPOUSE	\$436.00
HMO EMPLOYEE & CHILD/CHILDREN	\$430.00
HMO FAMILY	\$732.00

Blue Print PPO (93C36)

PPO SINGLE	\$114.00
PPO EMPLOYEE & SPOUSE	\$537.00
PPO EMPLOYEE & CHILD/CHILDREN	\$528.00
PPO FAMILY	\$890.00

Blue Choice Select PPO (72326)

PPO SINGLE	\$55.00
PPO EMPLOYEE & SPOUSE	\$442.00
PPO EMPLOYEE & CHILD/CHILDREN	\$434.00
PPO FAMILY	\$742.00

DENTAL

PPO METLIFE

PPO SINGLE	\$0
PPO EMPLOYEE & SPOUSE	\$20.70
PPO EMPLOYEE & CHILD/CHILDREN	\$24.91
PPO FAMILY	\$44.07