

Blue Cross 2024-2025 Monthly Rates

ADMIN/CERTIFIED/CLASSIFIED

	2024-2025	2024-2025	
	<i>PPO</i>	<i>HSA</i>	
<i>Deductible</i>	\$ 1,050.00	\$ 3,800.00	
Single Health/Single Dental	\$ 848.31	\$ 720.44	
Single Health/Spouse Dental	\$ 881.41	\$ 753.54	
Single Health/Children Dental	\$ 873.88	\$ 746.01	
Single Health/Family Dental	\$ 903.13	\$ 775.26	
Employee Spouse/Single Dental	\$ 1,748.32	\$ 1,479.82	
Employee Spouse/Spouse Dental	\$ 1,781.42	\$ 1,512.92	
Employee Spouse/Children Dental	\$ 1,773.89	\$ 1,505.39	
Employee Spouse/Family Dental	\$ 1,803.14	\$ 1,534.64	
Employee Children/Single Dental	\$ 1,543.79	\$ 1,307.25	
Employee Children/Spouse Dental	\$ 1,576.89	\$ 1,340.35	
Employee Children/Children Dental	\$ 1,569.36	\$ 1,332.82	
Employee Children/Family Dental	\$ 1,598.61	\$ 1,362.07	
Family Health/Single Dental	\$ 2,337.23	\$ 1,976.68	
Family Health/Spouse Dental	\$ 2,370.33	\$ 2,009.78	
Family Health/Children Dental	\$ 2,362.80	\$ 2,002.25	
Family Health/Family Dental	\$ 2,392.05	\$ 2,031.50	
<i>PPO Dental</i>			
Single Dental	\$ 30.13		
Employee/Spouse Dental	\$ 63.23		
Employee/Children Dental	\$ 55.70		
Family Dental	\$ 84.95		

