

BCBS MEDICAL			
	Red	White	Blue
EE Only	\$654.58	\$581.83	\$500.80
EE+SP	\$1,342.03	\$1,192.94	\$1,026.52
EE+CH	\$916.55	\$814.74	\$700.96
EE+CHRN	\$1,178.41	\$1,047.54	\$901.24
Family	\$1,865.74	\$1,658.53	\$1,427.08

Delta Dental			
	High	Low	Preventive
EE Only	\$36.86	\$26.00	\$18.26
EE+SP	\$73.70	\$55.80	\$37.52
EE+CH	\$54.30	\$38.24	\$30.24
EE+CHRN	\$70.20	\$46.70	\$39.58
Family	\$110.70	\$78.20	\$60.18

VSP VISION	
EE Only	\$6.54
EE+SP	\$13.10
EE+CH	\$12.82
EE+CHRN	\$14.00
Family	\$22.36

UHC Rates	
Sr. Supplement Only	\$205.26
Supp & Low D Plan	\$279.88
Supp & High D Plan	\$412.71