

PPO HEALTH PLANS		
Pa T e	Ca eF BC/BS	U edHea ca e 0
Individual	\$154.24	\$151.72
Individual + one person	\$277.60	\$273.10
Individual + two or more	\$385.58	\$379.30

CONTRACTUAL/VARIABLE HOUR EMPLOYEES  
Monthly Non-Subsidized Rates  
Effective 01/01/2024 to 12/31/2024