

**BLUE CROSS/BLUE SHIELD COMMUNITY BLUE PPO #1  
Health Insurance Rates**

**Administrative/Professional, Support Staff, Facilities Management, Faculty and Corporate Services  
Effective January 1, 2023**

	<u>Monthly Total Premium</u>	<u>Monthly Employee Contribution</u>	<u>Monthly College Contribution</u>	<u>Yearly Total Premium</u>	<u>Yearly College Contribution</u>	<u>Yearly Employee Contribution</u>	<u>Estimated Tax Rate</u>	<u>Yearly Employee Estimated Net Savings</u>	<u>Yearly Employee Estimated Net Cost</u>
Single	\$563.11	\$113	\$450.11	\$6,757.32	\$5,401.32	\$1,356.00	37.00%	\$501.72	\$854.28
Two Party	\$1,351.53	\$270	\$1,081.53	\$16,218.36	\$12,978.36	\$3,240.00	37.00%	\$1,198.80	\$2,041.20
Family	\$1,689.42	\$338	\$1,351.42	\$20,273.04	\$16,217.04	\$4,056.00	37.00%	\$1,500.72	\$2,555.28