

The Cost of Your 2023-2024 Benefits

Group A Employees

The tables below show the per paycheck employee cost for medical, dental, and vision insurance.

Bi-Weekly Medical Rates						
	Allied MEC Group #: A16116	Allied MEC Orange Group #: A16116	Kaiser <i>Refer to Your Benefit Guide for Kaiser Group Numbers</i>			
			CA	CO, OR, WA	GA	MD, VA, D.C.
Employee	\$17.08	\$58.92	\$73.85	\$73.85	\$66.92	\$64.62
Employee + Spouse	\$44.26	\$154.97	\$378.46	\$379.38	\$369.23	\$366.92
Employee + Child(ren)	\$80.88	\$181.15	\$267.69	\$268.62	\$267.69	\$253.85
Family	\$108.05	\$256.26	\$461.54	\$472.62	\$461.54	\$450.00

Bi-Weekly Medical Rates				
	BlueCross BlueShield HMO Group #: B00935		BlueCross BlueShield Silver Group #: PH3671	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
Employee	\$62.31	\$87.23	\$108.00	\$151.20
Employee + Spouse	\$327.69	\$458.77	\$427.38	\$598.34
Employee + Child(ren)	\$221.54	\$310.15	\$309.23	\$432.92
Family	\$392.31	\$549.23	\$523.85	\$733.38

Bi-Weekly Medical Rates						
	BlueCross BlueShield Bronze Group #: PH3668				BlueCross BlueShield Copper Group #: PL1317	
	<i>Employees making \$12.99 or less per hour</i>		<i>Employees making \$13.00 or more per hour</i>		Non-Tobacco	Tobacco
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco		
Employee	\$51.12	\$71.56	\$69.23	\$96.92	\$106.49	\$149.08
Employee + Spouse	\$359.54	\$503.35	\$362.31	\$507.23	\$425.22	\$595.30
Employee + Child(ren)	\$259.60	\$363.44	\$256.71	\$359.39	\$308.80	\$432.33
Family	\$436.15	\$610.62	\$438.46	\$613.85	\$523.22	\$732.51

Bi-Weekly Dental and Vision Rates				
	Dental Gold	Dental Platinum	Standard Vision	Enhanced Vision
Employee	\$9.98	\$15.26	\$2.64	\$5.72
Employee + Spouse	\$20.95	\$32.04	\$4.23	\$9.18
Employee + Child(ren)	\$18.45	\$28.22	\$4.32	\$9.38
Family	\$27.93	\$42.72	\$6.96	\$15.11

The cost of your other benefit choices depends on different factors, such as who you choose to cover and the amount of coverage you'd like. The benefit counselor will give you a customized rate during your individual meeting.