

## New Rates for 2024

Blue Cross Blue Shield of Arizona			
MEDICAL	RED PLAN	BLUE PLAN	WHITE PLAN
PER PAYCHECK CONTRIBUTIONS			
EMPLOYEE ONLY	\$89.32	\$75.06	\$15.02
EMPLOYEE + SPOUSE	\$149.15	\$125.35	\$25.07
EMPLOYEE + CHILD(REN)	\$132.18	\$111.08	\$22.22
EMPLOYEE + FAMILY	\$217.02	\$182.39	\$36.48

  

DENTAL	Delta Dental
PER PAYCHECK	
EMPLOYEE ONLY	\$0.00
EMPLOYEE + 1	\$12.50
EMPLOYEE + 2 or More	\$33.75

  

VISION	VSP
PER PAYCHECK	
EMPLOYEE ONLY	\$5.45
EMPLOYEE + FAMILY	\$11.82