



MEDICAL/VISION + DENTAL RATES (SEMI-MONTHLY)

2024 SEMI-MONTHLY PREMIUMS

MEDICAL/VISION PLANS

EMPLOYEE MEDICAL/VISION CONTRIBUTIONS (what it costs you) - The cost is twice a month. Amounts are based on the coverage tier and plan. For example: the employee cost for choosing the Blue Cross PPO plan and covering their family is \$75.00 twice a month.

	ST. LUKE'S HEALTH PARTNERS FT 40-30HR	BLUE CROSS OF IDAHO FT 40-30HR	BLUE CROSS OF IDAHO PT 29-20HR
COVERAGE TIER	EMPLOYEE COST		
EMPLOYEE ONLY	No Cost	\$25.00	\$100.00
EMPLOYEE + SPOUSE	No Cost	\$50.00	\$200.00
EMPLOYEE + CHILD	No Cost	\$35.00	\$140.00
EMPLOYEE + CHILDREN	No Cost	\$42.50	\$170.00
FAMILY	No Cost	\$75.00	\$300.00

2024 DENTAL PLANS

	COMPREHENSIVE	CORE	PREVENTIVE	DENTAL BLUE CONNECT
COVERAGE TIER	EMPLOYEE COST			
EMPLOYEE ONLY	\$17.50	\$10.50	No Cost	\$8.00
EMPLOYEE + SPOUSE	\$34.00	\$20.50	No Cost	\$16.50
EMPLOYEE + CHILD	\$21.00	\$12.50	No Cost	\$23.50
EMPLOYEE + CHILDREN	\$32.50	\$19.50	No Cost	\$23.50
FAMILY	\$47.50	\$29.00	No Cost	\$39.00