

**HEALTH INSURANCE MONTHLY PREMIUMS FOR YEAR 2024
GIBSON COUNTY SPECIAL SCHOOL DISTRICT**

Updated 10/13/23

Beginning 12/15/2023 Monthly Employee Cost			
	BCBST NETWORK S	CIGNA LOCAL PLUS	TOTAL BCBST P / Cigna Open Access
Premier PPO			
Employee	\$178.25	\$178.25	\$253.25
Employee + Child(ren)	\$481.75	\$481.75	\$566.75
Employee + Spouse	\$657.64	\$657.64	\$807.64
Employee + Spouse + Children	\$759.32	\$759.32	\$909.32
Standard PPO			
Employee	\$165.50	\$165.50	\$240.50
Employee + Child(ren)	\$447.72	\$447.72	\$532.72
Employee + Spouse	\$610.90	\$610.90	\$760.90
Employee + Spouse + Children	\$705.61	\$705.61	\$855.61
Limited PPO			
Employee	\$156.25	\$156.25	\$231.25
Employee + Child(ren)	\$422.71	\$422.71	\$507.71
Employee + Spouse	\$576.87	\$576.87	\$726.87
Employee + Spouse + Children	\$666.25	\$666.25	\$816.25
Local CDHP/HAS			
Employee	\$101.94	\$101.94	\$176.94
Employee + Child(ren)	\$369.00	\$369.00	\$454.00
Employee + Spouse	\$503.48	\$503.48	\$653.48
Employee + Spouse + Children	\$581.79	\$581.79	\$731.79

STATE LOCAL EDUCATION - EYEMED VISION PREMIUMS FOR YEAR 2024

	Effective 12/15/2023 Monthly Employee Cost	
	Basic Plan	Expanded Plan
Active Members		
Employee.....	\$ 3.18	\$ 6.30
Employee + Child(ren).....	\$ 6.35	\$ 12.60
Employee + Spouse.....	\$ 6.03	\$ 11.98
Employee + Spouse + Children..	\$ 9.33	\$ 18.54

Optional Vision and Dental Insurance Information (NOT Part of the State Plan) :**VISION - SUPERIOR VISION PREMIUMS FOR YEAR 2024**

	Effective 12/15/2023 Monthly Employee Cost	
Active Members		
Employee.....	\$ 7.09	N/A
Employee + 1 Dependent.....	\$ 13.75	N/A
Employee + Family.....	\$ 20.22	N/A

DENTAL - CIGNA DENTAL PREMIUMS FOR YEAR 2023

	Effective 12/15/2023 Monthly Employee Cost	
	Option 1 - Low	Option 2 - High
Active Members		
Employee.....	\$ 18.10	\$ 25.24
Employee + Spouse.....	\$ 34.90	\$ 48.68
Employee + Child(ren).....	\$ 42.40	\$ 59.18
Employee + Family.....	\$ 68.28	\$ 95.24