



Plan Year 2024

Health Insurance

	Total Premium	COBRA	Add'l 11 Month Extension (SSI Disabled)	Senior Retired
SCH Preferred Access PPO				
Employee Only	786.51	\$802.24	\$1,179.77	\$786.51
Employee Plus Spouse	1,531.94	\$1,562.58	\$1,940.10	\$1,531.94
Employee Plus Child(ren)	1,351.86	\$1,378.90	\$1,756.42	\$1,351.86
Employee Plus Spouse and Child(ren)	2,283.39	\$2,329.06	\$2,706.58	\$2,283.39
SCH Savings HDHP				
Employee Only	559.75	\$570.95	\$839.63	\$559.75
Employee Plus Spouse	1,080.23	\$1,101.83	\$1,370.51	\$1,080.23
Employee Plus Child(ren)	960.07	\$979.27	\$1,247.95	\$960.07
Employee Plus Spouse and Child(ren)	1,604.91	\$1,637.01	\$1,905.69	\$1,604.91

Dental Insurance

	Total Premium	COBRA	Add'l 11 Month Extension (SSI Disabled)	Senior Retired
Delta Dental PPO Plan 1				
Employee Only	14.29	\$14.58	\$21.44	\$14.29
Two Person	47.32	\$48.27	\$55.13	\$47.32
Family	84.91	\$86.61	\$93.47	\$84.91
Delta Dental PPO Plan 2				
Two Person	33.15	\$33.81	\$49.73	\$33.15
Family	59.51	\$60.70	\$76.61	\$59.51