

**BEACON HILL STAFFING GROUP, LLC
2023 Rates (period of 1/1/2023 to 12/31/2023)
BLUE CROSS BLUE SHIELD
TEMPORARY EMPLOYEES**

**PPO - High Deductible Health Plan (HDHP)
(\$2,500 Single Deductible / \$5,000 EE+1 and Family Deductible)**

	Employee Weekly Deduction	Employee Monthly Cost	Employer Monthly Cost	Total Monthly Cost	Employee Annual Cost	Employer Annual Cost	Total Annual Cost
Employee:	\$14.42	62.47	588.26	650.73	749.64	7,059.12	7,808.76
Employee Plus One:	\$148.06	641.60	659.82	1,301.42	7,699.20	7,917.84	15,617.04
Family:	\$262.08	1,135.70	760.29	1,895.99	13,628.38	9,123.50	22,751.88

**PPO - Deductible Plan
(\$2k Single Deductible / \$4k EE+1 and Family Deductible)**

	Employee Weekly Deduction	Employee Monthly Cost	Employer Monthly Cost	Total Monthly Cost	Employee Annual Cost	Employer Annual Cost	Total Annual Cost
Employee:	\$22.69	98.33	594.10	692.43	1,179.90	7,129.90	8,309.16
Employee Plus One:	\$161.71	700.75	684.13	1,384.88	8,408.99	8,209.57	16,618.56
Family:	\$288.66	1,250.88	766.67	2,017.55	15,010.57	9,200.03	24,210.60

Blue Cross Blue Shield Dental Insurance

	Employee Weekly Deduction	Employee Monthly Cost	Employer Monthly Cost	Total Monthly Cost	Employee Annual Cost	Employer Annual Cost	Total Annual Cost
Employee:	\$10.38	44.97	-	44.97	539.64	-	539.64
Employee Plus One:	\$21.07	91.30	-	91.30	1,095.60	-	1,095.60
Employee Plus Family:	\$37.32	161.72	-	161.72	1,940.64	-	1940.64

Vision Insurance

	Employee Weekly Deduction	Employee Monthly Cost	Employer Monthly Cost	Total Monthly Cost	Employee Annual Cost	Employer Annual Cost	Total Annual Cost
Employee:	\$1.66	7.20	-	7.20	86.40	-	86.40
Employee Plus Family:	\$4.24	18.36	-	18.36	220.32	-	220.32