

Active Employee Cost - Calendar Year 2024

Healthcare Costs

Completed Neither Health Risk Assessment nor Biometric Health Screening

Base Employee Cost Share*

Effective January 1, 2024

Medical Plans	Coverage Level	Employee Percentage	Biweekly 10-Month Employee	Biweekly 12-Month Employee
Point of Service Plans				
Cigna POS	Individual	17%	71.48	54.99
	Individual + Spouse	17%	142.96	109.97
	Individual + Child	17%	142.96	109.97
	Family (Individual + Spouse + Child(ren))	17%	194.52	149.63
	Family (Individual + Children)	17%	194.52	149.63
Health Maintenance Organization Plans				
Cigna HMO	Individual	12%	35.54	27.34
	Individual + Spouse	12%	66.79	51.38
	Individual + Child	12%	66.79	51.38
	Family (Individual + Spouse + Child(ren))	12%	109.43	84.18
	Family (Individual + Children)	12%	109.43	84.18
Kaiser Permanente HMO	Individual	12%	46.97	36.13
	Individual + Spouse	12%	93.75	72.12
	Individual + Child	12%	93.75	72.12
	Family (Individual + Spouse + Child(ren))	12%	135.85	104.50
	Family (Individual + Children)	12%	135.85	104.50

Supplemental Plans	Coverage Level	Employee Percentage	Biweekly 10-Month Employee	Biweekly 12-Month Employee
Caremark Prescription	Individual	17%	19.72	15.17
	Individual + Spouse	17%	39.40	30.31
	Individual + Child	17%	39.40	30.31
	Family (Individual + Spouse + Child(ren))	17%	48.62	37.40
	Family (Individual + Children)	17%	48.62	37.40
Kaiser Permanente Prescription	Individual	17%	8.58	6.60
	Individual + Spouse	17%	17.00	13.08
	Individual + Child	17%	17.00	13.08
	Family (Individual + Spouse + Child(ren))	17%	24.57	18.90
	Family (Individual + Children)	17%	24.57	18.90
CareFirst Dental PPO	Individual	17%	3.65	2.81
	Individual + Spouse	17%	7.30	5.62
	Individual + Child	17%	7.30	5.62
	Family (Individual + Spouse + Child(ren))	17%	10.73	8.25
	Family (Individual + Children)	17%	10.73	8.25
Aetna Dental DMO	Individual	17%	2.20	1.69
	Individual + Spouse	17%	4.40	3.38
	Individual + Child	17%	4.40	3.38
	Family (Individual + Spouse + Child(ren))	17%	6.46	4.97
	Family (Individual + Children)	17%	6.46	4.97
Davis Vision	Individual	17%	0.19	0.14
	Individual + Spouse	17%	0.34	0.26
	Individual + Child	17%	0.34	0.26
	Family (Individual + Spouse + Child(ren))	17%	0.43	0.33
	Family (Individual + Children)	17%	0.43	0.33

*Your rates may vary based on your participation in the Wellness Initiatives program. Visit the Employee Benefits web page to see all of the rate combinations. [Employee Benefits web page](#)

<p>Employee Life Insurance 100% rate = \$.068 per thousand of insurance per month Based on two times current salary rounded to the nearest \$1,000</p>

Active Employee Cost - Calendar Year 2024

Healthcare Costs

Completed Both Health Risk Assessment and Biometric Health Screening

2% Reduction in Employee Cost Share

Effective January 1, 2024

Medical Plans	Coverage Level	Biweekly 10-Month Employee	Biweekly 12-Month Employee
Point of Service Plans			
Cigna POS	Individual	63.07	48.52
	Individual + Spouse	126.14	97.03
	Individual + Child	126.14	97.03
	Family (Individual + Spouse + Child(ren))	171.64	132.03
	Family (Individual + Children)	171.64	132.03
Health Maintenance Organization Plans			
Cigna HMO	Individual	29.62	22.78
	Individual + Spouse	55.66	42.82
	Individual + Child	55.66	42.82
	Family (Individual + Spouse + Child(ren))	91.19	70.15
	Family (Individual + Children)	91.19	70.15
Kaiser Permanente HMO	Individual	39.15	30.12
	Individual + Spouse	78.13	60.10
	Individual + Child	78.13	60.10
	Family (Individual + Spouse + Child(ren))	113.21	87.08
	Family (Individual + Children)	113.21	87.08

Supplemental Plans	Coverage Level	Biweekly 10-Month Employee	Biweekly 12-Month Employee
Caremark Prescription	Individual	17.40	13.38
	Individual + Spouse	34.76	26.74
	Individual + Child	34.76	26.74
	Family (Individual + Spouse + Child(ren))	42.90	33.00
	Family (Individual + Children)	42.90	33.00
Kaiser Permanente Prescription	Individual	7.57	5.82
	Individual + Spouse	15.00	11.54
	Individual + Child	15.00	11.54
	Family (Individual + Spouse + Child(ren))	21.68	16.68
	Family (Individual + Children)	21.68	16.68
CareFirst Dental PPO	Individual	3.22	2.47
	Individual + Spouse	6.44	4.95
	Individual + Child	6.44	4.95
	Family (Individual + Spouse + Child(ren))	9.46	7.27
	Family (Individual + Children)	9.46	7.27
Aetna Dental DMO	Individual	1.94	1.49
	Individual + Spouse	3.88	2.99
	Individual + Child	3.88	2.99
	Family (Individual + Spouse + Child(ren))	5.69	4.38
	Family (Individual + Children)	5.69	4.38
Davis Vision	Individual	0.17	0.13
	Individual + Spouse	0.31	0.24
	Individual + Child	0.31	0.24
	Family (Individual + Spouse + Child(ren))	0.39	0.30
	Family (Individual + Children)	0.39	0.30

Employee Life Insurance 100% rate = \$.068 per thousand of insurance per month
Based on two times current salary rounded to the nearest \$1,000

Active Employee Cost - Calendar Year 2024

Healthcare Costs

Completed Either Health Risk Assessment or Biometric Health Screening

1% Reduction in Employee Cost Share

Effective January 1, 2024

Medical Plans	Coverage Level	Biweekly 10-Month Employee	Biweekly 12-Month Employee
Point of Service Plans			
Cigna POS	Individual	67.28	51.75
	Individual + Spouse	134.55	103.50
	Individual + Child	134.55	103.50
	Family (Individual + Spouse + Child(ren))	183.07	140.82
	Family (Individual + Children)	183.07	140.82
Health Maintenance Organization Plans			
Cigna HMO	Individual	32.57	25.06
	Individual + Spouse	61.22	47.10
	Individual + Child	61.22	47.10
	Family (Individual + Spouse + Child(ren))	100.31	77.16
	Family (Individual + Children)	100.31	77.16
Kaiser Permanente HMO	Individual	43.06	33.12
	Individual + Spouse	85.94	66.11
	Individual + Child	85.94	66.11
	Family (Individual + Spouse + Child(ren))	124.52	95.79
	Family (Individual + Children)	124.52	95.79

Supplemental Plans	Coverage Level	Biweekly 10-Month Employee	Biweekly 12-Month Employee
Caremark Prescription	Individual	18.56	14.28
	Individual + Spouse	37.09	28.53
	Individual + Child	37.09	28.53
	Family (Individual + Spouse + Child(ren))	45.76	35.20
	Family (Individual + Children)	45.76	35.20
Kaiser Permanente Prescription	Individual	8.08	6.21
	Individual + Spouse	16.00	12.30
	Individual + Child	16.00	12.30
	Family (Individual + Spouse + Child(ren))	23.12	17.79
	Family (Individual + Children)	23.12	17.79
CareFirst Dental PPO	Individual	3.43	2.64
	Individual + Spouse	6.87	5.28
	Individual + Child	6.87	5.28
	Family (Individual + Spouse + Child(ren))	10.09	7.76
	Family (Individual + Children)	10.09	7.76
Aetna Dental DMO	Individual	2.07	1.59
	Individual + Spouse	4.14	3.18
	Individual + Child	4.14	3.18
	Family (Individual + Spouse + Child(ren))	6.08	4.68
	Family (Individual + Children)	6.08	4.68
Davis Vision	Individual	0.18	0.14
	Individual + Spouse	0.33	0.25
	Individual + Child	0.33	0.25
	Family (Individual + Spouse + Child(ren))	0.42	0.32
	Family (Individual + Children)	0.42	0.32

Employee Life Insurance 100% rate = \$.068 per thousand of insurance per month
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