

Active Employee Cost - Calendar Year 2024

LEAVE RATE SCHEDULE

100% ACTIVE EMPLOYEE RATE

Effective January 1, 2024

		Component Cost	
		MONTHLY	ANNUAL
Cigna POS	Individual	700.81	8,409.72
	Individual + Spouse	1,401.58	16,818.96
	Individual + Child	1,401.58	16,818.96
	Family (Individual + Spouse + Child(ren))	1,907.03	22,884.36
	Family (Individual + Children)	1,907.03	22,884.36
Cigna HMO	Individual	493.55	5,922.60
	Individual + Spouse	927.65	11,131.80
	Individual + Child	927.65	11,131.80
	Family (Individual + Spouse + Child(ren))	1,519.80	18,237.60
	Family (Individual + Children)	1,519.80	18,237.60
Kaiser Permanente HMO	Individual	652.45	7,829.40
	Individual + Spouse	1,302.09	15,625.08
	Individual + Child	1,302.09	15,625.08
	Family (Individual + Spouse + Child(ren))	1,886.75	22,641.00
	Family (Individual + Children)	1,886.75	22,641.00
Caremark Prescription	Individual	193.35	2,320.20
	Individual + Spouse	386.30	4,635.60
	Individual + Child	386.30	4,635.60
	Family (Individual + Spouse + Child(ren))	476.70	5,720.40
	Family (Individual + Children)	476.70	5,720.40
Kaiser Permanente Prescription	Individual	84.10	1,009.20
	Individual + Spouse	166.60	1,999.20
	Individual + Child	166.60	1,999.20
	Family (Individual + Spouse + Child(ren))	240.84	2,890.08
	Family (Individual + Children)	240.84	2,890.08
CareFirst PPO Dental	Individual	35.76	429.12
	Individual + Spouse	71.56	858.72
	Individual + Child	71.56	858.72
	Family (Individual + Spouse + Child(ren))	105.12	1,261.44
	Family (Individual + Children)	105.12	1,261.44
Aetna DMO Dental	Individual	21.55	258.60
	Individual + Spouse	43.12	517.44
	Individual + Child	43.12	517.44
	Family (Individual + Spouse + Child(ren))	63.28	759.36
	Family (Individual + Children)	63.28	759.36
Davis Vision	Individual	1.85	22.20
	Individual + Spouse	3.40	40.80
	Individual + Child	3.40	40.80
	Family (Individual + Spouse + Child(ren))	4.31	51.72
	Family (Individual + Children)	4.31	51.72