



2023-2024 Employee Per Pay Period Contributions

MEDICAL PLANS

Per Pay Period Contributions	Kaiser Permanente HMO	CIGNA HMO	CIGNA OAP/PPO
Employee Only	\$91.01	\$64.67	\$99.73
Employee + Spouse	\$219.60	\$178.74	\$346.02
Employee + Child(ren)	\$193.76	\$161.68	\$304.83
Employee + Family	\$299.45	\$265.49	\$494.31

DENTAL PLANS

Per Pay Period Contributions	CIGNA Dental HMO	CIGNA Dental PPO
Employee Only	\$5.58	\$21.51
Employee + Spouse	\$10.60	\$45.40
Employee + Child(ren)	\$11.72	\$48.53
Employee + Family	\$15.62	\$75.04

VISION PLAN

Per Pay Period Contributions	EyeMed Vision
Employee Only	\$2.31
Employee + Spouse	\$4.38
Employee + Child(ren)	\$4.63
Employee + Family	\$7.26

Voluntary Short-Term Disability

Voluntary Short-Term Disability										
Rates- Employee Cost per \$10 of Benefit (Based on 60% of salary to maximum benefit of \$2,307 per week)										
Age	<20-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Rate	\$0.163	\$0.163	\$0.163	\$0.163	\$0.163	\$0.163	\$0.181	\$0.211	\$0.232	\$0.232

Long Term Disability –Employer Paid/No Cost to Employee

Employee Assistance Program – Employer Paid/No Cost to Employee

Basic Group Life / AD&D – Employer Paid/No Cost to Employee

Voluntary Optional Life and AD&D Insurance

Rates- Employee Cost Per \$1,000											
Age	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
Rate	\$0.37	\$0.58	\$0.58	\$0.58	\$0.071	\$1.02	\$1.53	\$2.43	\$3.91	\$6.00	\$11.00

Rates- Spouse Cost Per \$1,000											
Age	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
Rate	\$0.37	\$0.58	\$0.58	\$0.58	\$0.071	\$1.02	\$1.53	\$2.43	\$3.91	\$6.00	\$11.00

Coverage ends at age 70

Rates- Child Cost per \$1,000 Does not include AD&D	
Rate	\$0.026

CIGNA Hospital Care Plan

RATE SUMMARY				
Rates Per Insured Class				
Monthly				
<u>Employee Paid</u>				
Attained Age	Employee	Employee + Spouse, Domestic Partner, or Civil Union Partner	Employee + Child(ren)	Employee + Family
0-49	\$15.33	\$38.78	\$25.88	\$49.33
50-59	\$14.37	\$35.48	\$24.92	\$46.03
60-69	\$20.29	\$55.02	\$30.84	\$65.57
70+	\$134.15	\$280.10	\$144.70	\$290.65

CIGNA Critical Illness Plan

Employee Paid Monthly Age Banded Rates (Includes Rates for Optional Benefits)				
Employee Paid Guaranteed Issue Level: \$10,000				
Uni-Tobacco				
Attained Age	Employee	Employee & Spouse, Domestic Partner, or Civil Union Partner	Employee & Child(ren)	Employee & Family
0-24	\$4.25	\$6.98	\$6.06	\$8.79
25-29	\$4.71	\$7.72	\$6.53	\$9.54
30-34	\$5.53	\$9.02	\$7.35	\$10.84
35-39	\$7.49	\$12.12	\$9.31	\$13.94
40-44	\$9.72	\$15.64	\$11.54	\$17.46
45-49	\$13.50	\$21.63	\$15.33	\$23.46
50-54	\$18.02	\$28.75	\$19.84	\$30.57
55-59	\$25.33	\$40.29	\$27.15	\$42.11
60-64	\$32.05	\$50.91	\$33.87	\$52.73
65-69	\$41.83	\$66.44	\$43.65	\$68.26
70-74	\$54.53	\$86.50	\$56.35	\$88.32
75-79	\$70.97	\$112.42	\$72.78	\$114.23
80-84	\$84.00	\$132.98	\$85.82	\$134.80
85+	\$110.57	\$174.81	\$112.39	\$176.63