



2024 CITY COUNCIL HEALTH INSURANCE RATES

	Monthly Premium	City Contribution	Employee Monthly Contribution	Employee Per Pay Period Contribution
Cigna PPO				
Single	\$1,312.50	\$450.00	\$862.50	\$431.25
2 Party	\$2,763.57	\$925.01	\$1,838.56	\$919.28
Family	\$3,952.10	\$1,300.00	\$2,652.10	\$1,326.05
Cigna Full Network				
Single	\$1,027.11	\$450.01	\$577.10	\$288.55
2 Party	\$2,156.96	\$925.00	\$1,231.96	\$615.98
Family	\$3,081.38	\$1,300.00	\$1,781.38	\$890.69
Cigna Select Network				
Single	\$831.28	\$450.00	\$381.28	\$190.64
2 Party	\$1,745.71	\$925.01	\$820.70	\$410.35
Family	\$2,493.84	\$1,300.00	\$1,193.84	\$596.92
Kaiser				
Single	\$760.42	\$450.00	\$310.42	\$155.21
2 Party	\$1,520.83	\$925.01	\$595.82	\$297.91
Family	\$2,151.98	\$1,300.00	\$851.98	\$425.99
Delta Dental PPO				
Single	\$51.14	\$45.78	\$5.36	\$2.68
2 Party	\$102.28	\$45.78	\$56.50	\$28.25
Family	\$127.85	\$45.79	\$82.06	\$41.03
Delta Denta HMO				
Single	\$15.52	\$15.52	\$0.00	\$0.00
2 Party	\$31.03	\$31.03	\$0.00	\$0.00
Family	\$45.78	\$45.78	\$0.00	\$0.00
VSP				
Single	\$7.99	\$7.99	\$0.00	\$0.00
2 Party	\$12.12	\$12.12	\$0.00	\$0.00
Family	\$22.15	\$22.15	\$0.00	\$0.00

The Employee Monthly Contribution does not reflect the \$350 monthly flex credit