



2024 CONFIDENTIAL HEALTH INSURANCE RATES

	Monthly Premium	City Contribution	Employee Monthly Contribution	Employee Per Pay Period Contribution
Cigna PPO				
Single	\$1,312.50	\$500.00	\$812.50	\$406.25
2 Party	\$2,763.57	\$1,000.01	\$1,763.56	\$881.78
Family	\$3,952.10	\$1,400.00	\$2,552.10	\$1,276.05
Cigna Full Network				
Single	\$1,027.11	\$500.01	\$527.10	\$263.55
2 Party	\$2,156.96	\$1,000.00	\$1,156.96	\$578.48
Family	\$3,081.38	\$1,400.00	\$1,681.38	\$840.69
Cigna Select Network				
Single	\$831.28	\$500.00	\$331.28	\$165.64
2 Party	\$1,745.71	\$1,000.01	\$745.70	\$372.85
Family	\$2,493.84	\$1,400.00	\$1,093.84	\$546.92
Kaiser				
Single	\$760.42	\$500.00	\$260.42	\$130.21
2 Party	\$1,520.83	\$1,000.01	\$520.82	\$260.41
Family	\$2,151.98	\$1,400.00	\$751.98	\$375.99
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	\$45.75	\$45.75	\$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

**Employee Contributions do not reflect the \$350 monthly flex credit.
Please review the MOA for additional information regarding use of flex credits.**