



2024 FEDERATION HEALTH INSURANCE RATES

	Monthly Premium	City Contribution	Employee Monthly Contribution	Employee Per Pay Period Contribution
Cigna PPO - Employees hired before June 29, 1996				
Single	\$1,312.50	\$500.00	\$812.50	\$406.25
2 Party	\$2,763.57	\$1,050.01	\$1,713.56	\$856.78
Family	\$3,952.10	\$1,500.00	\$2,452.10	\$1,226.05
Cigna PPO - Employees hired on or after June 29, 1996				
Single	\$1,312.50	\$460.00	\$852.50	\$426.25
2 Party	\$2,763.57	\$920.01	\$1,843.56	\$921.78
Family	\$3,952.10	\$1,300.00	\$2,652.10	\$1,326.05
Cigna Full Network				
Single	\$1,027.11	\$500.01	\$527.10	\$263.55
2 Party	\$2,156.96	\$1,050.00	\$1,106.96	\$553.48
Family	\$3,081.38	\$1,500.00	\$1,581.38	\$790.69
Cigna Select Network				
Single	\$831.28	\$500.00	\$331.28	\$165.64
2 Party	\$1,745.71	\$1,050.01	\$695.70	\$347.85
Family	\$2,493.84	\$1,500.00	\$993.84	\$496.92
Kaiser				
Single	\$760.42	\$460.00	\$300.42	\$150.21
2 Party	\$1,520.83	\$920.01	\$600.82	\$300.41
Family	\$2,151.98	\$1,300.00	\$851.98	\$425.99
Delta Dental PPO				
Single	\$51.14	\$25.00	\$26.14	\$13.07
2 Party	\$102.28	\$25.00	\$77.28	\$38.64
Family	\$127.85	\$25.01	\$102.84	\$51.42
Delta Denta HMO				
Single	\$15.52	\$15.52	\$0.00	\$0.00
2 Party	\$31.03	\$15.53	\$15.50	\$7.75
Family	\$45.78	\$15.52	\$30.26	\$15.13
VSP				
Single	\$7.99	\$7.31	\$0.68	\$0.34
2 Party	\$12.12	\$7.30	\$4.82	\$2.41
Family	\$22.15	\$7.31	\$14.84	\$7.42

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