



## 2024 POLICE DISPATCH HEALTH INSURANCE RATES

	Monthly Premium	City Contribution	Employee Monthly Contribution	Employee Per Pay Period Contribution
<b>Cigna PPO - Employees hired before June 29, 1996</b>				
Single	\$1,312.50	\$852.14	\$460.36	\$230.18
2 Party	\$2,763.57	\$1,796.01	\$967.56	\$483.78
Family	\$3,952.10	\$2,435.38	\$1,516.72	\$758.36
<b>Cigna PPO - Employees hired on or after June 29, 1996</b>				
Single	\$1,312.50	\$590.86	\$721.64	\$360.82
2 Party	\$2,763.57	\$1,179.71	\$1,583.86	\$791.93
Family	\$3,952.10	\$1,600.52	\$2,351.58	\$1,175.79
<b>Cigna Full Network</b>				
Single	\$1,027.11	\$773.51	\$253.60	\$126.80
2 Party	\$2,156.96	\$1,625.20	\$531.76	\$265.88
Family	\$3,081.38	\$2,277.10	\$804.28	\$402.14
<b>Cigna Select Network</b>				
Single	\$831.28	\$647.84	\$183.44	\$91.72
2 Party	\$1,745.71	\$1,366.41	\$379.30	\$189.65
Family	\$2,493.84	\$1,833.44	\$660.40	\$330.20
<b>Kaiser</b>				
Single	\$760.42	\$590.86	\$169.56	\$84.78
2 Party	\$1,520.83	\$1,179.69	\$341.14	\$170.57
Family	\$2,151.98	\$1,600.52	\$551.46	\$275.73
<b>Delta Dental PPO</b>				
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
<b>Delta Denta HMO</b>				
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
<b>VSP</b>				
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

**Final City contributions subject to negotiations and approved by City Council.**