



## 2024 EXECUTIVE HEALTH INSURANCE RATES

	Monthly Premium	City Contribution	Employee Monthly Contribution	Employee Per Pay Period Contribution
<b>Cigna PPO</b>				
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	\$1,350.00	\$2,602.10	\$1,301.05
<b>Cigna Full Network</b>				
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	\$1,350.00	\$1,731.38	\$865.69
<b>Cigna Select Network</b>				
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	\$1,350.00	\$1,143.84	\$571.92
<b>Kaiser</b>				
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	\$1,350.00	\$801.98	\$400.99
<b>Delta Dental PPO</b>				
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
<b>Delta Denta HMO</b>				
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
<b>VSP</b>				
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.**