INSURANCE RATES EFFECTIVE JANUARY 1, 2024

Single or Family Coverage for Medical, Dental and Vision Plans

	Traditional PPO Heath Plan									
	COST OF	INSURANCE	CE	RTIFIED STAI	F		SU	PPORT STAFF		
PPO Medical	TOTAL ANNUAL COST	TOTAL MONTHLY COST	MONTHLY EMPLOYER COST	MONTHLY EMPLOYEE COST	DED OVER 24 PAYS	MONTHLY EMPLOYER COST	MONTHLY EMPLOYER COST 10 MTHS	MONTHLY EMPLOYEE COST	DED OVER 24 PAYS	DED OVER 20 PAYS
SINGLE	13,892.16	1,157.68	1,099.80	57.88	28.94	1,099.80	1,319.76	57.88	28.94	34.73
FAMILY	33,781.44	2,815.12	2,260.00	555.12	277.56	2,260.00	2,712.00	555.12	277.56	333.07

	*New High Deductible Health Plan (HSA)									
	COST OF	OF INSURANCE CERTIFIED STAFF			SUPPORT STAFF					
HDHP							MONTHLY			
Medical	TOTAL	TOTAL	MONTHLY	MONTHLY		MONTHLY	EMPLOYER	MONTHLY		DED
ivicalcal	ANNUAL	MONTHLY	EMPLOYER	EMPLOYEE	DED OVER	EMPLOYER	COST 10	EMPLOYEE	DED OVER	OVER 20
	COST	COST	COST	COST	24 PAYS	COST	MTHS	COST	24 PAYS	PAYS
SINGLE	9,626.16	802.18	762.07	40.11	20.05	762.07	914.49	40.11	20.05	24.07
FAMILY	23,526.36	1,960.53	1,572.92	387.61	193.81	1,572.92	1,887.50	387.61	193.81	232.57

	Dental									
COST OF INSURANCE CERTIFIED STAFF					FF	SUPPORT STAFF				
Dental	TOTAL ANNUAL COST	TOTAL MONTHLY COST	MONTHLY EMPLOYER COST	MONTHLY EMPLOYEE COST	DED OVER 24 PAYS	MONTHLY EMPLOYER COST	MONTHLY EMPLOYER COST 10 MTHS	MONTHLY EMPLOYEE COST	DED OVER 24 PAYS	DED OVER 20 PAYS
SINGLE	561.72	46.81	21.81	25.00	12.50	20.72	24.86	26.09	13.05	15.65
FAMILY	1,669.80	139.15	21.81	117.34	58.67	20.72	24.86	118.43	59.22	71.06

	Vision									
	COST OF INSURANCE CERTIFIED STAFF			FF	SUPPORT STAFF					
Vision	TOTAL ANNUAL COST	TOTAL MONTHLY COST	MONTHLY EMPLOYER COST	MONTHLY EMPLOYEE COST	DED OVER 24 PAYS	MONTHLY EMPLOYER COST	MONTHLY EMPLOYER COST 10 MTHS	MONTHLY EMPLOYEE COST	DED OVER 24 PAYS	DED OVER 20 PAYS
SINGLE	50.16	4.18	4.18	0.00	0.00	4.18	5.02	0.00	0.00	0.00
FAMILY	127.92	10.66	10.66	0.00	0.00	10.66	12.79	0.00	0.00	0.00

High Deduct	ible (HAS)	Traditional Pl	PO
COBRA		COBRA	
RATES	PER MONTH	RATES	PER MONTH
MEDICAL:		MEDICAL:	
SINGLE	818.22	SINGLE	1,180.83
FAMILY	1,999.74	FAMILY	2,871.42

High Deductible (HSA)			
RETIREE			
RATES	PER MONTH		
MEDICAL:			
SINGLE	802.18		
FAMILY	1,960.53		

DENTAL: SINGLE:

FAMILY

Traditional PPO				
RETIREE	PER			
RATES	MONTH			
MEDICAL:				
SINGLE	1,157.68			
FAMILY	2 815 12			

DENTAL:	
SINGLE	47.75
FAMILY	141.93

VISION:	
SINGLE	4.26
FAMILY	10.87

VISION:*	
SINGLE	4.26
FAMILY	10.87

46.81

139.15

*Includes 2% COBRA Administrative Fees