

RATES

Rates Effective July 1, 2024 - June 30, 2025 Aetna Medical / Guardian Dental, Vision & Life

FULLY INSURED Plans	Medical	Dental	Vision	Life	TOTAL EMPLOYEE MONTHLY COST
BASE Medical Plan (\$3,500 Deductible)	Aetna	Guardian	Guardian	Guardian	
Employee	\$722.19	\$44.97	\$4.44	\$4.20	\$0
Employee + Spouse	\$722.18	\$40.58	\$5.20	-	\$767.96
Employee + Child(ren)	\$577.75	\$41.23	\$5.36	-	\$624.34
Employee + Family	\$1,444.37	\$74.25	\$11.98	-	\$1,530.60
Family Dual Spouse	\$577.75	\$29.28	\$7.54	-	\$614.57
BUY-UP Medical Plan (\$2,000 Deductible)	Aetna	Guardian	Guardian	Guardian	
Employee	\$848.05	\$44.97	\$4.44	\$4.20	\$125.86
Employee + Spouse	\$973.94	\$40.58	\$5.20	-	\$1019.72
Employee + Child(ren)	\$804.32	\$41.23	\$5.36	-	\$850.91
Employee + Family	\$1,821.99	\$74.25	\$11.98	-	\$1,908.22
Family Dual Spouse	\$930.18	\$29.28	\$7.54	-	\$967.00
HDHP H.S.A. Medical Plan (\$4,000 Deductible)	Aetna	Guardian	Guardian	Guardian	
Employee	\$692.36	\$44.97	\$4.44	\$4.20	\$0
Employee + Spouse	\$692.34	\$40.58	\$5.20	-	\$738.12
Employee + Child(ren)	\$553.87	\$41.23	\$5.36	-	\$600.46
Employee + Family	\$1,384.67	\$74.25	\$11.98	-	\$1,470.90
Family Dual Spouse	\$553.87	\$29.28	\$7.54	-	\$590.69