



## Health Insurance Rates Effective July 1, 2024

	Monthly Premium*	Full Time Employee - Your Cost Per Pay Period		Part Time Employee - Your Cost Per Pay Period	
		Licensed Employee & Administrator	Support Employee	Licensed Employee & Administrator	Support Employee
<b>Medical Plans</b>					
<b>Kaiser HMO</b>					
Employee Only	\$ 677.21	\$ 67.72	\$ 33.86	\$ 135.44	\$ 101.58
Employee + 1 Dependent	\$ 1,298.69	\$ 129.87	\$ 64.93	\$ 259.74	\$ 194.80
Family	\$ 1,803.68	\$ 180.37	\$ 90.18	\$ 360.74	\$ 270.55
<b>United Healthcare POS</b>					
Employee Only	\$ 864.19	\$ 86.42	\$ 43.21	\$ 172.84	\$ 129.63
Employee + 1 Dependent	\$ 1,659.69	\$ 165.97	\$ 82.98	\$ 331.94	\$ 248.95
Family	\$ 2,305.94	\$ 230.59	\$ 115.30	\$ 461.19	\$ 345.89
<b>Qualified Health Plan with Health Savings Account</b>					
Employee Only	\$ 777.77	\$ 58.33	\$ 38.89	\$ 136.11	\$ 116.66
Employee + 1 Dependent	\$ 1,493.73	\$ 112.03	\$ 74.69	\$ 261.40	\$ 224.06
Family	\$ 2,075.35	\$ 155.65	\$ 103.77	\$ 363.19	\$ 311.30
<b>Dental Plan - CareFirst</b>					
Employee Only	\$ 46.87	\$ 10.08	\$ 10.08	\$ 13.36	\$ 13.36
Employee + 1 Dependent	\$ 76.36	\$ 16.42	\$ 16.42	\$ 21.76	\$ 21.76
Family	\$ 122.90	\$ 26.42	\$ 26.42	\$ 35.03	\$ 35.03
<b>Vision Plan - EyeMed</b>					
Employee Only	\$ 6.34	\$ 3.17	\$ 3.17	\$ 3.17	\$ 3.17
Employee + 1 Dependent	\$ 12.05	\$ 6.03	\$ 6.03	\$ 6.03	\$ 6.03
Family	\$ 17.70	\$ 8.85	\$ 8.85	\$ 8.85	\$ 8.85

\* COBRA Rates

Full time employee regularly working 30 hours or more a week  
 Part time employee regularly working 20 to 29 hours a week  
 Employee per pay deduction based on 24 pays