HEALTH INSURANCE PREMIUMS
7/1/2025

BOE EMPLOYEES - GOSA

	Plan Type	Single	Couple	Family		
Anthem	**CT Partnership Plan 2.0**	$1,321.13	$2,927.24	$3,571.45		
	Cigna Dental	$59.93	$113.86	$161.76		
	Cigna Vision	$7.80	$14.45	$23.56		
	Monthly Premium	$1,388.86	$3,055.55	$3,756.77		
	Annual Premium	$16,666.32	$36,666.60	$45,081.24		
	Employee Annual Premium	$3,666.59	$8,066.65	$9,917.87	**Medical**	**Dental**
	Bi-weekly deduction 26 pays	***$141.02***	***$310.26***	***$381.46***	**22.0%**	**22.0%**
Cigna Dental & Vision Only	Monthly Premium	$67.73	$128.31	$185.32		
	Annual Premium	$812.76	$1,539.72	$2,223.84		
	Employee Annual Premium	$178.81	$338.74	$489.24	**Dental**	
	Bi-weekly deduction 26 pays	***$6.88***	***$13.03***	***$18.82***	**22.0%**	