

2024 employee benefit rates

This rate sheet highlights the per paycheck amounts for the Medical, Dental and Vision Plan options. For provider information and Plan details, please see the 2024 Fact Sheets.

Medical

	Basic						
	Premium PPO	PPO	PPO with an HSA				
Employee Only	\$ 102.97	\$ 69.14	\$ 42.73				
Employee + Spouse/Domestic Partner	\$ 270.24	\$ 183.96	\$ 104.45				
Employee + 1 Child	\$ 163.85	\$ 114.62	\$ 67.34				
Employee + 2 Children	\$ 227.37	\$ 157.70	\$ 89.57				
Employee + 3 Children	\$ 290.29	\$ 199.55	\$ 110.57				
Employee + 4 Children or More	\$ 353.96	\$ 242.13	\$ 132.30				
Employee + Spouse/Domestic Partner + 1 Child	\$ 332.26	\$ 225.50	\$ 125.13				
Employee + Spouse/Domestic Partner + 2 Children	\$ 395.45	\$ 268.85	\$ 147.64				
Employee + Spouse/Domestic Partner + 3 Children	\$ 459.08	\$ 311.97	\$ 169.91				
Employee + Spouse/Domestic Partner + 4 Children	\$ 522.71	\$ 355.09	\$ 192.17				

Dental

	Delta Dental		Delta Dental		CIGNA	
	Traditional		Routine		DHMO	
Employee Only	\$	14.20	\$	7.07	\$	7.14
Employee + Spouse/Domestic Partner	\$	26.12	\$	13.45	\$	14.61
Employee + 1 Child	\$	26.16	\$	13.89	\$	15.95
Employee + 2 Children	\$	38.42	\$	19.13	\$	23.69
Employee + 3 Children	\$	48.83	\$	24.01	\$	26.43
Employee + 4 Children or More	\$	53.11	\$	26.08	\$	26.43
Employee + Spouse/Domestic Partner + 1 Child	\$	38.72	\$	19.27	\$	23.37
Employee + Spouse/Domestic Partner + 2 Children	\$	50.93	\$	25.35	\$	31.80
Employee + Spouse/Domestic Partner + 3 Children	\$	62.94	\$	31.33	\$	39.34
Employee + Spouse/Domestic Partner + 4 Children	\$	74.97	\$	37.78	\$	40.92

Vision

	В	asic	Premium	
Employee Only	\$	2.75	\$	5.19
Employee + Spouse/Domestic Partner	\$	5.24	\$	9.89
Employee + 1 Child	\$	5.46	\$	10.32
Employee + 2 Children	\$	5.46	\$	10.32
Employee + 3 Children	\$	5.46	\$	10.32
Employee + 4 Children or More	\$	5.46	\$	10.32
Employee + Spouse/Domestic Partner + 1 Child	\$	8.27	\$	15.60
Employee + Spouse/Domestic Partner + 2 Children	\$	8.27	\$	15.60
Employee + Spouse/Domestic Partner + 3 Children	\$	8.27	\$	15.60
Employee + Spouse/Domestic Partner + 4 Children	\$	8.27	\$	15.60

All premiums are per paycheck. These rates apply to full-time employees (30+ hours per week). Part-time employees (20 to 29 hours per week) pay 30% more for medical and dental coverage. Based on your elections, you may also pay a surcharge for tobacco use and/or spouse medical coverage.