

Benefit Premiums & Contribution Rates Effective July 1, 2024 - June 30, 2025 Medical Plan - CIGNA, Open Access Plus (OAP)- 3.61% increase

IV	iedicai Pian - Cic	ona, Open Access P	7IUS (OAP)- 3.61% INC	rease
	Total Mo. Premium	City Paid Mo. Premium	Employee Cost Per Mo.	Employee Cost Per Pay Period*
Employee Only	\$1,091.25	\$960.30	\$130.95	\$65.48
Employee & Spouse	\$1,961.00	\$1,647.24	\$313.76	\$156.88
Employee & Child(ren)	\$1,851.96	\$1,555.65	\$296.31	\$148.16
Employee, Spouse & Child(ren)	\$2,995.83	\$2,516.50	\$479.33	\$239.67
	Medical	Plan - CIGNA, HMO	- 4.36% increase	
	Total Mo. Premium	City Paid Mo. Premium	Employee Cost Per Mo.	Employee Cost Per Pay Period*
Employee Only	\$982.92	\$937.31	\$45.61	\$22.81
Employee & Spouse	\$1,766.33	\$1,607.71	\$158.62	\$79.31
Employee & Child(ren)	\$1,668.13	\$1,518.33	\$149.80	\$74.90
Employee, Spouse & Child(ren)	\$2,698.42	\$2,456.10	\$242.32	\$121.16
Medical Plan - CIG	NA, High Deduc	tible Health Plan w/F	ISA- 6.88% increase	(city will cover in full)
	Total Mo. Prem.	City Paid Mo. Premium	City Paid Monthly HSA	Employee Cost Per Pay Period*
Employee Only	\$819.51	\$819.51	\$50.00	\$0.00
Employee & Spouse	\$1,472.67	\$1,472.67	\$70.00	\$0.00
Employee & Child(ren)	\$1,390.77	\$1,390.77	\$70.00	\$0.00
Employee, Spouse & Child(ren)	\$2,249.78	\$2,249.78	\$70.00	\$0.00
	Der	ntal Plans - CIGNA-	2% increase	
High Plan - PPO	Total Mo. Premium Employee Cost Per Pay Period*		Cost Per Pay Period*	
Employee Only	\$75.76		\$37.88	
Employee & Spouse	\$156.56		\$78.28	
Employee & Child(ren)	\$174.86		\$87.43	
Employee, Spouse & Child(ren)	\$271.51		\$135.76	
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Low Plan - PPO	Total N	lo. Premium	Employee (Cost Per Pay Period*
Employee Only	\$33.35		\$16.68	
Employee & Spouse	\$64.77		\$32.39	
Employee & Child(ren)	\$76.27		\$38.14	
Employee, Spouse & Child(ren)	\$86.61		\$43.31	
		ision Plan - VSP 📙	w Vendor	*****
Base Plan- Option 1	ı	lo. Premium	Employee (Cost Per Pay Period*
Employee Only	\$5.82		\$2.91	
Employee & Spouse	\$11.65		\$5.83	
Employee & Child(ren)	\$12.46		\$6.23	
Employee, Spouse & Child(ren)	\$19.92		\$9.96	
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Premium Plan- Option 2	Total M	lo. Premium	Fmployee (Cost Per Pay Period*
Employee Only	\$7.82		\$3.91	
Employee & Spouse	\$15.65		\$7.83	
Employee & Child(ren)	\$16.74		\$8.37	
Employee, Spouse & Child(ren)	\$26.76		\$13.38	
	1	United Pet Care -	LIPC	
	Total M	lo. Premium		Cost Per Pay Period*
One Pet	\$17.50		Employee Cost Per Pay Period* \$8.75	
Two Pets	\$34.00		\$17.00	
Libree Pets	\$50.50 \$67.00		\$25.25 \$33.50	
Three Pets				
Four Pets Each add'l pet	\$.50.50 .50 each	Φ0.0	\$33.50 !5/per add'l pet

^{*}Based on 24 pay periods per year