

All rates shown below are monthly rates



Medical Rates 2024

| Coverage Type | | | | | | | | |
|------------------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| | GOLD PPO | | SILVER PPO | | GOLD HMO | | GOLD HDHP+HSA | |
| | Employer Paid | Employee Paid | Employer Paid | Employee Paid | Employer Paid | Employee Paid | Employer Paid | Employee Paid |
| Employee Only | \$671.00 | \$33.00 | \$643.00 | \$0.00 | \$671.00 | \$49.00 | \$672.00 | \$0.00 |
| Employee + Spouse | \$916.00 | \$563.00 | \$877.00 | \$473.00 | \$916.00 | \$596.00 | \$916.00 | \$494.00 |
| Employee + Child(ren) | \$786.00 | \$482.00 | \$752.00 | \$406.00 | \$785.00 | \$511.00 | \$786.00 | \$423.00 |
| Employee + Family | \$1,266.00 | \$778.00 | \$1,212.00 | \$653.00 | \$1,266.00 | \$823.00 | \$1,126.00 | \$681.00 |

Dental Rates 2024

| Coverage Type | Delta Dental | |
|-------------------------------------|-----------------|----------------|
| | Dental PPO | Dental HMO |
| Employee Only | \$30.90 | \$12.68 |
| EE + Spouse/Domestic Partner | \$64.92 | \$22.20 |
| EE + Children | \$65.54 | \$26.66 |
| EE + Family | \$108.68 | \$37.42 |

Vision Rates 2024

| Coverage Type | Cost |
|---|----------------|
| Employee Only | \$5.58 |
| Employee + Spouse/Domestic Partner | \$11.18 |
| Employee + Children | \$11.50 |
| Employee + Family | \$15.92 |