

**2024 EMPLOYEE CONTRIBUTION CHART**

**CIGNA MEDICAL RATES**

**CIGNA OPEN ACCESS PLUS BASIC**

	<b>Monthly Rate</b>	<b>Bi-Weekly Rate</b>
Employee	\$ 148.49	\$ 68.53
Employee and Spouse	\$ 291.34	\$ 134.46
Employee and Children	\$ 254.90	\$ 117.65
Employee and Family	\$ 433.14	\$ 199.91

**OPEN ACCESS PLUS**

Employee	\$ 189.51	\$ 87.47
Employee and Spouse	\$ 483.76	\$ 223.27
Employee and Children	\$ 425.44	\$ 196.36
Employee and Family	\$ 723.80	\$ 334.06

**DELTA DENTAL RATES**

**DENTAL CARE USA HMO**

	<b>Monthly Rate</b>	<b>Bi-Weekly Rate</b>
Employee	\$ 6.39	\$ 2.95
Employee and Spouse	\$ 13.69	\$ 6.32
Employee and Children	\$ 13.69	\$ 6.32
Employee and Family	\$ 19.18	\$ 8.85

**DENTAL PPO PLUS PREMIER**

Employee	\$ 14.29	\$ 6.60
Employee and Spouse	\$ 33.34	\$ 15.39
Employee and Children	\$ 33.35	\$ 15.39
Employee and Family	\$ 46.68	\$ 21.54

**DENTAL PPO PLUS PREMIER BUY-UP**

Employee	\$ 30.80	\$ 14.22
Employee and Spouse	\$ 66.07	\$ 30.49
Employee and Children	\$ 62.03	\$ 28.63
Employee and Family	\$ 94.83	\$ 43.77