



CAPCOM GROUP HEALTH PREMIUMS - 2024			
	Monthly		
	2024 Premium	Employer Cost \$	2024 Employee Cost \$
	MEDICAL		
AETNA PPO			
EMPLOYEE ONLY	1,041.82	937.62	104.20
EMPLOYEE + SPOUSE (+1)	2,187.85	1,854.45	333.40
EMPLOYEE + CHILD(REN)	1,979.46	1,687.71	291.75
EMPLOYEE + FAMILY (+2)	3,125.51	2,604.56	520.95
KAISER HMO			
EMPLOYEE ONLY	782.80	704.50	78.30
EMPLOYEE + SPOUSE (+1)	1,722.17	1,456.02	266.15
EMPLOYEE + CHILD(REN)	1,565.61	1,330.76	234.85
EMPLOYEE + FAMILY (+2)	2,348.42	1,957.02	391.40
DENTAL			
MUTUAL OF OMAHA DENTAL			
EMPLOYEE ONLY	47.56	42.76	4.80
EMPLOYEE + SPOUSE	96.53	81.93	14.60
EMPLOYEE + CHILD(REN)	125.87	105.42	20.45
EMPLOYEE + FAMILY	186.89	154.24	32.65
VISION			
VSP VISION PLAN			
EMPLOYEE ONLY	12.56	11.26	1.30
EMPLOYEE + 1	19.51	16.81	2.70
EMPLOYEE + 2	30.95	25.95	5.00

2023 Premiums		
Monthly		
Total Premium	Employer Cost \$	Employee Cost \$
MEDICAL		
AETNA PPO		
1,020.43	918.38	102.05
2,142.93	1,816.38	326.55
1,938.82	1,653.07	285.75
3,061.34	2,551.09	510.25
KAISER HMO		
644.50	580.05	64.45
1,417.90	1,198.75	219.15
1,289.00	1,095.65	193.35
1,933.50	1,611.25	322.25
DENTAL		
Mutual of Omaha		
47.56	42.76	4.80
96.53	81.93	14.60
125.87	105.42	20.45
186.89	154.24	32.65
VISION		
VSP		
12.56	11.26	1.30
19.51	16.81	2.70
30.95	25.95	5.00