

# 2024 Employee Premium Contribution Per Paycheck

Rates effective 10/1/2023

The below premiums apply to 24 semi-monthly pay periods:

	EE Only	EE + 1 or Spouse	EE + Child(ren)	EE + Family
Cigna - OAP PPO	\$0	\$210	\$210	\$370
Cigna - Standard "HMO"	\$27.50	\$245	\$245	\$412.50
Kaiser HMO	\$22.50	\$202.50	N/A*	\$365
Guardian Dental	\$22.67	\$42.71	\$50.60	\$70.86
Guardian VSP (Vision)	\$4.92	\$9.75	\$9.56	\$14.54

\* Kaiser only has 3 rate tables: EE, EE+1 and EE+2 or more.

**\$225** medical insurance opt-out paid at **\$112.50** per pay period can offset the following premium costs:



Dental Premiums



Vision Premiums



Healthcare FSA Contributions



Commuter FSA Contributions



Dependent Care FSA Contributions



Remaining Balance: Taxable Cash Compensation