



2024 Employee Premium Contribution Per Paycheck

Rates effective 10/1/2023

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

	EE Only	EE + Spouse	EE + Child(ren)	EE + Family
Aultcare	\$0	\$190	\$190	\$365
Cigna - OAP PPO	\$0	\$210	\$210	\$370
Cigna - Standard "HMO"	\$27.50	\$245	\$245	\$412.50
Guardian Dental	\$22.67	\$42.71	\$50.60	\$70.86
Guardian VSP (Vision)	\$4.92	\$9.75	\$9.56	\$14.54

\$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