



**Employee Contributions**  
**Effective 1/1/2024 - 12/31/2024**

	<b>Employee Cost per pay Period</b>
<b>Aetna OAMC POS 500</b>	
Employee Only	\$13.87
Employee + Spouse	\$163.89
Employee + Child(ren)	\$113.90
Family	\$276.31
<b>Aetna OAMC POS 1500</b>	
Employee Only	\$0.00
Employee + Spouse	\$126.81
Employee + Child(ren)	\$84.57
Family	\$221.83
<b>Aetna OAMC POS HDHP/HSA 3200</b>	
Employee Only	\$0.00
Employee + Spouse	\$44.97
Employee + Child(ren)	\$29.62
Family	\$78.68
<b>Aetna OAMC POS HDHP/ HSA 1600</b>	
Employee Only	\$0.00
Employee + Spouse	\$47.42
Employee + Child(ren)	\$31.63
Family	\$82.10
<b>Kaiser HMO 20</b>	
Employee Only	\$13.77
Employee + Spouse	\$162.52
Employee + Child(ren)	\$112.94
Family	\$274.08
<b>Kaiser HMO 20/1500</b>	
Employee Only	\$0.00
Employee + Spouse	\$126.84
Employee + Child(ren)	\$84.56
Family	\$221.96
<b>Aetna Dental PPO</b>	
Employee Only	\$0.00
Employee + Spouse	\$12.32
Employee + Child(ren)	\$14.07
Family	\$28.41
<b>Aetna Dental HMO</b>	
Employee Only	\$0.00
Employee + Spouse	\$2.58
Employee + Child(ren)	\$2.97
Family	\$6.25
<b>VSP Vision</b>	
Employee Only	\$0.00
Employee + Spouse	\$1.02
Employee + Child(ren)	\$1.19
Family	\$2.05