



**Medical/Dental/Vision Insurance
2024-2025 Plan Year**

Cigna PPO (OAP) - Medical		
	Monthly	Bi-Weekly
Employee Only	\$129.49	\$59.77
Employee w/Spouse	\$271.94	\$125.51
Employee w/Children	\$246.06	\$113.57
Employee w/Family	\$388.50	\$179.31

Cigna HMO (OAP-IN) - Medical		
	Monthly	Bi-Weekly
Employee Only	\$123.00	\$56.77
Employee w/Spouse	\$258.29	\$119.21
Employee w/Children	\$233.69	\$107.86
Employee w/Family	\$368.99	\$170.30

Kaiser HMO - Medical (California ONLY)		
	Monthly	Bi-Weekly
Employee Only	\$310.58	\$143.34
Employee w/Spouse	\$652.22	\$301.02
Employee w/Children	\$559.04	\$258.02
Employee w/Family	\$900.68	\$415.70

Guardian - Dental		
	Monthly	Bi-Weekly
Employee Only	\$5.58	\$2.58
Employee w/1 Dependent	\$11.33	\$5.23
Employee w/2 Dependents	\$14.15	\$6.53
EE + Family	\$21.22	\$9.79

VSP Vision		
	Monthly	Bi-Weekly
Employee Only	\$1.08	\$0.50
Employee w/1 Dependent	\$1.57	\$0.72
Employee w/2+ Dependents	\$2.81	\$1.30