

2023-24

What You Pay For Benefits



Cigna Medical	Premier Plan			Saver Plan with HRA		
	Weekly	Bi-Weekly	Semi-Monthly	Weekly	Bi-Weekly	Semi-Monthly
Employee Only	\$42.35	\$84.69	\$91.75	\$22.17	\$44.33	\$48.03
Employee + Spouse	\$112.81	\$225.62	\$244.43	\$55.92	\$111.84	\$121.16
Employee + Child(ren)	\$79.97	\$159.94	\$173.27	\$41.37	\$82.74	\$89.64
Employee + Family	\$149.38	\$298.77	\$323.67	\$72.78	\$145.57	\$157.70



Delta Dental	Enhanced Plan			Basic Plan		
	Weekly	Bi-Weekly	Semi-Monthly	Weekly	Bi-Weekly	Semi-Monthly
Employee Only	\$2.48	\$4.97	\$5.38	\$1.86	\$3.73	\$4.04
Employee + Spouse	\$3.59	\$7.18	\$7.78	\$2.69	\$5.39	\$5.84
Employee + Child(ren)	\$3.59	\$7.18	\$7.78	\$2.69	\$5.39	\$5.84
Employee + Family	\$4.69	\$9.38	\$10.17	\$3.52	\$7.04	\$7.63



EyeMed Vision	Vision Plan		
	Weekly	Bi-Weekly	Semi-Monthly
Employee Only	\$1.22	\$2.44	\$2.64
Employee + Spouse	\$2.19	\$4.38	\$4.75
Employee + Child(ren)	\$2.19	\$4.38	\$4.75
Employee + Family	\$3.16	\$6.33	\$6.86



Looking for your Voluntary Rates?

To view rates for other voluntary benefits, scan the QR code to view on the mobile app.

