

## 2024 PREMIUM RATE SHEET

Active Employee			
Coverage Level	PLAN A (HDHP)	PLAN B (PPO)	DENTAL
Employee Only	\$59.00 per pay period	\$93.00 per pay period	\$8.50 per pay period
Employee + Spouse	\$135.00 per pay period	\$213.00 per pay period	\$15.50 per pay period
Employee + Child(ren)	\$124.00 per pay period	\$196.00 per pay period	\$14.25 per pay period
Employee + Family	\$202.00 per pay period	\$320.00 per pay period	\$21.50 per pay period

Common Council			
Coverage Level	PLAN A (HDHP)	PLAN B (PPO)	DENTAL
Employee Only	\$99.00 per pay period	\$116.00 per pay period	\$8.50 per pay period
Employee + Spouse	\$228.00 per pay period	\$268.00 per pay period	\$15.50 per pay period
Employee + Child(ren)	\$209.00 per pay period	\$246.00 per pay period	\$14.25 per pay period
Employee + Family	\$341.00 per pay period	\$401.00 per pay period	\$21.50 per pay period

Retiree			
Coverage Level	PLAN A (HDHP)	PLAN B (PPO)	DENTAL
Retiree Only	\$871.00 per month	\$1,022.00 per month	\$73.00 per month
Retiree + Spouse	\$2,010.00 per month	\$2,361.00 per month	\$136.00 per month
Retiree + Child(ren)	\$1,843.00 per month	\$2,171.00 per month	\$125.00 per month
Retiree + Family	\$3,013.00 per month	\$3,544.00 per month	\$188.00 per month

COBRA			
Coverage Level	PLAN A (HDHP)	PLAN B (PPO)	DENTAL
Participant Only	\$888.00 per month	\$1,042.00 per month	\$74.00 per month
Participant + Spouse	\$2,050.00 per month	\$2,408.00 per month	\$138.00 per month
Participant + Child(ren)	\$1,879.00 per month	\$2,214.00 per month	\$127.00 per month
Participant + Family	\$3,073.00 per month	\$3,614.00 per month	\$191.00 per month