



EMPLOYEE MONTHLY HEALTH RATES*
JANUARY 1, 2024

<u>AETNA</u>	<u>EMPLOYEE PAYS</u>
<u>PREMIER HMO</u>	
Employee Only	\$ 0.00
+ One Dependent	840.14
+ Family (2 or more Dependents)	1,475.96
<u>PREMIER PLUS HMO</u>	
Employee Only	\$ 0.00
+ One Dependent	957.92
+ Family (2 or more Dependents)	1,683.80
<u>PREMIER CHOICE HSA</u>	
Employee Only	\$ 0.00
+ One Dependent	596.10
+ Family (2 or more Dependents)	1,136.68

AETNA KIDS' PLANS			
<u>BASIC PLAN (AGES 5 – 26)</u>		<u>ENHANCED PLAN (AGES 5 – 26)</u>	
One Child	\$ 398.60	One Child	\$ 667.46
Two Children	797.24	Two Children	1,334.98
Three or more Children	1,195.86	Three or more Children	2,002.44

***Bi-Weekly paycheck deduction will vary based on payroll calendar.**



EMPLOYEE MONTHLY DENTAL/VISION RATES*
JANUARY 1, 2024

DENTAL	<u>AETNA</u>	COMPBENEFITS <u>(HUMANA)</u>
<u>BASIC DHMO PLAN</u>		
Employee Only	\$ 0.00	\$ 0.00
+ One Dependent	6.28	5.36
+ Family (2 or more Dependents)	13.02	9.70
<u>ENHANCED DHMO PLAN</u>		
Employee Only	\$ 0.16	\$ 0.00
+ One Dependent	8.88	7.38
+ Family (2 or more Dependents)	16.56	13.04
<u>BASIC PPO PLAN</u>		
Employee Only	\$ 21.20	\$ 20.62
+ One Dependent	50.24	46.06
+ Family (2 or more Dependents)	82.02	74.26
<u>ENHANCED PPO PLAN</u>		
Employee Only	\$ 30.74	\$ 26.48
+ One Dependent	71.14	60.62
+ Family (2 or more Dependents)	123.90	100.92

VISION	<u>AETNA</u>	COMPBENEFITS <u>(HUMANA)</u>
<u>BASIC PLAN</u>		
Employee Only	\$ 0.00	\$ 0.00
+ One Dependent	4.02	4.30
+ Family (2 or more Dependents)	9.30	9.52
<u>ENHANCED PLAN</u>		
Employee Only	\$ 0.00	\$ 0.00
+ One Dependent	6.94	6.46
+ Family (2 or more Dependents)	16.02	14.32

***Bi-Weekly paycheck deduction will vary based on payroll calendar.**