



2024 HEALTH PREMIUM RATES

PPO 750 – 2024 Monthly “Wellness Rates”	Paid by Employee	Paid by City	Total Costs	PPO 750 2024 Monthly “Non-Wellness Rates”	Paid by Employee	Paid by City	Total Costs
Employee Only	\$70.94	\$739.00	\$809.94	Employee Only	\$120.94	\$689.00	\$809.94
EE + Child	\$265.16	\$739.00	\$1,004.16	EE + Child	\$315.16	\$689.00	\$1,004.16
EE +Spouse	\$621.98	\$739.00	\$1,360.98	EE +Spouse	\$671.98	\$689.00	\$1,360.98
Family	\$680.04	\$739.00	\$1,419.04	Family	\$730.04	\$689.00	\$1,419.04
PPO/HRA 1500 2024 Monthly “Wellness Rates”	Paid by Employee	Paid by City	Total Costs	PPO/HRA 1500 2024 Monthly “Non-Wellness Rates”	Paid by Employee	Paid by City	Total Costs
Employee Only	\$45.94	\$739.00	\$784.94	Employee Only	\$95.94	\$689.00	\$784.94
EE + Child	\$225.16	\$739.00	\$964.16	EE + Child	\$275.16	\$689.00	\$964.16
EE +Spouse	\$571.98	\$739.00	\$1,310.98	EE +Spouse	\$621.98	\$689.00	\$1,310.98
Family	\$580.04	\$739.00	\$1,319.04	Family	\$630.04	\$689.00	\$1,319.04
PPO/HDHP-HSA 2024 Monthly “Wellness Rates”	Paid by Employee	Paid by City	Total Costs	PPO/HDHP-HSA 2024 Monthly “Non-Wellness Rates”	Paid by Employee	Paid by City	Total Costs
Employee Only	\$21.72	\$739.00	\$760.72	Employee Only	\$71.72	\$689.00	\$760.72
EE + Child	\$169.46	\$739.00	\$908.46	EE + Child	\$219.46	\$689.00	\$908.46
EE +Spouse	\$474.36	\$739.00	\$1,213.36	EE +Spouse	\$524.36	\$689.00	\$1,213.36
Family	\$476.68	\$739.00	\$1,215.68	Family	\$526.68	\$689.00	\$1,215.68

Note: EE = Employee



2024 DENTAL PREMIUM RATES

Dental Monthly Rates	Paid by Employee	Paid by City	Total Costs
Employee Only	\$ 2.80	\$ 30.40	\$ 33.20
Employee + Child	\$ 18.88	\$ 35.08	\$ 53.96
Employee + Spouse	\$ 18.88	\$ 35.08	\$ 53.96
Family	\$ 49.36	\$ 44.00	\$ 93.36

2024 Community Eye Care (CEC) Vision Plan Rates



VISION MONTHLY RATES	
Employee Only	\$ 6.68
Employee + Spouse	\$ 12.69
Employee + Child(ren)	\$ 13.36
Employee + Family	\$ 19.71