

2024 Cost of Coverage



Medical (Monthly)

January 1, 2024 – December 31, 2024

For more information about Domestic Partner (DP) rates, view the [Domestic Partner After Tax Contributions and Imputed Income](#) resource.

Cigna Plans

	Total Cost	Employer Cost	Employee Cost
Cigna PPO 750 Rate			
Employee Only	\$932.69	\$796.69	\$136.00
Employee and Spouse	\$2,051.93	\$1,701.93	\$350.00
Employee and Child(ren)	\$1,678.85	\$1,382.85	\$296.00
Employee and Family	\$2,891.35	\$2,391.35	\$500.00
	Total Cost	Employer Cost	Employee Cost
Cigna HDHP Rate			
Employee Only	\$770.55	\$694.55	\$76.00
Employee and Spouse	\$1,695.20	\$1,482.20	\$213.00
Employee and Child(ren)	\$1,386.99	\$1,210.99	\$176.00
Employee and Family	\$2,388.70	\$2,091.70	\$297.00

Kaiser Plans

	Total Cost	Employer Cost	Employee Cost
Kaiser Traditional HMO (CA) Rate			
Employee Only	\$684.84	\$614.84	\$70.00
Employee and Spouse	\$1,506.64	\$1,306.64	\$200.00
Employee and Child(ren)	\$1,369.67	\$1,199.67	\$170.00
Employee and Family	\$2,054.52	\$1,769.52	\$285.00
	Total Cost	Employer Cost	Employee Cost
Kaiser Traditional HMO (CO) Rate			
Employee Only	\$564.21	\$499.21	\$65.00
Employee and Spouse	\$1,241.27	\$1,046.27	\$195.00
Employee and Child(ren)	\$1,128.43	\$963.43	\$165.00
Employee and Family	\$1,692.64	\$1,412.64	\$280.00

Dental (Monthly)

	Total Cost	Employer Cost	Employee Cost
Cigna Dental PPO Base Plan Rate			
Employee Only	\$40.65	\$30.65	\$10.00
Employee and Spouse	\$81.17	\$61.17	\$20.00
Employee and Child(ren)	\$96.56	\$73.56	\$23.00
Employee and Family	\$137.09	\$104.09	\$33.00
	Total Cost	Employer Cost	Employee Cost
Cigna Dental PPO Buy-Up Plan Rate			
Employee Only	\$52.22	\$36.22	\$16.00
Employee and Spouse	\$104.04	\$73.04	\$31.00
Employee and Child(ren)	\$123.68	\$86.68	\$37.00
Employee and Family	\$175.53	\$122.53	\$53.00

Vision (Monthly)

	Total Cost	Employer Cost	Employee Cost
VSP Vision PPO Rate			
Employee Only	\$7.71	\$6.17	\$1.54
Employee and Spouse	\$13.22	\$10.58	\$2.64
Employee and Child(ren)	\$13.50	\$10.80	\$2.70
Employee and Family	\$21.78	\$17.42	\$4.36

Critical Illness — Low Plan \$10,000 Coverage (Monthly)

Age Band	EE only	EE + Spouse	EE + Child(ren)	EE + Family
<25	\$1.65	\$2.98	\$1.65	\$2.98
25-29	\$2.16	\$3.74	\$2.16	\$3.74
30-34	\$3.09	\$5.14	\$3.09	\$5.14
35-39	\$4.48	\$7.23	\$4.48	\$7.23
40-44	\$6.74	\$10.61	\$6.74	\$10.61
45-49	\$9.32	\$14.48	\$9.32	\$14.48
50-54	\$13.86	\$21.32	\$13.86	\$21.32
55-59	\$19.93	\$30.44	\$19.93	\$30.44
60-64	\$29.29	\$44.51	\$29.29	\$44.51
65-69	\$40.15	\$60.81	\$40.15	\$60.81
70+	\$56.17	\$84.87	\$56.17	\$84.87

Critical Illness — High Plan \$20,000 Coverage (Monthly)

Age Band	EE only	EE + Spouse	EE + Child(ren)	EE + Family
<25	\$3.27	\$5.91	\$3.27	\$5.91
25-29	\$4.25	\$7.38	\$4.25	\$7.38
30-34	\$6.09	\$10.13	\$6.09	\$10.13
35-39	\$8.84	\$14.25	\$8.84	\$14.25
40-44	\$13.31	\$20.97	\$13.31	\$20.97
45-49	\$18.41	\$28.62	\$18.41	\$28.62
50-54	\$27.42	\$42.19	\$27.42	\$42.19
55-59	\$39.44	\$60.24	\$39.44	\$60.24
60-64	\$58.00	\$88.14	\$58.00	\$88.14
65-69	\$79.52	\$120.46	\$79.52	\$120.46
70+	\$111.35	\$168.25	\$111.35	\$168.25

Accident Insurance (Monthly)

	Low Plan	High Plan
EE only	\$3.99	\$5.38
EE + Spouse	\$7.98	\$11.66
EE + Child(ren)	\$8.38	\$12.25
EE + Family	\$12.36	\$18.08

Supplemental Life Insurance (Monthly)

Employee and Spouse

Age Band	Rate per \$1,000 of Coverage
18-24	\$0.04
25-29	\$0.04
30-34	\$0.05
35-39	\$0.07
40-44	\$0.10
45-49	\$0.15
50-54	\$0.23
55-59	\$0.41
60-64	\$0.66
65-69	\$1.10
70-74	\$1.81
75+	\$2.06

Dependent Child

\$0.17 per \$1,000 of Coverage

Supplemental AD&D Insurance (Monthly)

	Rate per \$1,000 of Coverage*
EE only	\$0.030
EE + Spouse	\$0.040
EE + Child(ren)	\$0.040
EE + Family	\$0.040

* Total supplemental AD&D costs combined for employee, spouse, and/or child coverage as applicable.

Identity Theft (Monthly)

EE only	\$6.50
EE + Family	\$12.50