

EMPLOYEE GROUP HEALTH PLAN RATES January 1, 2024 – December 31, 2024						
Open Access Plus High (OAP High) Plan (medical & prescription drugs only)						
	Employee (monthly share)	County (monthly share)	Total (monthly)	Employee (biweekly)		
Employee Only						
30 + hours/week	\$158.32	\$879.78	\$1,038.10	\$79.16		
20-29 hours/week	\$519.05	\$519.05		\$259.53		
Employee + 1						
30 + hours/week	\$399.39	\$1,572.95	\$1,972.35	\$199.70		
20-29 hours/week	\$986.20	\$986.15		\$493.10		
Family						
30 + hours/week	\$694.62	\$2,056.28	\$2,750.90	\$347.31		
20-29 hours/week	\$1,650.56	\$1,100.36		\$825.28		
COBRA - OAP High						
Individual	\$1,058.86					
Individual + 1	\$2,011.79					
Family	\$2,805.93					
Open Access Plus (OAP) Plan (medical & prescription drugs only)						
	Employee (monthly share)	County (monthly share)	Total (monthly)	Employee (biweekly)		
Employee Only						
30 + hours/week	\$70.58	\$811.79	\$882.37	\$35.29		
20-29 hours/week	\$441.20	\$441.16		\$220.60		
Employee + 1						
30 + hours/week	\$226.32	\$1,450.18	\$1,676.50	\$113.16		
20-29 hours/week	\$838.25	\$838.25		\$419.13		
Family						
30 + hours/week	\$537.81	\$1,800.48	\$2,338.29	\$268.91		
20-29 hours/week	\$1,402.97	\$935.31		\$701.49		
COBRA - OAP						
Individual	\$900.01					
Individual + 1	\$1,710.03					
Family	\$2,385.05					
CIGNA Choice HSA / HRA (medical & prescription drugs only)						
	Employee (monthly share)	County			Total (monthly)	Employee (biweekly)
		(monthly share)	HSA/HRA Contribution			
			monthly	annual		
Employee Only						
30 + hours/week	\$36.04	\$589.24	\$83.33	\$1,000.00	\$708.61	\$18.02
20-29 hours/week	\$374.54	\$293.90	\$40.17	\$482.00		\$187.27
Employee + 1						
30 + hours/week	\$130.31	\$1,051.36	\$166.67	\$2,000.00	\$1,348.34	\$65.16
20-29 hours/week	\$754.42	\$518.09	\$75.83	\$910.00		\$377.21
Family						
30 + hours/week	\$344.31	\$1,378.55	\$166.67	\$2,000.00	\$1,889.53	\$172.16
20-29 hours/week	\$1,147.73	\$665.97	\$75.83	\$910.00		\$573.87
COBRA –CIGNA Choice	HSA	HRA				
Individual	\$637.79	\$722.78				
Individual + 1	\$1,205.30	\$1,375.31				
Family	\$1,757.32	\$1,927.32				

Employee health premiums are deducted over 24 pay periods each year. No premiums are deducted on the third pay date occurring within a month.

EMPLOYEE GROUP HEALTH PLAN RATES				
January 1, 2024 – December 31, 2024				
Dental & Vision				
	Employee (monthly share)	County (monthly share)	Total (monthly)	Employee (biweekly)
Employee Only				
30 + hours/week	\$8.11	\$45.97	\$54.08	\$4.06
20-29 hours/week	\$27.04	\$27.03		\$13.52
Employee + 1				
30 + hours/week	\$19.54	\$78.17	\$97.71	\$9.77
20-29 hours/week	\$48.85	\$48.85		\$24.43
Family				
30 + hours/week	\$33.80	\$101.42	\$135.22	\$16.90
20-29 hours/week	\$81.13	\$54.09		\$40.57
COBRA				
Individual	\$55.16			
Individual + 1	\$99.66			
Family	\$137.93			