

Insurance Premiums

2024

	Monthly Employee Cost	Per pay Period Employee Cost	Monthly Employer Cost	Per pay period Employer Cost
Dental				
Self only	\$ -	\$ -	\$ 32.18	\$ 16.09
Spouse	\$ 33.55	\$ 16.78	\$ 32.18	\$ 16.09
Child(ren)	\$ 45.77	\$ 22.89	\$ 32.18	\$ 16.09
Family	\$ 90.22	\$ 45.11	\$ 32.18	\$ 16.09
Vision				
Self only	\$ -	\$ -	\$ 6.04	\$ 3.02
Spouse	\$ 6.04	\$ 3.02	\$ 6.04	\$ 3.02
Child(ren)	\$ 6.88	\$ 3.44	\$ 6.04	\$ 3.02
Family	\$ 14.62	\$ 7.31	\$ 6.04	\$ 3.02
Medical				
Self only	\$ -	\$ -	\$ 649.26	\$ 324.63
Spouse	\$ 757.82	\$ 378.91	\$ 649.26	\$ 324.63
Child	\$ 256.78	\$ 128.39	\$ 649.26	\$ 324.63
Children	\$ 638.84	\$ 319.42	\$ 649.26	\$ 324.63
Family	\$ 1,359.06	\$ 679.53	\$ 649.26	\$ 324.63

****Employer** cost per pay period/month stays same per plan regardless of dependent elections/adds