



## total rewards

## 2024 vs. 2023 PREMIUM SHARE RATES

## Medical/RX Insurance

	Employee Cost per Month		Change
	2024	2023	
<b>Aetna Deductible Plan</b>			
Employee Only	\$90.22	\$61.96	\$28.26
Employee & Spouse/Partner	\$377.34	\$298.14	\$79.20
Employee & Child(ren)	\$333.52	\$263.50	\$70.02
Couple & Child(ren)	\$520.28	\$411.06	\$109.22
<b>Aetna High Deductible Health Plan</b>			
Employee Only	\$34.68	\$15.38	\$19.30
Employee & Spouse/Partner	\$154.40	\$106.52	\$47.88
Employee & Child(ren)	\$136.42	\$94.12	\$42.30
Couple & Child(ren)	\$212.80	\$146.82	\$65.98
<b>Kaiser Permanente HMO</b>			
Employee Only	\$65.60	\$46.80	\$18.80
Employee & Spouse/Partner	\$275.30	\$226.22	\$49.08
Employee & Child(ren)	\$257.56	\$211.62	\$45.94
Couple & Child(ren)	\$396.10	\$325.60	\$70.50



### Dental and Vision Insurance

	Employee Cost per Month		
	2024	2023	Change
<b>Delta Dental Legacy &amp; Core</b>			
Employee Only	\$3.18	\$ 1.92	\$1.26
Employee & Spouse/Partner	\$19.04	\$ 16.50	\$2.54
Employee & Child(ren)	\$16.20	\$ 14.04	\$2.16
Couple & Child(ren)	\$26.20	\$ 22.70	\$3.50
<b>Delta Dental Enhanced</b>			
Employee Only	\$25.52	\$ 24.26	\$1.26
Employee & Spouse/Partner	\$63.74	\$ 61.18	\$2.56
Employee & Child(ren)	\$54.18	\$ 52.02	\$2.16
Couple & Child(ren)	\$87.66	\$ 84.16	\$3.50
<b>VSP Vision Core</b>			
Employee Only	\$1.30	\$1.14	\$0.16
Employee & Spouse/Partner	\$3.98	\$3.66	\$0.32
Employee & Child(ren)	\$4.24	\$3.90	\$0.34
Couple & Child(ren)	\$6.68	\$6.16	\$0.52
<b>VSP Vision Enhanced</b>			
Employee Only	\$5.78	\$5.62	\$0.16
Employee & Spouse/Partner	\$12.96	\$12.64	\$0.32
Employee & Child(ren)	\$13.86	\$13.50	\$0.36
Couple & Child(ren)	\$22.02	\$21.48	\$0.54