

# Employee Per Pay Period Contributions\*

	EMPLOYEE ONLY 2024	EMPLOYEE + SPOUSE 2024	EMPLOYEE + CHILD(REN) 2024	EMPLOYEE + FAMILY 2024
<b>Medical</b>				
Cigna OAP IN	\$20.00	\$105.00	\$77.00	\$169.00
Cigna OAP PPO	\$26.00	\$136.50	\$99.50	\$219.50
Cigna HDHP	\$17.50	\$38.00	\$31.00	\$53.50
Kaiser HMO (CA)	\$16.00	\$54.00	\$47.50	\$79.00
Kaiser HMO HSA (CA)	\$13.00	\$28.00	\$25.50	\$38.00
<b>Dental</b>				
SunLife Dental	\$7.00	\$14.00	\$16.00	\$24.50
<b>Vision</b>				
VSP Vision	\$2.00	\$2.50	\$2.50	\$4.00

\*Based on semi-monthly / 24 pay periods per year