



**Employee Monthly Premiums
Effective January 1, 2024**

Optima Health

PPO	Total Premium	Employer	Employee Monthly
Employee Only	\$ 1,054.00	\$ 862.00	\$ 192.00
Employee & Spouse	\$ 2,425.00	\$ 1,591.00	\$ 834.00
Employee & Child	\$ 1,465.00	\$ 960.00	\$ 505.00
Employee & Children	\$ 2,256.00	\$ 1,479.00	\$ 777.00
Family	\$ 3,563.00	\$ 2,086.00	\$ 1,477.00

POS	Total Premium	Employer	Employee Monthly
Employee Only	\$ 897.00	\$ 799.00	\$ 98.00
Employee & Spouse	\$ 2,063.00	\$ 1,590.00	\$ 473.00
Employee & Child	\$ 1,247.00	\$ 964.00	\$ 283.00
Employee & Children	\$ 1,919.00	\$ 1,484.00	\$ 435.00
Family	\$ 2,993.00	\$ 2,057.00	\$ 936.00

HMO	Total Premium	Employer	Employee Monthly
Employee Only	\$ 787.00	\$ 721.00	\$ 66.00
Employee & Spouse	\$ 1,810.00	\$ 1,566.00	\$ 244.00
Employee & Child	\$ 1,094.00	\$ 942.00	\$ 152.00
Employee & Children	\$ 1,684.00	\$ 1,450.00	\$ 234.00
Family	\$ 2,659.00	\$ 2,083.00	\$ 576.00

CDHP	Total Premium	Employer	Employee Monthly
Employee Only	\$ 735.00	\$ 708.00	\$ 27.00
Employee & Spouse	\$ 1,691.00	\$ 1,593.00	\$ 98.00
Employee & Child	\$ 1,024.00	\$ 963.00	\$ 61.00
Employee & Children	\$ 1,575.00	\$ 1,482.00	\$ 93.00
Family	\$ 2,483.00	\$ 2,253.00	\$ 230.00

Anthem Dental

Basic	Total Premium	Employer	Employee Monthly
Employee Only	\$ 28.88	\$ 13.16	\$ 15.72
Employee & Spouse	\$ 58.88	\$ 31.60	\$ 27.28
Employee & Children	\$ 75.04	\$ 45.68	\$ 29.36
Family	\$ 110.96	\$ 64.80	\$ 46.16

Enhanced	Total Premium	Employer	Employee Monthly
Employee Only	\$ 36.32	\$ 13.28	\$ 23.04
Employee & Spouse	\$ 74.04	\$ 31.88	\$ 42.16
Employee & Children	\$ 94.40	\$ 46.04	\$ 48.36
Family	\$ 139.64	\$ 65.40	\$ 74.24

Davis Vision

Basic	Employee Monthly
Employee Only	\$ 4.64
Employee & Spouse	\$ 8.16
Employee & Children	\$ 9.28
Family	\$ 13.44

Enhanced	Employee Monthly
Employee Only	\$ 5.40
Employee & Spouse	\$ 9.48
Employee & Children	\$ 10.76
Family	\$ 15.64