



ALL RATES ARE BIWEEKLY

Cigna MEDICAL Plans Premium Rates:										
COMMISSIONER	Open Access Plus In-Network 1 (OAPIN 1) or HMO 1			Open Access Plus In-Network 2 (OAPIN 2) or HMO 2			Consumer Driven Health Plan (CDHP)			
	Tier of Coverage*	Total	Pre-Tax	Post-Tax	Total	Pre-Tax	Post-Tax	Total	Pre-Tax	Post-Tax
Employee (EE) Only	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee + Spouse/Tax Qualified DP	\$109.44	\$109.44	\$0.00	\$81.75	\$81.75	\$0.00	\$45.15	\$45.15	\$0.00	\$0.00
Employee + Child	\$37.31	\$37.31	\$0.00	\$26.84	\$26.84	\$0.00	\$15.86	\$15.86	\$0.00	\$0.00
Employee + Children	\$88.30	\$88.30	\$0.00	\$65.89	\$65.89	\$0.00	\$36.60	\$36.60	\$0.00	\$0.00
EE + Family (Spouse + Child(ren))	\$192.76	\$192.76	\$0.00	\$143.98	\$143.98	\$0.00	\$79.31	\$79.31	\$0.00	\$0.00

* For Adult Child Rates (ages 26-30), contact the Benefits Section, HR.

Cigna DENTAL Plan Premium Rates:							
COMMISSIONER	Cigna Dental Care DHMO			Cigna DPPO			
	Tier of Coverage	Total	Pre-Tax	Post-Tax	Total	Pre-Tax	Post-Tax
Employee (EE) Only	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee + Spouse	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee + Child(ren)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
EE + Family (Spouse + Child(ren))	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

VSP VISION Plan Premium Rates:							
COMMISSIONER	Core Plan			Buy-Up Plan			
	Tier of Coverage	Total	Pre-Tax	Post-Tax	Total	Pre-Tax	Post-Tax
Employee (EE) Only	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee + Spouse	\$2.11	\$2.11	\$0.00	\$3.64	\$3.64	\$0.00	\$0.00
Employee + Child(ren)	\$2.41	\$2.41	\$0.00	\$4.16	\$4.16	\$0.00	\$0.00
EE + Family (Spouse + Child(ren))	\$5.11	\$5.11	\$0.00	\$8.82	\$8.82	\$0.00	\$0.00