

2024 City Retiree Monthly Rates

MEDICAL	HSA1600	POS1000	POS750	PPO750 Out of Area (for out of state employees)
Member Only	\$720.10	\$734.97	\$756.34	\$907.14
Member + Child(ren)	\$1,168.65	\$1,192.48	\$1,226.71	\$1,468.14
Member + Spouse	\$1,688.74	\$1,722.94	\$1,772.08	\$2,119.00
Member + Family	\$2,582.87	\$2,634.90	\$2,709.69	\$3,237.87

DENTAL	EPO	PPO LOW OPTION	PPO HIGH OPTION
Member Only	\$22.46	\$22.94	\$33.42
Member + 1 Child	\$35.92	\$36.64	\$65.40
Member + Children	\$53.76	\$50.40	\$88.64
Member + Spouse	\$44.86	\$45.84	\$66.80
Member + Family	\$71.74	\$71.96	\$120.02

VISION	
Member Only	\$5.30
Member + One	\$9.30
Member + Children	\$10.62
Member + Spouse	\$15.44