

**July 1, 2024 - June 30, 2025 Cigna Medical Plan Premiums
Wellness and Non-Wellness Premiums for Administrators and Faculty**

Plan	Coverage Level	WELLNESS		NON-WELLNESS		RATE INCREASE *	
		Annual Premiums (Wellness)	Payroll Deductions (Wellness)	Annual Premiums (No Wellness)	Payroll Deductions (No Wellness)	Annual Premiums	Payroll Deductions
High Deductible Health Plan	Employee Only	\$1,170.24	\$48.76	\$2,159.28	\$89.97	+ 989.04	+ 41.21
High Deductible Health Plan	Employee + Spouse/Domestic Partner	\$4,635.00	\$193.13	\$6,613.08	\$275.55	+ 1,978.08	+ 82.42
High Deductible Health Plan	Employee + 1 Child	\$3,007.92	\$125.33	\$3,996.96	\$166.54	+ 989.04	+ 41.21
High Deductible Health Plan	Employee + Child(ren)	\$4,080.60	\$170.03	\$5,069.64	\$211.24	+ 989.04	+ 41.21
High Deductible Health Plan	Family	\$6,974.40	\$290.60	\$8,952.48	\$373.02	+ 1,978.08	+ 82.42
OAP-IN HMO	Employee Only	\$1,776.48	\$74.02	\$2,765.52	\$115.23	+ 989.04	+ 41.21
OAP-IN HMO	Employee + Spouse/Domestic Partner	\$6,844.44	\$285.19	\$8,822.52	\$367.61	+ 1,978.08	+ 82.42
OAP-IN HMO	Employee + 1 Child	\$4,161.96	\$173.42	\$5,151.00	\$214.63	+ 989.04	+ 41.21
OAP-IN HMO	Employee + Child(ren)	\$5,332.80	\$222.20	\$6,321.84	\$263.41	+ 989.04	+ 41.21
OAP-IN HMO	Family	\$9,157.20	\$381.55	\$11,135.28	\$463.97	+ 1,978.08	+ 82.42
OAP PPO	Employee Only	\$2,649.36	\$110.39	\$3,638.40	\$151.60	+ 989.04	+ 41.21
OAP PPO	Employee + Spouse/Domestic Partner	\$9,265.44	\$386.06	\$11,243.52	\$468.48	+ 1,978.08	+ 82.42
OAP PPO	Employee + 1 Child	\$5,618.52	\$234.11	\$6,607.56	\$275.32	+ 989.04	+ 41.21
OAP PPO	Employee + Child(ren)	\$7,616.28	\$317.35	\$8,605.32	\$358.56	+ 989.04	+ 41.21
OAP PPO	Family	\$13,665.36	\$569.39	\$15,643.44	\$651.81	+ 1,978.08	+ 82.42

* Employees and their enrolled spouse/domestic partner must complete all wellness steps at www.myCigna.com before the annual deadline on 10/31/24. Failure to complete all steps will result in a payroll deduction increase.