

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

Plan	Coverage Level	WELLNESS		NON-WELLNESS		PREMIUM INCREASE *	
		Annual Premiums (Wellness)	Payroll Biweekly Deductions (Wellness)	Annual Premiums (No Wellness)	Biweekly Payroll Deductions (No Wellness)	Annual Premiums	Biweekly Payroll Deductions
High Deductible Health Plan	Employee Only	\$1,170.24	\$45.01	\$2,159.28	\$83.05	+ 989.04	+ 38.04
High Deductible Health Plan	Employee + Spouse/Domestic Partner	\$4,635.00	\$178.27	\$6,613.08	\$254.35	+ 1,978.08	+ 76.08
High Deductible Health Plan	Employee + 1 Child	\$3,007.92	\$115.69	\$3,996.96	\$153.73	+ 989.04	+ 38.04
High Deductible Health Plan	Employee + Child(ren)	\$4,080.60	\$156.95	\$5,069.64	\$194.99	+ 989.04	+ 38.04
High Deductible Health Plan	Family	\$6,974.40	\$268.25	\$8,952.48	\$344.33	+ 1,978.08	+ 76.08
OAP-IN HMO	Employee Only	\$1,776.48	\$68.33	\$2,765.52	\$106.37	+ 989.04	+ 38.04
OAP-IN HMO	Employee + Spouse/Domestic Partner	\$6,844.44	\$263.25	\$8,822.52	\$339.33	+ 1,978.08	+ 76.08
OAP-IN HMO	Employee + 1 Child	\$4,161.96	\$160.08	\$5,151.00	\$198.12	+ 989.04	+ 38.04
OAP-IN HMO	Employee + Child(ren)	\$5,332.80	\$205.11	\$6,321.84	\$243.15	+ 989.04	+ 38.04
OAP-IN HMO	Family	\$9,157.20	\$352.20	\$11,135.28	\$428.28	+ 1,978.08	+ 76.08
OAP PPO	Employee Only	\$2,649.36	\$101.90	\$3,638.40	\$139.94	+ 989.04	+ 38.04
OAP PPO	Employee + Spouse/Domestic Partner	\$9,265.44	\$356.36	\$11,243.52	\$432.44	+ 1,978.08	+ 76.08
OAP PPO	Employee + 1 Child	\$5,618.52	\$216.10	\$6,607.56	\$254.14	+ 989.04	+ 38.04
OAP PPO	Employee + Child(ren)	\$7,616.28	\$292.93	\$8,605.32	\$330.97	+ 989.04	+ 38.04
OAP PPO	Family	\$13,665.36	\$525.59	\$15,643.44	\$601.67	+ 1,978.08	+ 76.08

* 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.