



# 2024 Employee Health Plan - Monthly Direct Bill Rate Table

HEALTH PLAN AND ENROLLMENT STATUS	F					O
	Unpaid Family Medical Leave					Unpaid Leave (Not FMLA)
	With Wellness Credit		Without Wellness Credit			
Full Time Employee	Part Time Employee	Full Time Employee	Part Time Employee	Extra Help (ACA)		
<b>CIGNA CHOICE HMO</b>						
Employee Only	\$91.74	\$458.69	\$137.61	\$504.55	n/a	\$925.75
Employee With 1 Dependent	\$453.29	\$1,133.21	\$543.94	\$1,223.86	n/a	\$1,829.70
Employee With 2 or More Dependents	\$630.71	\$1,576.78	\$756.86	\$1,702.91	n/a	\$2,545.88
Employee Married to Employee With Spouse Dependent Only	\$0.00	n/a	\$90.66	n/a	n/a	n/a
Employee Married to Employee With 2 or More Dependents	\$0.00	n/a	\$126.14	n/a	n/a	n/a
<b>CIGNA SELECT HMO</b>						
Employee Only	\$76.46	\$382.29	\$114.68	\$420.51	n/a	\$771.55
Employee With 1 Dependent	\$377.85	\$944.63	\$453.42	\$1,020.20	n/a	\$1,524.94
Employee With 2 or More Dependents	\$525.82	\$1,314.55	\$630.98	\$1,419.71	n/a	\$2,121.83
Employee Married to Employee With Spouse Dependent Only	\$0.00	n/a	\$75.57	n/a	n/a	n/a
Employee Married to Employee With 2 or More Dependents	\$0.00	n/a	\$105.16	n/a	n/a	n/a
<b>KAISER CHOICE HMO</b>						
Employee Only	\$72.25	\$361.25	\$108.38	\$397.38	n/a	\$745.84
Employee With 1 Dependent	\$361.25	\$903.13	\$433.50	\$975.38	n/a	\$1,491.68
Employee With 2 or More Dependents	\$511.17	\$1,277.93	\$613.40	\$1,380.16	n/a	\$2,110.72
Employee Married to Employee With Spouse Dependent Only	\$0.00	n/a	\$72.25	n/a	n/a	n/a
Employee Married to Employee With 2 or More Dependents	\$0.00	n/a	\$102.23	n/a	n/a	n/a
<b>SHAREWELL CHOICE PPO</b>						
Employee Only	\$0.00	\$0.00	\$0.00	\$0.00	\$101.94	\$101.94
Employee With 1 Dependent	\$0.00	\$468.91	\$0.00	\$468.91	\$1,167.70	\$1,167.70
Employee With 2 or More Dependents	\$0.00	\$616.29	\$0.00	\$616.29	\$1,534.74	\$1,534.74
Employee Married to Employee With Spouse Dependent Only	\$0.00	n/a	\$0.00	n/a	n/a	n/a
Employee Married to Employee With 2 or More Dependents	\$0.00	n/a	\$0.00	n/a	n/a	n/a
<b>WELLWISE CHOICE PPO</b>						
Employee Only	\$107.18	\$535.90	\$160.77	\$589.49	n/a	\$1,050.84
Employee With 1 Dependent	\$495.71	\$1,239.27	\$594.85	\$1,338.41	n/a	\$1,944.05
Employee With 2 or More Dependents	\$669.87	\$1,674.69	\$803.85	\$1,808.66	n/a	\$2,627.10
Employee Married to Employee With Spouse Dependent Only	\$0.00	n/a	\$99.14	n/a	n/a	n/a
Employee Married to Employee With 2 or More Dependents	\$0.00	n/a	\$133.98	n/a	n/a	n/a